

Tobacco counter-advertising: A review of the literature and a conceptual model for understanding effects. (review).

Agostinelli G; Grube JW. *Journal of Health Communication* 8(2): 107-127, 2003. (121 refs.)

The tobacco counter-advertising literature is reviewed as it relates to basic process questions concerning what makes counter-advertisements effective. Limitations in addressing (a) counter-advertisement content and the psychological mediators targeted, (b) counter-advertisement style and the affective reactions targeted, (c) prior smoking experience, and (d) other audience factors are enumerated. A theoretical model based on alcohol advertising research is presented to address those limitations. The model addresses the practical research question of predicting when tobacco counter-advertising will work by examining the independent influence of each of these enumerated factors, as well as how these factors operate in concert, qualifying each other. The model also addresses the process question of explaining how counter-advertising works by identifying affective and cognitive processes as mediators. By understanding the processes that underlie the qualified findings, one can better advise the designers of tobacco counter-advertisements how to be more effective.

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Three decades of drug prevention research.

Cuijpers P. *Drugs: Education, Prevention and Policy* 10(1): 7-20, 2003. (66 refs.)

Dozens of drug prevention programmes aimed at tobacco, alcohol or all substances have been developed and examined in the past few decades. Prevention programmes have different goals, including increasing knowledge about drugs; reducing use; delaying onset of first use; reducing abuse; minimizing the harm caused by use. Most research has been conducted on school-based drug prevention programmes. These programmes that used interactive methods were found to reduce the use of drugs. All school-based drug prevention programmes (interactive and non-interactive) that have been examined increase the knowledge about drugs. Although effective school-based prevention programmes are available, the dissemination at schools has not been successful for most programmes. Family-based drug prevention programmes are a promising new area of prevention. Most research examining the effects of mass media campaigns about drugs is flawed by major methodological problems. Results suggest that these campaigns cannot reduce the use of

substances, but they may increase the effects of community-based interventions. Community interventions (a combined set of activities organized in a specific region or town, with resident participation) are possibly more effective than each of the interventions alone.

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Challenges in tobacco use prevention among minority youth.

Chen MS. *Cancer Epidemiology, Biomarkers & Prevention* 12(3): 253-255, 2003. (29 refs.)

Approximately 80% of smokers began using tobacco products before 18 years of age. Between 1990 and 2000, the population growth rate (shown in parentheses) within each of the following racial/ethnic minority populations increased more rapidly than that for whites (5%): Asian Americans (48%); Hispanics (47%); blacks (15%); American Indians/Alaska Natives (15%); and Native Hawaiian/other Pacific Islanders (9%). Proportionally, more racial/ethnic minorities smoke cigarettes than whites. Therefore, an important challenge is prevention of tobacco use initiation among minority youth. What might appear to be a simplistic response (not initiating tobacco use) is challenging to implement and requires specially targeted efforts. The specific strategies are recommend to promote tobacco prevention, employing a model that comprises five settings: (a) home; (b) community; (c) classroom; (d) clinic; and (e) computer. At home, all tobacco use should be prohibited. Parents should role model tobacco abstinence and express strong disapproval as well as punishment for use. Parents can influence children by strongly disapproving of and using punishment for tobacco use. The public should advocate smoking control policies, including smoking prohibition in enclosed public places, restrictions on the sale of tobacco products (especially to minors), and appropriate taxation policies. The Task Force has determined that raising the unit price of tobacco products is among the most effective deterrents to youth tobacco use. Schools should use evidence-based curricula. Teachers should be properly trained to use the curricula and should also model non-tobacco use. School programs are more effective when combined with mass media and other community-based efforts. Health care providers should take time during clinical encounters with minority youth

to inquire about their tobacco use and emphasize abstinence from tobacco use. Computers should be used as a tool to prevent minority youth from tobacco use. Software and professionally staffed "chat" rooms should be considered to support nonsmoking as a norm. Counteradvertising such as the Truth Campaign appears to be making some impact in de-normalizing tobacco use among youth. More aggressive, youth-oriented advertising may be responsible for a decline in smoking among youth. California has instituted a multipronged approach that has resulted not only in a decline in tobacco use consumption but also in a decline in lung cancer rates. This exemplary model consists of a variety of efforts, including funding ethnic networks, public education, legislative advocacy, and telephone help lines. Additionally, the curtailing of advertising that glamorizes tobacco use is encouraged. California's model is worth emulating. In conclusion, preventing tobacco use among minority youth requires a multipronged and relentless approach, beginning in the home and extending to the community, classroom, clinic, computer, and counter-advertisements. These prevention efforts must be comprehensive. Although the struggle may be challenging, tobacco use among youth can be reduced and prevented.

