

Education of key personnel in student pubs leads to a decrease in alcohol consumption among the patrons: A randomized controlled trial.

Johansson KO; Berglund M. *Addiction* 98(5): 627-633, 2003. (24 refs.)

Aims: To decrease alcohol consumption among patrons in student pubs by server-training programmes. **Design:** Randomized controlled trial. **Setting:** University campus. **Participants:** A total of 1322 students visiting local student pubs during ordinary pub evenings. **Intervention:** Educational programmes were given to bartenders (n = 40) in a randomized design in six of 12 pubs on a university campus. Bartenders in control pubs were not given the programme. **Measurements:** Breath alcohol concentration (BAC), expressed in percentage, among the patrons and the reported social atmosphere in the pub ('high', 'cosy' and 'rowdy') measured on a visual analogue scale in the pub before and after the intervention programme was given. **Findings:** BACs of patrons in the intervention pubs were reduced by more than those of the patrons in the control pubs at a 1-month follow-up. The mean difference in BAC between intervention and control groups was -0.011% (95% confidence interval, 0.022-0.000). The intervention group also decreased more in reported level of 'rowdy' social atmosphere than did the control group. The mean difference was -6 points (95% confidence interval -11 to -1). No differences were found in reported 'cosy' and 'high' atmosphere. **Conclusion:** Alcohol levels among the patrons were decreased and the 'rowdy' social atmosphere reduced in the intervention group. Server-training programmes for personnel in student pubs could be a component in the prevention of alcohol problems in university student populations. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

Evaluating the Lions-Quest "Skills for Adolescence" drug education program. Second-year behavior outcomes.

Eisen M; Zellman GL; Murray DM. *Addictive Behaviors* 28(5): 883-897, 2003. (28 refs.)

Thirty-four schools (n=7426 consented sixth graders, 71% of the eligible population) were randomized to conditions to test the hypothesis that Skills for Adolescence (SFA), a widely used comprehensive life skills training curriculum with a dedicated drug education unit, is more effective than standard care in deterring and delaying substance use through middle school. Two-year posttest (1-year post-

intervention) data were collected from 5691 eighth graders (77% of those who completed the sixth-grade survey and 87% of those who completed the seventh-grade survey). Lifetime and recent (last 30 days) use of five substances or combinations of substances was compared using mixed-model regression to control for school clustering. There were two significant treatment main effects at the end of the eighth grade: lifetime (P=.05) and recent (P<.03) marijuana use were lower in SFA than control schools with pretest usage and salient demographic and psychosocial variables controlled. There was also one significant Treatment X Pretest Usage interaction around binge drinking. Baseline binge drinkers in SFA schools were less likely to report recent binge drinking than students in control schools (P <.01) there were no treatment difference among baseline non-binge drinkers. Analyses of potential mediators of SFA treatment effects on eighth-grade binge drinking and marijuana use suggested that SFA increased self-efficacy around drug refusal skills, but did not affect behavioral intentions, perceptions of harm, or perceived peer norms. These 2-year (q-year post intervention) outcomes offer some additional support for SFA effectiveness and the general thrust of school-based, life skills-based prevention programs. The promising sixth- through eighth-grade findings for SFA, a commercially available program, provide a further step in bridging a major gap in the "research to practice" literature: theory based interventions that have documented behavioral effects have not enjoyed large-scale implementation, while intuition-based programs that have no documented effects still enjoy wide exposure. Copyright 2003, Elsevier Science Ltd.

Diffusion of a developmental asset building initiative in public schools.

Lafferty CK; Mahoney CA; Thombs DL. *American Journal of Health Behavior* 27(S35-S44): 25, 2003. (25 refs.)

Objective: To identify characteristics that distinguish between school personnel who do and do not adopt asset-building behaviors in the formative stage of a countywide initiative. **Methods.** An anonymous questionnaire, assessing constructs from diffusion of innovation and social cognitive theories, was administered to 467 adult personnel in 3 school districts. **Results:** Discriminant analysis revealed that imple-

mentation of asset building was most closely related to rating the initiative high on reliability, relative advantage, compatibility, and observability and low on complexity. Conclusions: Efforts to implement asset-building initiatives need to assess perceptions of adult personnel and should not assume that positive youth development will be widely supported in schools. Copyright 2003, CB Slack, Inc.

