

**"Science" of drug and alcohol prevention: The case of the randomized trial of the Life Skills Training program.**

Gorman DM. *International Journal of Drug Policy* 13(1): 21-26, 2002. (28 refs.)

In recent years in the field of drug and alcohol prevention the outcome of "science-based" or "research-based" interventions has been subjected to a much greater accountability. As a result, the National Institute on Drug Abuse and the Department of Education have produced documents describing such interventions and advocating their widespread use and dissemination. An example of one of these "science-based" or "research-based" interventions is the Life Skills Training (LST) program, a randomized trial conducted with white middle-class adolescents in New York State. Results with small selected sub-samples of program participants from this 6-year program indicate that it is effective in reducing alcohol, marijuana and other illicit drug use. However, refining the data analysis samples in this manner violates one of the fundamental principles of a randomized trial, and therefore cannot be considered an application of rigorous research methods. It is by no means an unreasonably stringent methodological requirement to require that the analyses of data be made from all of those who were reassessed at follow-up. It is estimated that only 7.5 percent of those who initially received the LST intervention in the trial were included in the most recent set of analyses reported. Copyright 2002, Elsevier Science BV.

**An international comparison of tobacco smoking, beliefs and risk awareness in university students from 23 countries.**

Steptoe A; Wardle J; Cui W; Baban A; Glass K; Pelzer K et al. *Addiction* 97(12): 1561-1571, 2002. (26 refs.)

Aims: To assess the prevalence of current tobacco smoking, associations with beliefs about the health benefits of not smoking and awareness of risks for lung cancer and heart disease in university students sampled from 23 countries, and to explore the utility of the World Health Organization (WHO) model of the world-wide tobacco epidemic in understanding differences between countries. Design Anonymous questionnaire survey. Participants A total of 19 298 university students (8482 men, 10 816 women) aged 17-30 years from 23 countries, studying courses unrelated to health. Measurements Standardized measures of smoking, wish to stop smoking, ratings of beliefs in the importance of not smoking for health and awareness of the influence of smoking on lung cancer and heart disease. Findings Prevalence varied widely, being highest in samples from

South European countries and lowest in developing countries (Thailand, South Africa). The pattern of tobacco use and differences between men and women conformed largely to the WHO model. Health beliefs were associated strongly with smoking behaviour both within and between countries. Awareness of specific health risks of smoking was very variable, with particularly low levels in Asian, South American and developing country samples. Risk awareness was inconsistently related to behaviour. Conclusions: The pattern of tobacco smoking in well-educated young adults appears to conform with wider international patterns of tobacco use. Awareness of specific health risks is poor, and modifying attitudes must be a central element in modifying tobacco use world-wide. Copyright 2002, Society for the Study of Addiction to Alcohol and Other Drugs.

**Prevention of substance abuse in the workplace: Review of research on the delivery of services.**

Cook R; Schlenger W. *Journal of Primary Prevention* 23(1): 115-142, 2002. (112 refs.)

With the growing recognition that most illicit drug users and heavy drinkers are members of the work force, the work-place has become an increasingly significant, though still underutilized, vehicle for the delivery of substance abuse prevention services. This paper discusses some of the chief reasons for engaging in substance abuse prevention in the workplace; outlines the foundations of workplace prevention services; and reviews recent research on work-place substance abuse prevention, including the major preventive interventions aimed at the workplace environment and the individual worker. The paper closes with a discussion of future programming and research on the delivery of workplace prevention services. Copyright 2002, Human Sciences Press, Inc.

**Principles that underpin effective school-based drug education.**

Midford R; Munro G; McBride N; Snow P; Ladzinski U. *Journal of Drug Education* 32(4): 363-386, 2002. (43 refs.)

This study identifies the conceptual underpinnings of effective school-based drug education practice in light of contemporary research evidence and the practical experience of a broad range of drug education stakeholders. The research involved a review of the literature,

a national survey of 210 Australian teachers and others involved in drug education, and structured interviews with 22 key Australian drug education policy stakeholders. The findings from this research have been distilled and presented as a list of 16 principles that underpin effective drug education. In broad terms, drug education should be evidence-based, developmentally appropriate, sequential, and contextual. Programs should be initiated before drug use commences. Strategies should be linked to goals and should incorporate harm minimization. Teaching should be interactive and use peer leaders. The role of the classroom teacher is central. Certain program content is important, as is social and resistance skills training. Community values, the social context of use, and the nature of drug harm have to be addressed. Coverage needs to be adequate and supported by follow-up. It is envisaged that these principles will provide all those involved in the drug education field with a set of up-to-date, research-based guidelines against which to reference decisions on program design, selection, implementation, and evaluation. Copyright 2002, Baywood Publishing Co., Inc.

**The Good Behavior Game: A best practice candidate as a universal behavioral vaccine. (review).**

Embry DD. *Clinical Child and Family Psychology Review* 5(4): 273-297, 2002. (113 refs.)

