

Alcohol involvement and developmental task completion during young adulthood.

Gotham HJ; Sher KJ; Wood PK. *Journal of Studies on Alcohol* 64(1): 32-42, 2003. (59 refs.)

Objective: Relations among young adult alcohol use disorders (AUDs), preadulthood variables (gender, family history of alcoholism, childhood stressors, high-school class rank, religious involvement, neuroticism, extraversion, psychoticism) and young adult developmental tasks (baccalaureate degree completion, full-time employment, marriage) were evaluated. Method: Participants were 424 first-time college students (228 women) who were 18-20 years old; approximately half had a history of paternal alcoholism. Participants were assessed on five occasions over 7 years (Years 1, 2, 3, 4 and 7). Results: Structural equation modeling results suggest preadulthood variables were more salient predictors of developmental tasks than AUD diagnoses, with the majority of effects due to apparent selection processes. In addition, marriage protected against later AUD diagnosis at Year 7. Conclusions: Findings highlight the importance of prospective multivariate models that specify potential selection, causation, socialization and reciprocal effects in order to fully examine complex relations among variables, including alcohol involvement, during major life-transition periods. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Alcohol consumption and expenditures for underage drinking and adult excessive drinking.

Foster SE; Vaughan RD; Foster WH; Califano JA. *Journal of the American Medical Association* 289(8): 989-995, 2003. (46 refs.)

Context: Although estimates of the amount and proportion of alcohol consumed by underage and adult drinkers have been reported, more accurate estimates are possible and the economic impact has not been explored. Objectives: To provide accurate estimates of underage and adult excessive drinking and to describe consumer expenditures linked to underage and adult excessive drinking. Design and Setting Information was obtained from national data sets, including 1999 versions of the National Household Survey of Drug Abuse, the Youth Risk Behavior Survey (YRBS), the Behavior Risk Factor Surveillance System (BRFSS), 2000 US Census, and national data on consumption and consumer expenditures for alcohol,

published by Adams Business Research. Participants: A total of 217192 persons aged 12 years or older across 3 data sources. Main Outcome Measures: Amount as a proportion of total alcohol consumed and proportion of consumer expenditures on alcohol among underage (12-20 years) and adult excessive (greater than or equal to 21 years) drinkers. Results The proportion of 12- to 20-year-olds who drink was estimated to be 50.0% using data from the YRBS; the proportion of adults aged 21 or older who drink was estimated to be 52.8% using data from the BRFSS. The estimated total number of drinks consumed per month was 4.21 billion; underage drinkers consumed 19.7% of this total. The amount of adult drinking that was excessive (>2 drinks per day) was 30.4%. Consumer expenditure on alcohol in the United States in 1999 was \$116.2 billion; of that, \$22.5 billion was attributed to underage drinking and \$34.4 billion was attributed to adult excessive drinking. Conclusion These data suggest that underage drinkers and adult excessive drinkers are responsible for 50.1% of alcohol consumption and, 48.9% of consumer expenditure. Copyright 2003, American Medical Association.

Alcohol relapse as a function of relapse definition in a clinical sample of adolescents.

Maisto SA; Pollock NK; Cornelius JR; Lynch KG; Martin CS. *Addictive Behaviors* 28(3): 449-459, 2003. (22 refs.)

Relapse is an important clinical and research problem in the addictions, but one that has no consensus on an operational definition. How relapse is measured could make substantial differences in clinical practice and in conclusions drawn from empirical studies. The aim of this study was to compare and contrast four different operational definitions of alcohol relapse in a clinical sample of adolescents. The participants were 75 males and females ages 14-18 who presented for outpatient treatment of alcohol use disorder (AUD). They completed an extensive in-person initial assessment, as well as 12 subsequent monthly telephone interviews that concerned their daily alcohol and other drug use and related events. The four alcohol relapse definitions evaluated included: at least 1 day of drinking any amount after at least 4 consecutive days of abstinence; at least 1 heavy (five standard drinks for boys, four for girls) drinking day after 4 abstinent days; at least 1 day of drinking any amount with associated