The outing of Philip Morris: Advertising tobacco to gay men.

Smith EA; Malone RE. *American Journal of Public Health* 93(6): 988-993, 2003. (74 refs.)

Objectives. This case study describes the events surrounding the first time a major tobacco company advertised in gay media. Methods. We analyzed internal tobacco company documents, mainstream newspapers, and the gay press. Results. Philip Morris was unprepared for the attention its entry into the gay market received. The company's reaction to this incident demonstrates that its approach to the gay community both parallels and diverges from industry strategies toward other marginalized communities. Conclusions. The tobacco industry's relationship to the gay community is relatively undeveloped, a fact that may provide tobacco control advocates an opportunity for early intervention. The gay community's particular vulnerabilities to the industry make development of gay tobacco control programs crucial to reducing gay smoking prevalence and industry presence in the community. Copyright 2003, American Public Health Association.

Modifying exposure to smoking depicted in movies: A novel approach to preventing adolescent smoking.

Sargent JD; Dalton MA; Heatherton T; Beach M. *Archives of Pediatrics & Adolescent Medicine* 157(7): 643-648, 2003. (22 refs.)

Background: Most behavioral approaches to adolescent smoking address the behavior directly. We explore an indirect approach: modifying exposure to portrayals of smoking in movies. Objectives: To describe adolescents' exposure to smoking in movies and to examine factors that could modify such exposure. Design: Occurrences of smoking were counted in each of 601 popular movies. Four thousand nine hundred ten northern New England junior high school students were asked to report which movies they had seen from a randomly generated subsample of 50 films, and responses were used to estimate exposure to the entire sample. Analysis: The outcome variable was exposure to movie smoking, defined as the number of smoking occurrences seen. Risk factors for exposure included access to movies (movie channels, videotape use, and movie theater); parenting (R [restricted]-rated movie restrictions, television restrictions, parenting style); and character-istics

of the child (age, sex, school performance, sensation-seeking propensity, rebelliousness, and self-esteem). We used multiple regression to assess the association between risk factors and exposure to movie smoking. Results: Subjects had seen an average of 30% of the movie sample (interquartile range, 20%-44%), from which they were exposed to 1160 (interquartile range, 640-1970) occurrences of smoking. In a multivariate model, exposure to movie smoking increased (all P values <.001) by about 10% for each additional movie channel and for every 2 videos watched per week. Exposure increased by 30% for those going to the movie theater more than once per month compared with those who did not go at all. Parent restriction on viewing R-rated movies resulted in a 50% reduction in exposure to movie smoking. There was no association between parenting style and exposure to movie smoking. Much of the protective effect of parent R-rated movie restriction on adolescent smoking was mediated through lower exposure to movie smoking. Conclusions: Adolescents see thousands of smoking depictions in movies, and this influences their attitudes and behavior. Exposure to movie smoking is reduced when parents limit movie access. Teaching parents to monitor and enforce movie access guidelines could reduce adolescent smoking in an indirect, yet powerful, manner. Copyright 2003, American Medical Association.

Factors associated with fidelity to substance use prevention curriculum guides in the nation's middle schools.

Ringwalt CL; Ennett S; Johnson R; Rohrbach LA; Simons-Rudolph A; Vincus A et al. *Health Education & Behavior* 30(3): 375-391, 2003. (60 refs.)

Teachers' fidelity of implementation of substance use prevention curricula is widely considered desirable and is linked empirically to effectiveness. The authors examine factors pertinent to teachers' fidelity to curricula guides, using data from a nationally representative sample of 1,905 lead substance use prevention teachers in the nation's public and private schools. Findings suggest that about one-fifth of teachers of substance use prevention curricula did not use a curriculum guide at all, whereas only 15% reported they followed one very closely. Positively associated with adherence were teachers' discretion in their coverage of prevention lessons, beliefs concerning the effectiveness of the most recent training they received and the curricula they taught, and level of support they received from their principals for substance use prevention. The authors conclude that some degree of curriculum adaptation is inevitable and suggest how adherence to curricula guides

may be improved through teacher training. Copyright 2003, Sage Publications Inc.

Improving adolescent preventive services through state, managed care, and community partnerships.

