

### **Diffusion of preventive innovations.**

Rogers EM. *Addictive Behaviors* 27(6): 989-993, 2002. (14 refs.)

The present paper draws on the diffusion of innovations model to derive a series of strategies for speeding up the spread and implementation of new ideas in preventing addiction. Preventive innovations usually require an action at one point in time in order to avoid an unwanted future condition. Hence, preventive innovations diffuse rather slowly, in part due to delayed rewards from adoption. Here we suggest five strategies, based on diffusion theory, for speeding up the diffusion of preventive innovations. Copyright 2002, Elsevier Science Ltd.

### **Iatrogenic effects of alcohol and drug prevention programs.**

Werch CE; Owen DM. *Journal of Studies on Alcohol* 63(5): 581-590, 2002. (43 refs.)

Objective: Understanding prevention program risks and the contextual factors associated with negative program outcomes is critical to assisting the development of public policy that is aimed at avoiding future related harm while maximizing prevention success. The purpose of this review was to systematically analyze published studies evaluating substance use prevention programs, to determine whether iatrogenic effects have occurred, and if so, what types of harmful effects resulted and under what circumstances. Method: A search of electronic bibliographic databases in allied health, education, medicine, psychology and general literature was conducted, spanning the years from 1980 to the present. Results: Evidence of negative program effects was found in 17 evaluation studies for which 43 negative outcomes were documented. The most common type of negative outcome resulting from prevention programs was behavioral effects consisting primarily of increases in consumption, especially alcohol use. Drug prevention programs resulted in greater increases in alcohol use, cigarette use, marijuana use and multiple drug use than did alcohol prevention programs. Negative program outcomes appear to exist as three possible scenarios, described in this article. Conclusions: Researchers, publishers and practitioners should pay special attention to measuring, monitoring and reporting negative outcomes of prevention programs in the future, so that we might learn more about which program elements interact with which contextual factors to cause harm to

which groups of youth. Copyright 2002, Alcohol Research Documentation, Inc.

### **Efficacy of training and fidelity of implementation of the Life Skills Training Program.**

Hahn EJ; Noland MP; Rayens MK; Christie DM. *Journal of School Health* 72(7): 282-287, 2002. (10 refs.)

This study assessed the effectiveness of a model for diffusing the Life Skills Training (LST) Program into middle schools, examined implementation fidelity, and explored factors associated with involvement in training and program implementation. A convenience sample of master trainers (n = 44) and teachers (n = 45) from 16 Kentucky counties participated. Teachers were observed for content and process fidelity, and trainers and teachers completed questionnaires to assess factors related to training and program implementation. More than one-fourth (27%) of master trainers conducted training sessions, and 60% of teachers taught the curriculum. While implementation fidelity was relatively high, teachers were less likely to use the more innovative elements of the program. Trainers and teachers who conducted training and/or taught the LST Program were more enthusiastic toward the program than those who did nothing beyond being trained.

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### **Defining and operationalizing 'research-based' prevention: A critique (with case studies) of the US Department of Education's Safe, Disciplined and Drug-Free Schools Exemplary Programs.**

Gorman DM. *Evaluation and Program Planning* 25(3): 295-302, 2002. (39 refs.)

'Science-based' and 'research-based' are terms that have increasingly been applied to school drug and violence prevention programs over the past 5 years. The US Department of Education recently produced a list of research-based drug and violence prevention programs, which conferred 'Exemplary' status on nine programs. According to the criteria used to define Exemplary, there must be at least one evaluation that has demonstrated an effect on a behavioral outcome, and this evidence must come from a methodologically sound evaluation. This paper discusses these criteria through an examination of two evaluations of school-based programs that were conferred Exemplary status -- the Second Step curriculum and the Adolescent Training and Learning to Avoid Steroids (ATLAS) program. The preponderance of evidence reported in each evaluation shows that the programs had little or no effect on behavioral outcomes. Also, both evaluations have methodological

flaws, especially with regard to recruitment and retention of participants. These findings suggest that the Exemplary criteria were either poorly defined or not well operationalized in the process of program selection. Copyright 2002, Pergamon Press.

### **Effectiveness of the "Smoke-Free Class Competition" in delaying the onset of smoking in adolescence.**

Wiborg G; Hanewinkel R. *Preventive Medicine* 35(3): 241-249, 2002. (41 refs.)