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A comparison of current practice in school-based substance use prevention programs with meta-analysis findings.

Ennett ST; Ringwalt CL; Thorne J; Rohrbach LA; Vincus A; Simons-Rudolph A et al. *Prevention Science* 4(1): 1-14, 2003. (29 refs.)

The series of seminal meta-analytic studies of school-based substance use prevention program studies conducted by the late Nancy S. Tobler and colleagues concluded that programs with content social influences' knowledge, drug refusal skills, and generic competency skills and that use of participatory or interactive teaching strategies were more effective than programs focused on knowledge and attitudes and favoring traditional didactic instruction. The present study compared current school practice against evidence-based standards for "effective content" and "effective delivery," derived from the N. S. Tobler findings. Respondents were the lead staff (aged 22-76 yrs) who taught substance use prevention in the 1998-1999 school year in a national sample of public and private schools that included middle school grades (N = 1,795). Results indicate that most providers (62.25%) taught effective content, but few used effective delivery (17.44%), and fewer still used both effective content and delivery (14.23%). Those who taught an evidence-based program, however, were more likely to implement both effective content and delivery, as were those teachers who were recently trained in substance use

prevention and were comfortable using interactive teaching methods. The findings indicate that the transfer to practice of research knowledge about school-based substance use prevention programming has been limited. Copyright 2003, Society for Prevention Research.

Characteristics of effective school-based substance abuse prevention.

Gottfredson, Denise C.; Wilson, David B. *Prevention Science* 4(1): 27-38, 2003. (50 refs.)

This study summarizes, using meta-analytic techniques, results from 94 studies of school-based prevention activities that examined alcohol or other drug use outcomes. It set out to determine what features of school-based substance abuse prevention programs are related to variability in the size of program effects. It asked (1) Which populations (e.g., high risk vs. general population) should be targeted for prevention services? (2) What is the best age or developmental stage for prevention programming? (3) Does program duration matter? and (4) Does the role of the person delivering the service (e.g., teacher, law enforcement officer, peer) matter? The results suggest that targeting middle school aged children and designing programs that can be delivered primarily by peer leaders will increase the effectiveness of school-based substance use prevention programs. The results also imply that such programs need not be lengthy. The evidence related to the targeting issue is sparse, but suggests that, at least for programs teaching social competency skills, targeting higher risk youths may yield stronger effects than targeting the general population. Suggestions for future research are offered.

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Reconsidering community-based health promotion: Promise, performance, and potential. (review).

Merzel C; D'Afflitti J. *American Journal of Public Health* 93(4): 557-574, 2003. (151 refs.)

Contemporary public health emphasizes a community-based approach to health promotion and disease prevention. The evidence from the past 20 years indicates, however, that many community-based programs have had only modest impact, with the notable exception of a number of HIV prevention programs. To better understand the reasons for these outcomes, we conducted a systematic literature review of 32 community-based prevention programs. Reasons for poor performance include methodological challenges to study design and evaluation, concurrent secular trends, smaller-than-expected effect sizes, limitations of the

interventions, and limitations of theories used. The effectiveness of HIV programs appears to be related in part to extensive formative research and an emphasis on changing social norms. Copyright 2003, American Public Health Association.

What to convey in antismoking advertisements for adolescents: The use of protection motivation theory to identify effective message themes.

Pechmann C; Zhao GZ; Goldberg ME; Reibling ET. *Journal of Marketing* 67(2): 1-18, 2003. (93 refs.)