Klein JD; Sesselberg TS; Gawronski B; Handwerker L; Gesten F; Schettine A. *Journal of Adolescent Health* 32(6): 91-97, 2003. (22 refs.)

Purpose: To develop and evaluate a multipronged, guideline-based initiative to improve quality of adolescent preventive care. Methods: Activities included: (a) academic institution-based grand rounds and insurance company-sponsored community rounds continuing education sessions on preventive care for primary care clinicians, (b) academic detailing during chart review visits to practices by nurse reviewers, to encourage adolescent-specific confidentiality policies and use of screener or trigger questionnaires during well visits, and (c) partnerships with community corporate leaders to promote awareness of quality preventive services. Interventions were evaluated by comparing 2000 and 2001 chart reviews for rates of tobacco use, substance use, and human immunodeficiency virus (HIV) prevention screening and counseling. Results: A total of 285 clinicians attended continuing education (CE) sessions and 96 offices received detailing visits. Improvements in adolescent preventive health services delivery were noted in both commercial and Medicaid populations. We found the following when comparing 2001 results with those from 2000: Tobacco use screening or counseling increased from 42.5% to 45.5% for the commercial population and from 32.0% to 43.5% for the Medicaid population; substance use screening increased from 42.5% to 44.0% for the commercial population and from 32.0% to 43.5% for the Medicaid population. HIV counseling increased from 26.5% to 35.5% for the commercial population, and from 28.0% to 40.0% for the Medicaid population (all Medicaid and HIV differences are significant at $p < .05$). Conclusions: These activities have been successful in improving adolescent preventive services for Medicaid populations in New York. Academic detailing can assist health plans in promoting preventive care improvements by primary care clinicians. Further measurement is needed to assess the effect on commercially insured populations. Copyright 2003, Society for Adolescent Medicine.

Evidence-based prevention: Characteristics, impact, and future direction.

Pentz MA. *Journal of Psychoactive Drugs Special Issue*(May): 143-152, 2003. (70 refs.)

Drug use has been gradually declining among early and mid-adolescents since 1997. The timing of the decline roughly matches the introduction-and diffusion (spread) of evidence-

based prevention to middle schools in the United States. Evidence-based prevention refers to prevention programs, strategies, and policies that have been rigorously tested under research conditions and found to be effective in changing adolescent drug use behavior and attitudes. Federal and state funding for prevention is increasingly tied to community and school commitments to use only evidence-based strategies. However, local interpretation of what constitutes evidence-based prevention is highly variable, and subject to lack of knowledge about characteristics of evidence-based prevention, local politics and preferences for the status quo, and attempts to change parameters of evidence-based programs to fit perceived local needs. The current article reviews and synthesizes the characteristics and impact of evidence-based prevention, including the use of theoretical, process, and structural models; content guided by risk and protective factors for drug use; and settings and components of prevention delivery. Issues of adoption, implementation, and diffusion of evidence-based prevention are discussed. Gaps in knowledge of how to move the U.S. from research to practice are presented in terms of future researchable questions. Finally, the changing nature of prevention research is discussed as "action research," involving the negotiated partnership of the researcher and the community, and feedback of research results to communities to use as a planning tool for prevention.

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Attitudes about prescribing take-home naloxone to injection drug users for the management of heroin overdose: A survey of street-recruited injectors in the San Francisco Bay Area.

Seal KH; Downing M; Kral AH; Singleton-Banks S; Hammond JP; Lorvick J et al. *Journal of Urban Health* 80(2): 291-301, 2003. (41 refs.)

Naloxone, an injectable opiate antagonist, can immediately reverse an opiate overdose and prevent overdose death. We sought to determine injection drug users' (ID Us) attitudes about being prescribed take-home naloxone. During November 1999 to February 2000, we surveyed 82 street-recruited IDUs from the San Francisco Bay Area of California who had experienced one or more heroin overdose events. We used a questionnaire that included structured and open-ended questions. Most respondents (89%) had witnessed an overdose, and 90% reported initially attempting lay remedies in an effort to help companions survive. Only 51% reported soliciting emergency assistance (calling 911) for the last witnessed overdose, with most hesitating due to fear of police involvement. Of ID Us