**Background.** This paper examines the effectiveness of the "Smoke-Free Class Competition" in delaying the onset of smoking in adolescence. Each participating class must decide if they want to be a "smoke-free class" for the 6-month period from fall to spring. Classes monitor their (non-)smoking behavior and report it to the teacher regularly. Classes in which pupils refrain from smoking for this period of time participate in a prize draw, in which they can win a number of attractive prizes. **Methods.** To evaluate the effectiveness of the competition, a sample of 131 participating and nonparticipating classes (number of pupils 2,142; mean age 12.9 years, SD = 0.98) was compared with regard to their smoking behavior. Smoking status was determined by self-assessment on three occasions: (a) prior to the beginning of the competition, (b) 1 month after the competition, and (c) 1 year after the start of the competition. **Results.** From pretest to posttest smoking increased by 7.5% in the comparison group, while it decreased by 0.2% in the intervention group (OR = 2.19;  $P < 0.001$ ). In the follow-up measurement, a clear increase in smoking prevalence occurs in all groups; however, the pupils in the intervention condition still have a significant lower increase of smoking (OR = 1.45;  $P < 0.01$ ). Moreover, with regard to the nonsmokers at baseline, pupils in the comparison group showed significantly higher prevalences in smoking than the intervention group in the postmeasurement, 7.8 versus 13.9% (OR = 1.98;  $P < 0.001$ ), as well as in the in the follow-up-measurement, 17 versus 21.3% (OR = 1.36;  $P < 0.05$ ). **Conclusions.** The results suggest that the participation in the competition could delay the onset of smoking in adolescence.

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### **Drugs - Not here! Model of group intervention as preventative therapeutic tool for children of drug addicts.**

Peleg-Oren N. *Journal of Drug Education* 32(3): 245-259, 2002. (39 refs.)

Children of addicts suffer from emotional, cognitive, social, and behavioral problems. In view of the problems the children face, they are undoubtedly "a population at

risk," in need of preventive and therapeutic intervention. The purpose of this article is to describe a model of group intervention as one of the preventive therapeutic tools for children of addicts. The project was conducted over 18 months of weekly meetings. The article will deal with the characteristics of children of addicts, the group intervention model with reference to the group framework, and the work carried out with the group, as well as its evaluation. The evaluation indicated positive effects on several psychosocial variables. Copyright 2002, Baywood Publishing Co., Inc.

### **Effective ingredients of school-based drug prevention programs: A systematic review.**

Cuijpers P. *Addictive Behaviors* 27(6): 1009-1023, 2002. (37 refs.)

Drug prevention in schools is a top priority in most Western countries and several well-designed studies have shown that prevention programs have the potential of reducing drug use in adolescents. However, most prevention programs are not effective and there are no general criteria available for deciding which program is effective and which is not. In this systematic review of the literature, the current scientific knowledge about which characteristics determine the effectiveness of drug prevention programs is examined. Three types of studies are reviewed: meta-analyses (3 studies were included), studies examining mediating variables of interventions (6 studies), and studies directly comparing prevention programs with or without specific characteristics (4 studies on boosters, 12 on peer- versus adult-led programs, and 5 on adding community interventions to school programs). Seven evidence-based quality criteria were formulated: the effects of a program should have been proven; interactive delivery methods are superior; the "social influence model" is the best we have; focus on norms, commitment not to use, and intentions not to use; adding community interventions increases effects; the use of peer leaders is better; and adding life skills to programs may strengthen effects. Copyright 2002, Elsevier Science Ltd.

### **Strategies to prevent underage drinking.**

Komro KA; Toomey TL. *Alcohol Research & Health* 26(1): 5-14, 2002. (68 refs.)

Alcohol use by underage drinkers is a persistent public health problem in the United States, and alcohol is the most commonly used drug among adolescents. Accordingly, numerous approaches have been developed and studied that aim to prevent underage drinking. Some approaches are school based, involving curricula targeted at preventing alcohol, tobacco, or marijuana use. Other approaches are extracurricular, offering activities outside of school in the form of social or life skills training or alternative activities. Other strategies strive to involve the adolescents' families in the prevention programs. Policy strategies also have been

implemented that have increased the minimum legal drinking age, reduced the commercial and social access of adolescents to alcohol, and reduced the economic availability of alcohol. Approaches involving the entire community also have been employed. Several programs (e.g., the Midwestern Prevention Project and Project Northland) have combined many of these strategies. Public Domain.

**Parent-adolescent communication about alcohol, tobacco, and other drug use.**

Miller-Day MA. *Journal of Adolescent Research* 17(6): 604-616, 2002. (41 refs.)

For this study, 67 adolescent African American and Caucasian adolescents were interviewed about their parent-adolescent conversations regarding alcohol, tobacco, and other drug (ATOD) use. Analyses indicated that fewer than half of the youth had engaged in a conversation with one or more parent about ATOD use and that significantly more adolescents felt closest to and preferred talking with their mothers about risky topics than to other family members. Moreover, the results suggested that parental antidrug messages were part of the ongoing discourse of family life rather than structured in an isolated "drug talk," as is advocated in contemporary media. This article argues for a clearer definition of the parent-adolescent conversation, discusses implications for targeting mothers as prevention agents, and introduces risk socialization theory. Copyright 2002, Sage Publications.

**Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. (review).**

Marlatt GA; Witkiewitz K. *Addictive Behaviors* 27(6): 867-886, 2002. (105 refs.)