Antismoking advertising is increasingly used, but its message content is controversial. In an initial study in which adolescents coded 194 advertisements, the authors identified seven common message themes. Using protection motivation theory, the authors develop hypotheses regarding the message theme effects on cognitions and intentions and test them in an experiment involving 1667 adolescents. Three of the seven message themes increased adolescents' nonsmoking intentions compared with a control; all did so by enhancing adolescents' perceptions that smoking poses severe social disapproval risks. Other message themes increased health risk severity perceptions but were undermined by low perceived vulnerability.

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A randomized controlled trial of the middle and junior high school DARE and DARE Plus programs.

Perry CL; Komro KA; Veblen-Mortenson S; Bosma LM; Farbaksh K; Munson KA et al. *Archives of Pediatrics & Adolescent Medicine* 157(2): 178-184, 2003. (40 refs.)

Objective: To evaluate the effect of the middle and junior high school Drug Abuse Resistance Education (D.A.R.E.) and D.A.R.E. Plus programs on drug use and violence. Design: Randomized controlled trial of 24 schools, with 3 conditions: D.A.R.E. only, D.A.R.E. Plus, and delayed program control. Setting: Schools and neighborhoods, primarily in Minneapolis-St Paul. Participants: All seventh-grade students in 24 schools in the academic year 1999-2000 (N = 6237 at baseline, 67.3% were white, and there was 84.0% retention at final follow-up). Interventions: The middle and junior high school D.A.R.E. curriculum in the 16 schools that received D.A.R.E. only and D.A.R.E. Plus. In the 8 schools that received D.A.R.E. Plus, additional components included a peer-led parental involvement classroom program called "On the VERGE," youth-led extracurricular activities, community adult action teams, and postcard mailings to parents. The interventions were implemented during 2 school years, when the cohort was in

the seventh and eighth grades. Main Outcome Measures: Self-reported tobacco, alcohol, and marijuana use; multidrug use; violence; and victimization, assessed at the beginning and end of seventh grade and at the end of eighth grade. Growth curve analytic methods were used to assess changes over time by condition. Results: There were no significant differences between D.A.R.E. only and the controls; significant differences among boys between D.A.R.E. Plus and controls for tobacco, alcohol, and multidrug use and victimization; significant differences among boys between D.A.R.E. Plus and D.A.R.E. only in tobacco use and violence; and no significant behavioral differences among girls. Conclusion: D.A.R.E. Plus significantly enhanced the effectiveness of the D.A.R.E. curriculum among boys and was more effective than the delayed program controls, underscoring the potential for multiyear, multicomponent prevention programs and demonstrating sex differences in response to intervention programs. Copyright 2003, American Medical Association.

Intervention to reduce intentions to use tobacco among pediatric cancer survivors.

Tyc VL; Rai SN; Lensing S; Klosky JL; Stewart DB; Gattuso J. *Journal of Clinical Oncology* 21(7): 1366-1372, 2003. (37 refs.)

In this randomized controlled trial, we sought to determine whether a risk counseling intervention would increase knowledge and perceived vulnerability to tobacco-related health risks and decrease future intentions to use tobacco among preadolescents and adolescents previously treated for cancer. Patients and Methods: Participants included 103 cancer survivors between the ages of 10 and 18 years who were randomly assigned to either a standard care control (SCC) group or a tobacco intervention (TI) group. Patients in the SCC group received standard advice about the risks of tobacco use. Patients in the TI group received more intensive late effects risk counseling in addition to an educational video, goal setting, written physician feedback, smoking literature, and follow-up telephone counseling. The effect of our intervention was assessed by self-reported knowledge, perceived vulnerability, and intentions at baseline, 6, and 12 months. Results: Compared with the SCC group, patients who received our intervention had significantly higher knowledge scores, higher perceived vulnerability scores, and lower intention scores at 12 months. No significant differences between the SCC and TI groups at 6 months, across all measures, were found. Conclusion: Pediatric survivors' knowledge, perceived vulnerability to health risks, and intentions to use tobacco can be modified by a risk

counseling intervention. The delayed effect of our intervention indicates that these changes may evolve over time. Implications for health care providers who engage in tobacco counseling with young cancer survivors are discussed. Additional longitudinal studies are needed to determine definitive long-term intervention effects on actual tobacco use in this high-risk population.