surveyed, 87% were strongly in favor of participating in an overdose management training program to receive take-home naloxone and training in resuscitation techniques. Nevertheless, respondents expressed a variety of concerning attitudes. If provided naloxone, 35% predicted that they might feel comfortable using greater amounts of heroin, 62% might be less inclined to call 911 for an overdose, 30% might leave an overdose victim after naloxone resuscitation, and 46% might not be able to dissuade the victim from using heroin again to alleviate withdrawal symptoms induced by naloxone. Prescribing take-home naloxone to ID Us with training in its use and in resuscitation techniques may represent a life-saving, peer-based adjunct to accessing emergency services. Nevertheless, strategies for overcoming potential risks associated with the use of take-home naloxone would need to be emphasized in an overdose management training program. Copyright 2003, Oxford University Press, Inc.

Effects of anti-smoking advertising on youth smoking: A review. (review).

Wakefield M; Flay B; Nichter M; Giovino G. *Journal of Health Communication* 8(3): 229-247, 2003. (76 refs.)

This paper reviews empirical studies, encompassing community trials and field experiments, and evaluates government-funded anti-smoking campaigns, ecologic studies of population impact of anti-smoking advertising, and qualitative studies that have examined the effects of anti-smoking advertising on teenagers. We conclude that anti-smoking advertising appears to have more reliable positive effects on those in pre-adolescence or early adolescence by preventing commencement of smoking. It is unclear whether this is due to developmental differences, or is a reflection of smoking experience, or a combination of the two. In addition, it is evident that social group interactions, through family, peer and cultural contexts, can play an important role in reinforcing, denying, or neutralizing potential effects of anti-smoking advertising. Although there is some research to suggest that advertising genres that graphically depict the health effects of smoking, emphasize social norms against smoking, and portray the tobacco industry as manipulative can positively influence teenagers, these findings are far from consistent. Finally, the effects of anti-smoking advertising on youth smoking can be enhanced by the use of other tobacco control strategies, and may be dampened by tobacco advertising and marketing. Overall, the findings of this review indicate that there is no single "recipe" for anti-smoking advertising that leads to reductions in youth smoking. Anti-smoking advertising can influence youth smoking, but whether it does in the context of individual anti-smoking campaigns needs to be the subject of careful evaluation. Copyright 2003, Taylor and Francis, Inc.

The potential of the internet as a medium to encourage and discourage youth tobacco use.
Ribisl KM. *Tobacco Control* 12(2): 148-159, 2003. (76 refs.)

The internet is fast becoming a new battleground between tobacco control advocates and pro-tobacco forces, and this new media will certainly have a greater impact on tobacco use behaviour in the future. This paper reviews how the internet can encourage youth smoking by providing youth access to tobacco products and offering content that glamorises smoking lifestyle and culture, particularly in hundreds of websites and chat rooms. These sites feature pictures of celebrity smokers, provide information about smoking in movies, and provide smoking advice to teen smokers. In contrast, youth smoking is discouraged on online grassroots advocacy and countermarketing websites. Although these strategies show promise, more research is needed to evaluate their impact. Recommendations are made for future research to study pro-smoking internet content and ways to counteract it, as well as to monitor the online activities of the tobacco companies. Finally, some of the challenges in addressing tobacco related internet content are discussed. Copyright 2003, BMJ Publishing Group.

Lowering risk for early alcohol use by challenging alcohol expectancies in elementary school children.

Cruz IY; Dunn ME. *Journal of Consulting and Clinical Psychology* 71(3): 493-503, 2003. (48 refs.)

Altering alcohol expectancies has reduced alcohol use among young adults and may lead to successful prevention of early alcohol use. The authors randomly assigned 216 4th-grade children to an expectancy challenge or control condition and used individual-differences scaling to map expectancies into memory network format, with preference mapping to model likely paths of association. After expectancy intervention, children exhibited a greater likelihood to associate alcohol use with negative and sedating consequences and a decreased likelihood to associate alcohol with positive and arousing consequences. Children and adults who emphasize negative and sedating effects have been found to be less likely to use alcohol. Therefore, expectancy challenge interventions that have been successful at modifying expectancies and subsequently decreasing alcohol consumption of adults may be useful in reducing the likelihood of early alcohol use among children. Copyright 2003, American Psychological Association, Inc.