Harm reduction approaches to alcohol problems have endured a controversial history in both the research literature and the popular media. Although several studies have demonstrated that controlled drinking is possible and that moderation-based treatments may be preferred over abstinence-only approaches, the public and institutional views of alcohol treatment still support zero-tolerance. After describing the problems with zero-tolerance and the benefits of moderate drinking, the research literature describing prevention and intervention approaches consistent with a harm reduction philosophy are presented. Literature is reviewed on universal prevention programs for young adolescents, selective and indicated prevention for college students, moderation-based self-help approaches, prevention and interventions in primary care settings, pharmacological treatments, and psychosocial approaches with moderation goals. Overall, empirical studies have

demonstrated that harm reduction approaches to alcohol problems are at least as effective as abstinence-oriented approaches at reducing alcohol consumption and alcohol-related consequences. Based on these findings, we discuss the importance of individualizing alcohol prevention and intervention to accommodate the preferences and needs of the targeted person or population. In recognizing the multifaceted nature of behavior change, harm reduction efforts seek to meet the individual where he or she is at and assist that person in the direction of positive behavior change, whether that change involves abstinence, moderate drinking, or the reduction of alcohol-related harm. The limitations of harm reduction and recommendations for future research are discussed.

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**Preventive mental health and substance abuse programs and services in managed care.**

Dorfman SL; Smith SA. *Journal of Behavioral Health Services & Research* 29(3): 233-258, 2002. (73 refs.)

If effective preventive behavioral health services were available to the millions of Americans enrolled in managed care organizations, the public health impact could be significant. This project sought to summarize published research-based information about effective preventive interventions for mental health and substance use (tobacco, alcohol, and other drugs) shown or likely to have no negative cost impact. Fifty-four studies satisfied seven screening criteria. Their findings demonstrated that preventive behavioral health interventions appropriate for managed care settings have been evaluated and have been shown to be effective. Some produced cost savings or offset costs. Six preventive behavioral health interventions are therefore recommended for managed care.

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**Problem drinking and the workplace: An individualized approach to prevention.**

Anderson BK; Larimer ME. *Psychology of Addictive Behaviors* 16(3): 243-251, 2002. (55 refs.)

The present study evaluated the efficacy of a brief, individualized, alcohol abuse prevention program designed to reduce problem drinking within the workplace environment. One hundred fifty-five randomly selected employees of a medium-sized company in the food and retail services sector participated in a 6-month controlled worksite prevention trial. Female problem drinkers who received the intervention were more likely than those in the no-treatment control group to reduce alcohol-related negative consequences at follow-up. In addition, there was a significant multivariate treatment effect, suggesting that participants who received the intervention were significantly more likely to reduce drinking frequency at follow-up.

Evaluation of attrition rates and reports of participant satisfaction suggest that the intervention was effective in engaging participants at all levels of alcohol consumption.

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**Teachers' perceptions of tobacco use prevention education (TUPE) programs in Florida: Relations with perceived barriers and other contextual factors.**

Tubman JG; Vento RS; Barr JE; Langer LM. *Journal of Child & Adolescent Substance Abuse* 11(3): 63-88, 2002. (34 refs.)

Data were collected via brief telephone surveys from two statewide random samples of middle school teachers (n = 296) and high school teachers (n = 282) responsible for tobacco use prevention education (TUPE) in Florida. Cluster analysis was used to classify teachers based on their levels of support of, commitment to, and perceived effectiveness of TUPE programs. Between-cluster differences in teachers' perceptions of TUPE were significantly associated with perceived barriers and features of school contexts, although these relationships were more consistent among middle school teachers than among high school teachers. The implications of these findings for the effective delivery of TUPE programming to adolescents at different developmental levels are discussed. Copyright 2002, Haworth Press, Inc.

**Will the 'Principles of Effectiveness' improve prevention practice? Early findings from a diffusion study.**

Hallfors D; Godette D. *Health Education Research* 17(4): 461-470, 2002. (37 refs.)

This study examines adoption and implementation of the US Department of Education's new policy, the 'Principles of Effectiveness', from a diffusion of innovations theoretical framework. In this report, we evaluate adoption in relation to Principle 3: the requirement to select research-based programs. Results from a sample of 104 school districts in 12 states indicate that many districts appear to be selecting research-based curricula, but that the quality of implementation is low. Only 19% of the responding district coordinators indicated that schools were implementing a research-based curriculum with fidelity. Common problems included lack of teacher training, lack of requisite materials, use of some but not all of the required lessons and teaching strategies, and failure to deliver lessons to age-appropriate student groups. This study represents the first attempt to assess the quality of implementation of research-based programs as required by the Principles of Effectiveness. We conclude that low levels of funding, inadequate infrastructure, decentralized decision making and lack of program guidance have contributed to the slow progress in improving school-based prevention. Copyright 2002, Oxford University Press.