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Primary care: Is there enough time for prevention?

Yarnall KSH; Pollak KI; Ostbye T; Krause KM; Michener JL. *American Journal of Public Health* 93(4): 635-641, 2003. (56 refs.)

Objectives. We sought to determine the amount of time required for a primary care physician to provide recommended preventive services to an average patient panel. **Methods.** We used published and estimated times per service to determine the physician time required to provide all services recommended by the US Preventive Services Task Force (USPSTF), at the recommended frequency, to a patient panel of 2500 with an age and sex distribution similar to that of the US population. **Results.** To fully satisfy the USPSTF recommendations, 1773 hours of a physician's annual time, or 7.4 hours per working day, is needed for the provision of preventive services. **Conclusions.** Time constraints limit the ability of physicians to comply with preventive services recommendations. Copyright 2003, American Public Health Association.

Drops in the Bucket: Alcohol Industry "Responsibility" Advertising on Television in 2001

Washington, DC: Center on Alcohol Marketing and Youth, Georgetown University, 2003. (8 refs.)

Efforts to have alcohol included in the federal "drug czar's" anti-drug campaign have been defeated twice in Congress, although the federal anti-drug campaign has included some alcohol Public Service Announcements (PSAs) developed by other organizations in its "match" with networks, that is, in time slots donated by the networks. By default, therefore, alcohol companies have become the primary source of educational messages about alcohol abuse on television. In 2001, the alcohol industry placed 208,909 commercials promoting alcoholic beverages on television in 2001, compared to 2,379 responsibility ads. In auditing these ads, the Center on Alcohol Marketing and Youth finds the following: * All told, alcohol companies placed more than 87 product promotion commercials in 2001 for every ad about not driving after drinking or not drinking before age 21. Spending on responsibility advertising accounted for less than 3% of the industry's television advertising budget. * Alcohol companies placed 172 product promotion commercials on television in 2001 for every drinking and

driving awareness ad. More than twice as many adults were exposed to these drinking and driving awareness ads as youth. *Alcohol companies placed 179 product promotion commercials on television in 2001 for every legal drinking age ad, and again more than twice as many adults were exposed to these ads discouraging underage drinking as youth. In 2001, the alcohol industry spent a total of \$811.2 million on measured television advertising for products, \$23.2 million on responsibility TV advertising (ads about not drinking and driving and about the legal drinking age), and \$13.4 million on other corporate, community and civic TV advertising. Responsibility TV advertising represented 2.7% of expenditures and 1% of ad placements in 2001. Copyright 2003, Georgetown University.

Available online <<http://camy.org/research/drops0203/>>

One-year follow-up results of the STARS for Families alcohol prevention program.

Werch CE; Owen DM; Carlson JM; DiClemente CC; Edgemon P; Moore M. *Health Education Research* 18(1): 74-87, 2003. (46 refs.)

This study examined the 1-year follow-up effects of the STARS (Start Taking Alcohol Risks Seriously) for Families program, a 2-year preventive intervention based on a stage of acquisition model, and consisting of nurse consultations and parent materials. A randomized controlled trial was conducted, with participants receiving either the intervention or a minimal intervention control. Participants included a cohort of 650 sixth-grade students from two urban middle schools in magnet (bused) and one neighborhood. Trained project staff administered questionnaires to students following a standardized protocol in the schools. For the magnet school sample, significantly fewer intervention students (5%) were planning to drink in the next 6 months than control students (18%), $\chi^2(2) = 11.53$, $P = 0.001$. Magnet school intervention students also had less intentions to drink in the future, greater motivation to avoid drinking and less total alcohol risk than control students, $P_s < 0.05$. For the neighborhood school, intervention students ($m = 7.90$, $SD = 1.87$) had less total alcohol risk than control students ($m = 8.42$, $SD = 1.83$), $F(1,205) = 4.09$, $P = 0.04$. These findings suggest that a brief, stage and risk/protective factor tailored program holds promise for reducing risk for alcohol use among urban school youth 1 year after intervention, and has the unique advantage of greater 'transportability' over classroom-based prevention programs. Copyright 2003, Oxford University Press.