A "behavioral vaccine" provides an inoculation against morbidity or mortality, impacting physical, mental, or behavior disorders. An historical example of a behavioral vaccine is antiseptic hand washing to reduce childbed fever. In current society, issues with high levels of morbidity, such as substance abuse, delinquency, youth violence, and other behavioral disorders (multi-problems), cry out for a low-cost, widespread strategy as simple as antiseptic hand washing. Congruent research findings from longitudinal studies, twin studies, and other investigations suggest that a possibility might exist for a behavioral vaccine for multi-problem behavior. A simple behavioral strategy called the Good Behavior Game (GBG), which reinforces inhibition in a group context of elementary school, has substantial previous research to consider its use as a behavioral vaccine. The GBG is not a curriculum but rather a simple behavioral procedure from applied behavior analysis. Approximately 20 independent replications of the GBG across different grade levels, different types of students, different settings, and some with long-term follow-up show strong, consistent impact on impulsive, disruptive behaviors of children and teens as well as reductions in substance use or serious antisocial behaviors. The GBG, named as a "best practice" for the prevention of substance abuse or violent behavior by a number of federal agencies, is unique because it is the only practice implemented by individual teachers that is documented to have long-term effects. Presently, the GBG is

only used in a small number of settings. However, near universal use of the GBG, in major political jurisdictions during the elementary years, could substantially reduce the incidence of substance use, antisocial behavior, and other adverse developmental or social consequences at a very modest cost, with very positive cost-effectiveness ratios. Copyright 2002, Kluwer Academic/Plenum Publishers.

**Early effects of Ontario's administrative driver's licence suspension law on driver fatalities with a BAC greater than 80 mg percent.**

Mann RE; Smart RG; Stoduto G; Beirness D; Lamble R; Vingilis ER. *Canadian Journal of Public Health* 93(3): 176-180, 2002. (30 refs.)

On November 29, 1996, Ontario introduced an Administrative Driver's License Suspension (ADLS) law, which required that anyone charged with driving with a blood alcohol concentration (BAC) over the legal limit of 80 mg percent or failing to provide a breath sample would have their license suspended for a period of 90 days at the time the charge was laid. This study evaluates the early effects of Ontario's ADLS law on alcohol-involved driver fatalities. Interrupted time series analysis with ARIMA (auto-regressive integrated moving average) modeling was applied to the monthly proportion of drivers killed in Ontario with a BAC over 80 mg percent for the period January 1, 1988 to December 31, 1997. The results of the study indicated a significant intervention effect with ADLS being associated with an estimated reduction of 17.3 percent in the proportion of fatally injured drivers who were over the legal limit. It is concluded that these data provide an early indication that the law resulted in some success in reducing alcohol-related driver fatalities. Copyright 2002, Canadian Public Health Association.

**Fighting back against substance abuse: Are community coalitions winning?**

Hallfors D; Cho H; Livert D; Kadushin C. *American Journal of Preventive Medicine* 23(4): 237-245, 2002. (27 refs.)

Objectives: Federal initiatives continue to provide strong support for community antidrug coalitions, but whether this approach actually reduces substance abuse is not clear. This paper examines the strategies that coalitions in a large national demonstration program (Fighting Back) chose to develop, the degree to which they implemented these strategies, and evidence regarding their effects. Methods: Coalition strategy implementation was coded and ranked for 12 Fighting Back sites. Effect sizes (intervention over time) for outcomes related to substance use, alcohol and other drug treatment, and

community/prevention indicators were also ranked by site. Using rank order correlation, three directional hypotheses compared strategy dose to outcomes. Results: None of the hypotheses were supported. Strategies aimed at either youth or community/prevention outcomes showed no effects, while strategies to improve adult-focused outcomes showed significant negative effects over time, compared to matched controls. Coalitions with a more comprehensive array of strategies did not show any superior benefits, and increasing the number of high-dose strategies showed a significant negative effect on overall outcomes. Conclusions: Comprehensive community coalitions are intuitively attractive and politically popular, but the potential for adverse effects must be considered. Efforts to evaluate implementation processes as well as to correlate strategies with theoretically corresponding outcomes are a critical but neglected aspect of prevention research. Copyright 2002, American College of Preventive Medicine.

Honik R; Maklan D; Cadell D; Prado A; Barmada C; Jacobsohn L et al. *Evaluation of the National Youth Anti-Drug Media Campaign: Fourth Semi-annual Report of Findings*. Bethesda MD: National Institute on Drug Abuse, 2002. (36 refs.)

This is the fourth in a series of semiannual reports based on the National Survey of Parents and Youth (NSPY), a continuing survey designed to evaluate the National Youth Anti-Drug Media Campaign. The Media Campaign is part of an effort to educate and enable America's youth to reject illegal drug use (as well as alcohol and tobacco) by means of an advertising and social marketing program that attempts to increase their perceptions about the risks of drugs and increase their disapproval of drug use. Campaign goals for parents focus on emphasizing to parents and influential adults that their monitoring activities can make a difference in preventing youth drug use and to enhance adult perceptions of harm associated with the use of marijuana and inhalants. The major intervention components include television, radio, and other advertising. The results of the study indicate that most parents and youth recalled exposure to the Media Campaign messages. There is evidence consistent with a favorable Campaign effect on parents. There is no evidence, as of the time of the report, of indirect effects on youth behavior as the result of parent exposure to the Campaign. Additionally, there is little evidence of a direct favorable Campaign effect on youth. The report covers the period from September 1999 through December 2001. Chapter headings in this report include: (1) summary of evaluation plan; (2) exposure to anti-drug messages; (3) trends in youth marijuana and inhalant use; (4) campaign effects on youth; and (5) campaign effects on parents. Public Domain.