problems after 4 abstinent days; and at least 1 heavy drinking day with associated problems following 4 abstinent days. Relapse events were identified during the first 6 months following the initial interview. The results showed that the time period until relapse varied across the four definitions of relapse ranging from 26 to 90 days. Additional analyses investigated the utility of each of the definitions in predicting functioning during months 7-12 using multiple regression. The results of these analyses showed that the two "heavy drinking" definitions contributed significantly independent variance to predicting average number of drinking days/month and drinks/drinking day and that the two "any drinking" definitions significantly predicted the presence of a current AUD diagnosis. The results suggest that relapse definitions make a difference in estimates of rates and times to first relapse. Furthermore, the occurrence of at least one relapse is predictive of later functioning in a clinical sample of adolescents, which is of practical and theoretical importance. Suggestions for the extensions of this investigation in future research are provided. Copyright 2003, Elsevier Science Ltd.

Culture, family structure and adolescent alcohol use: Multilevel modeling of frequency of heavy drinking among 15-16 year old students in 11 European countries.

Bjarnason T; Andersson B; Choquet M; Elekes Z; Morgan M; Rapinett G. *Journal of Studies on Alcohol* 64(2): 200-208, 2003. (43 refs.)

Objective: Frequency of heavy alcohol use among adolescents is examined by family structure and propensity toward heavy alcohol use on the individual level, and by alcohol availability and drinking patterns among adolescents on the societal level. The analysis includes direct effects and moderating effects of societal-level indicators on individual-level associations between family structure and frequency of heavy alcohol use. Method: The study drew upon self-reports from 34,001 students in Cyprus, France, Hungary, Iceland, Ireland, Lithuania, Malta, the Slovak Republic, Slovenia, Sweden and the United Kingdom participating in the 1999 European School Survey Project on Alcohol and Other Drugs study. Distinctions were drawn between adolescents living with both parents, a single mother, a single father, a mother and stepfather, a father and stepmother, and neither biological parent. The multilevel analysis estimated the effects of societal-level factors on the intercepts and slopes of individual-level regression models. Results: Adolescents living with both biological parents engaged less frequently in heavy alcohol use than those living in any other arrangements. Living with a single mother was associated

with less heavy drinking than living with a single father or with neither biological parent. National beer sales figures and societal patterns of heavy adolescent alcohol use predicted more frequent heavy drinking and greater effects of living in nonintact families. Conclusions: Adolescent heavy drinking is more common in all types of nonintact families. The adverse effect of living in nonintact families is greater in societies where alcohol availability is greater and where adolescents drink more heavily. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Alcohol use in adolescents whose fathers abuse drugs.

Brook DW; Brook JS; Rubenstone E; Zhang CS; Singer M; Duke MR. *Journal of Addictive Diseases* 22(1): 11-34, 2003. (77 refs.)

This study examined the interrelation of several domains, including father attributes, father-child relations, peer influences, environmental factors, and youth personality, as they related to adolescent alcohol use. Several aspects of the father-child relationship were also examined as possible protective factors against adolescent drinking. Subjects consisted of 204 HIV-positive and HIV-negative drug-abusing fathers and their adolescent children between the ages of 12-20. Data were collected via individual structured interviews of both the fathers and the youth. Results indicated that several items from each domain were related to adolescent drinking, and that an affectionate father-child bond had a protective effect. Moreover, hierarchical regression analyses demonstrated that the youth's personality mediated between all other domains and adolescent alcohol use. There was also a direct effect of peer influences on adolescent drinking. Findings extend the literature on the specific mechanisms which link parental substance use with adolescent alcohol use in a high-risk population. Copyright 2003, The Haworth Press, Inc.

Body modification and substance use in adolescents: Is there a link?

Brooks TL; Woods ER; Knight JR; Shrier LA. *Journal of Adolescent Health* 32(1): 44-49, 2003. (39 refs.)

The authors describe the characteristics of body modification among adolescents to determine whether adolescents who engage in body modification are more likely to screen positive for alcohol and other drug problems than those who do not. Adolescents (aged 14-18 yrs) presenting to an urban adolescent clinic for routine health care completed a questionnaire about body modification and a substance use assessment battery. 48% reported at least one body

modification; girls were more likely than boys to have body modification. 42% reported piercings, 10% tattoos, 4% scarification, and less than 1% branding; 10% had more than one type of body modification. These were in a variety of locations, most commonly the ear and the nose (piercings) or the extremities (tattoos). One-third of the sample screened positive for problem substance use on the POSIT-ADS questionnaire. Controlling for age, adolescents with body modification had 3.1 times greater odds of problem substance use than those without body modification. Body modification was associated with self-reported problem alcohol and other drug use among middle adolescents presenting for primary care. Copyright 2003, Society for Adolescent Medicine.

Lighting Up and Slimming Down. The Effects of Body Weight and Cigarette Prices on Adolescent Smoking Initiation.

Cawley J; Markowitz S; Tauras J., National Bureau of Economic Research Working Paper No. w9561. Cambridge MA: National Bureau of Economic Research, 2003. (43 refs.)

This paper examines the influence of body weight, body image, and cigarette prices in determining adolescent smoking initiation. Adolescents who desire to lose weight may initiate smoking as a method of appetite control. Such behavior may undermine the goals of tobacco control policies that seek to prevent smoking initiation. Using a nationally representative panel of adolescents, we show that smoking initiation is more likely among females who are overweight, who report trying to lose weight, or who describe themselves as overweight. In contrast, neither objective nor subjective measures of weight predict smoking initiation by males. Higher cigarette prices decrease the probability of smoking initiation among males but have no impact on female smoking initiation. These gender-specific differences may help explain the mixed and inconclusive evidence of the impact of price on smoking initiation found in previous literature. Copyright 2003, National Bureau of Economic Research. Available online <www.nber.org/papers/w9561>

Concurrent use of tobacco products by California adolescents.

Gilpin EA; Pierce JP. *Preventive Medicine* 36(5): 575-584, 2003. (48 refs.)

Background. To describe patterns and correlates of tobacco product use other than cigarettes in adolescents 12-17 years of age. Methods. Adolescent respondents (N = 6090) to the 1999 California Tobacco Survey provided estimates of ever and current use (in last 30 days) of smokeless tobacco, cigars, and bidis, which were exam-

ined by cigarette smoking experience, demographics, and known predictors of cigarette use. Results. Only 3% of adolescents who never smoked cigarettes experimented with other tobacco products. Among ever smokers who were not current smokers, the rate was 35%. Nearly 60% of current cigarette experimenters had tried another tobacco product, but almost 90% of current established smokers had experimented with one. Over 40% of current established smokers used another tobacco product in the last 30 days. Factors predictive of cigarette smoking were also highly associated with other tobacco use. In ever cigarette smokers, having peers who used other tobacco products was most highly associated with other tobacco use. Problem or risky behaviors, beliefs that cigarettes are safe or beneficial, and receptivity to tobacco promotions were also independently associated with other tobacco product use. Conclusions. Adolescent smokers who use other tobacco products may be prone to risky behavior and such use may hasten the development of nicotine tolerance. Copyright 2003, Academic Press, Inc.

DSM-IV alcohol and substance abuse and dependence in homeless youth.

Baer JS; Ginzler JA; Peterson PL. *Journal of Studies on Alcohol* 64(1): 5-14, 2003. (28 refs.)

Objective: The purpose of this study is to describe endorsement rates of substance use criteria among homeless adolescents and to evaluate the reliability of diagnostic formulations among a group of adolescents who use more frequently and more heavily than other samples of adolescents. Method: Substance use rates and DSM-IV abuse and dependence criteria were assessed among 198 (109 male) homeless youths between the ages of 13 and 19, as part of a larger study. Endorsement rates and reliability analyses were completed for diagnostic criteria assessed for alcohol, marijuana, amphetamines and heroin. Results: Consistent with other studies of homeless youth, data revealed high rates of substance use and high rates of substance dependence. Both dependence and abuse diagnoses were associated with greater rates of use. DSM-IV criteria showed acceptable internal reliability, although variability was observed when applied to different substances. Of the drugs assessed, problems with heroin use appeared to be best, and marijuana use least, represented by dependence criteria. Criteria pertaining to continued use despite interference with role obligations and the experience of craving were consistently related to other dependence criteria. Conclusions: DSM-IV substance dependence criteria appear to have good internal reliability within a sample of adolescents who use at extremely high rates. Continued development of diagnostic systems for adolescent substance use should consider the

social context of use, differential patterns of symptoms across different substances and the inclusion of additional criteria found reliable among adolescent samples
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Neighborhood disadvantage moderates associations of parenting and older sibling problem attitudes and behavior with conduct disorders in African American children.