### **Misuse of the 'Gateway Theory' in US policy on drug abuse control: A secondary analysis of the muddled deduction.**

Golub A; Johnson BD. *International Journal of Drug Policy* 13(1): 5-19, 2002. (66 refs.)

The "gateway theory" states that youths tend to progress through a specific sequence of substance abuse correlating with drug use, crime, violence, unemployment, poverty, family dissolution and other social problems. This paper examines the accuracy of this linkage through a secondary analysis of two data sets, the National Household Survey on Drug Abuse (NHSDA) and the Arrestee Drug Abuse Monitoring (ADAM) program. This study examines what proportion of the general population (NHSDA) is similar to the types of hard drug users that pass into the criminal justice system (ADAM). Secondly, whether the early drug use experiences observed in the general population surveys is representative of those prevailing among persons who tend to get into trouble with drugs and the law. Much research suggests that people typically use alcohol, tobacco and then marijuana, so called "gateway drugs", prior to any potential use of "hard drugs" such as cocaine, crack and heroin. Other research indicates that hard-drug use is associated with numerous social problems. Results of superimposing NHSDA and ADAM data strongly suggest that the use of gateway drugs by youths is not the central cause of hard-drug use and its associated problems. Thus, fighting the use of gateway drugs by youths may not be a particularly appropriate approach to drug abuse prevention.

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### **Prevention of substance abuse with rural Head Start children and families: Results of project STAR.**

Kaminski RA; Stormshak EA; Good RH III; Goodman MR. *Psychology of Addictive Behaviors* 16(4 Supplement): S11-S26, 2002. (113 refs.)

The effectiveness of a comprehensive intervention with preschool children aimed at reducing the risk of later substance abuse was examined. The intervention targeted risk factors during the preschool years linked to later substance use in adolescence and adulthood. Head Start classrooms were randomly assigned to either the intervention or the control group. A classroom-based curriculum was delivered by Head Start teachers who received a number of training workshops and continued consultation. Parent training and home visits were also provided to intervention families. Positive parenting as well as parent-school involvement increased over the 1st year of intervention. Intervention families maintained the positive effects on parenting into the kindergarten year over a matched control group; however, effects on

school bonding were not maintained. Improvements in social competence, reported by teachers and parents, were found at the end of kindergarten. No changes were found for self-regulation. Copyright 2002, American Psychological Association.

**Fighting back or fighting themselves? Community coalitions against substance abuse and their use of best practices.**

Green LW; Kreuter MW. *American Journal of Preventive Medicine* 23(4): 303-306, 2002. (28 refs.)

Ever the optimists (if not positivists), we continue to look to research to vindicate community health strategies in relation to chronic diseases, complex lifestyle changes and social problems, as they were vindicated in earlier decades against communicable diseases. If we had vaccines to deliver against chronic diseases and substance abuse behaviors, perhaps this hopefulness would be justified. The paper by Hallfors et al.[1] in this issue of the AJPM describes an evaluation of the "Fighting Back" substance abuse initiative supported by the Robert Wood Johnson (RWJ) Foundation. They examined the extent to which coalitions attained selected substance abuse goals in 12 "Fighting Back" communities on which they tracked a variety of indicators through much of the 1990s. They employed a prospective design with multiple comparison communities for each coalition community, quantitative and qualitative methods, and thousands of interviews and observations. Despite all these strengths, lending credibility to the authors' conclusions,

some conceptual and methodologic limitations raise the usual doubts that follow randomized and otherwise controlled community trials, especially when they attempt to isolate one component of complex interventions as a causal explanation for success or failure. Copyright 2002, American College of Preventive Medicine.

**The Coping Power Program at the middle-school transition: Universal and indicated prevention effects.**

Lochman JE; Wells KC. *Psychology of Addictive Behaviors* 16(4 Supplement): S40-S54, 2002. (67 refs.)

This study evaluates the effects of an indicated preventive intervention and a universal preventive intervention. Children were identified as being at risk on the basis of 4th-grade teachers' ratings of children's aggressive and disruptive behaviors, and interventions were delivered during the 5th- and 6th-grade years. Children were randomly assigned to the Coping Power intervention, the universal intervention, the combined Coping Power plus universal intervention, or a control condition. The Coping Power program included child and parent components. Results indicated that all 3 intervention cells produced relatively lower rates of substance use at post intervention than did the control cell. The interventions also produced effects on 3 of the 4 predictor variable domains: children's social competence and self-regulation and parents' parenting skills. Copyright 2002, American Psychological Association.