Brody GH; Ge XJ; Kim SY; Murry VM; Simons RL; Gibbons FX et al. *Journal of Consulting and Clinical Psychology* 71(2): 211-222, 2003. (87 refs.)

Data from 296 sibling pairs (mean ages 10 and 13 years), their primary caregivers, and census records were used to test the hypothesis that African American children's likelihood of developing conduct problems associated with harsh parenting, a lack of nurturant-involved parenting, and exposure to an older sibling's deviance-prone attitudes and behavior would be amplified among families residing in disadvantaged neighborhoods. A latent construct representing harsh-inconsistent parenting and low levels of nurturant-involved parenting was positively associated with younger siblings' conduct disorder symptoms, as were older siblings' problematic attitudes and behavior. These associations were strongest among families residing in the most disadvantaged neighborhoods. Future research and prevention programs should focus on the specific neighborhood processes associated with increased vulnerability for behavior problems.

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Parental awareness of adolescent substance use.

Williams RJ; McDermitt DR; Bertrand LD; Davis RM. *Addictive Behaviors* 28(4): 803-809, 2003. (17 refs.)

Parental awareness of adolescent substance use was investigated in a high school sample of 985 adolescents and their parents. Only 39% of parents were aware their adolescent used tobacco, only 34% were aware of alcohol use, and only 11% were aware of illicit drug use. There were no variables that differentiated aware from unaware parents for all substances. Greater parental awareness of alcohol and tobacco use occurred with older adolescents. High adolescent ratings of family communication combined with low parental ratings of family communication were also associated with greater parental awareness of alcohol and tobacco use. Better school grades predicted greater awareness of alcohol and illicit drug use. Single

parents and blended families were more aware of tobacco and illicit drug use. Copyright 2003, Elsevier Science Ltd.

Poison centers' experience with methylphenidate abuse in pre-teens and adolescents.

Klein-Schwartz W; McGrath J. *Journal of the American Academy of Child and Adolescent Psychiatry* 42(3): 288-294, 2003. (23 refs.)

Evaluated trends and toxicity of methylphenidate abuse in pre-teens and adolescents reported to poison centers. The 1993-1999 American Association of Poison Control Centers Toxic Exposure Surveillance System was queried for methylphenidate abuse cases in children (aged 10-19 yrs) that were followed to known outcome. Main outcome measures included number of cases annually, toxicity, management site, and medical outcome. Of 759 cases, 42.7% involved 10-14 yr olds. For the 530 cases involving methylphenidate only, the frequency increased seven-fold from 1993 to 1999. Of 570 patients managed in a health care facility, 398 were discharged from the emergency department and 172 were admitted. Symptoms occurred more commonly in exposures involving coingestants than in methylphenidate-only exposures. The most common symptoms in adolescents with methylphenidate only were tachycardia, agitation/irritability, and hypertension. Outcomes were no effect in 189 cases and mild, moderate, and severe in 318, 245, and 7 patients, respectively. Poison center data demonstrate increasing frequency of methylphenidate abuse. While the majority of adolescents experienced clinical effects and were managed in a health care facility, outcomes were good, especially in cases involving methylphenidate only. Copyright 2003, American Academy of Child and Adolescent Psychiatry.

Is smoking delayed smoking averted?

Glied S. *American Journal of Public Health* 93(3): 412-416, 2003. (93 refs.)

Antismoking efforts often target teenagers in the hope of producing a new generation of never smokers. Teenagers are more responsive to tobacco taxes than are adults. The author summarizes recent evidence suggesting that delaying smoking initiation among teenagers through higher taxes does not generate proportionate reductions in prevalence rates through adulthood. In consequence, the impact of taxes on smoking among youths overstates the potential long-term public health effects of this tobacco control strategy. Copyright 2003, American Public Health Association.