

Pilot randomized controlled trial of a brief alcohol intervention group for adolescents.

Bailey K; Baker A; Webster R; Lewin T. *Drug and Alcohol Review* 23(2): 157-166, 2004. (35 refs.)

The aim of this study was to identify whether a brief motivational interviewing and cognitive - behavioural-based alcohol intervention group (AIG) programme is feasible with young people at risk of developing a problem with alcohol, and to assess the short-term effectiveness of the intervention. Participants were assigned randomly to receive a group intervention of four sessions duration (n = 17; AIG) or no treatment (n = 17, control group). Participants were volunteers recruited from a youth centre on the Central Coast of New South Wales, Australia, comprising youths aged 12 - 19 years who were interested in participating in the study. The Readiness to Change Questionnaire, items from the AUDIT, the DAP Quick Screen and a knowledge questionnaire were administered at pretreatment, post-treatment and at 1- and 2-month follow-ups. Participants in the AIG programme showed an increase in readiness to reduce their alcohol consumption. They also reduced their frequency of drinking at post-treatment and the first follow-up assessment, while the control group reported increases at the second follow-up assessment. The control group also increased their hazardous drinking and frequency of binge drinking compared to the AIG. The intervention appeared to improve the AIG participants' knowledge about alcohol and its effects. The results provide preliminary evidence for the effectiveness of the AIG programme in training young people to set limits on alcohol consumption, increase awareness of safe drinking levels and the effects of alcohol abuse. This pilot study also showed that young people who are identified as being 'at risk' of developing alcohol abuse, and who are also ambivalent about changing drinking behaviours, can be recruited and retained in a treatment programme. Copyright 2004, Australian Professional Society on Alcohol and Other Drugs.

Randomized trial of brief office-based interventions to reduce adolescent alcohol use.

Boekeloo BO; Jerry J; Lee-Ougo WI; Worrell KD; Hamburger EK; Russek-Cohen E; Snyder MH. *Archives of Pediatrics & Adolescent Medicine* 158(7): 635-642, 2004. (35 refs.)

Objective: To determine whether office-based interventions change adolescents' alcohol beliefs and alcohol use. Design: Randomized, controlled trial. Setting: Five managed care group practices in Washington, DC.

Participants: Consecutive 12- to 17-year-olds (N = 409) seeing primary care providers (N = 26) for general checkups. Most of the adolescents (79%) were African American, 44% were male, and 16% currently drank. Interventions: Usual care (Group I), adolescent priming with alcohol self-assessment just prior to check-up (Group II), adolescent priming and provider prompting with adolescent self-assessment and brochure (Group III). Main Outcome Measures: Adolescent alcohol beliefs at exit interview and self-reported behaviors at 6- and 12-month follow-up. Results: At exit interview, Groups II and III reported that less alcohol was needed for impaired thinking and a greater intent to drink alcohol in the next 3 months than Group I. At 6 months, Group III reported more resistance to peer pressure to drink, and Groups II and III reported more bingeing than Group I. At 1-year follow-up, controlling for baseline levels, Groups II (odds ratio [OR], 3.44; 95% confidence interval [CI], 1.44-6.24) and III (OR, 2.86; CI, 1.13-7.26) reported more bingeing in the last 3 months than Group I. Group II reported more drinking in the last 30 days (OR, 2.31; CI, 1.31-4.07) and in the last 3 months (OR, 1.76; CI, 1.12-2.77) than Group I. Conclusion: Brief office-based interventions were ineffective in reducing adolescent alcohol use but may increase adolescent reporting of alcohol use. Copyright 2004, American Medical Association.

Pilot study of abuse of asthma inhalers by middle and high school students.

Boyd CJ; Teter CJ; McCabe SE. *Journal of Adolescent Health* 34(6): 531-534, 2004. (12 refs.)

During a school-based survey, middle and high school students (n = 1536) reported on their nonprescribed, lifetime use of asthma inhalers. Approximately 15% of 8th and 9th graders reported using nonprescribed asthma inhalers; the odds for this behavior were significantly higher for these students (2.25 and 2.30, respectively) and the nonprescribed use of asthma inhalers was significantly associated with higher rates of other drug use. Copyright 2004, Society for Adolescent Medicine.

Legalization of marijuana: Potential impact on youth. Technical Report.

Committee on Substance Abuse and Committee on Adolescence; Joffe A; Yancy WS. *Pediatrics* 113(6): E632-E638, 2004. (46 refs.)

This technical report provides historical perspectives and comparisons of various approaches to the legal status of marijuana to aid in forming public policy. Information on

the impact that decriminalization and legalization of marijuana could have on adolescents, in addition to concerns surrounding medicinal use of marijuana, are also addressed in this report. Recommendations are included in the accompanying policy statement. Copyright 2004, American Academy of Pediatrics.

Alcohol-related emergency department visits among people ages 13 to 25 years.

Elder RW; Shults RA; Swahn MH; Strife BJ; Ryan GW. *Journal of Studies on Alcohol* 65(3): 297-300, 2004. (27 refs.)

Objective: Data from a large, nationally representative sample of hospital emergency departments (EDs) were used to assess the prevalence and characteristics of alcohol-related ED visits among people ages 13 to 25 years in the United States. **Method:** Emergency department visits recorded in the National Electronic Injury Surveillance System-All Injury Program were coded for alcohol involvement based on alcohol product codes and abstractions of chart narratives. National estimates and confidence intervals were calculated using SUDAAN statistical software. **Results:** Based on these chart data, in the United States in 2001 there were an estimated 244,331 alcohol-related ED visits among people ages 13 to 25 (3.2% of total visits). Of these, an estimated 119,503 (49%) involved people below the legal drinking age of 21. The number of alcohol-related visits increased throughout adolescence and young adulthood to the age of 21, after which they decreased to levels similar to those seen for 18 to 20 year olds. Alcohol-related visits were most frequent on weekends and among males and were more strongly associated with visits related to assault or self-harm than to visits for unintentional injuries or injuries of unknown intent. In this population, 38% of alcohol-related visits involved no external cause of injury (e.g., drinking to excess only). **Conclusions:** These data highlight the need for stronger efforts to delay initiation of alcohol use among adolescents as long as possible and to limit access to alcohol for underage drinkers. Copyright 2004, Alcohol Research Documentation Inc.

Social context and adolescent health behavior: Does school-level smoking prevalence affect students' subsequent smoking behavior?

Ellickson PL; Bird CE; Orlando M; Klein DJ; Mccaffrey DE. *Journal of Health and Social Behavior* 44(4): 525-535, 2003. (37 refs.)

This paper examines the links between individual adolescent smoking behavior and actual and perceived smoking behavior in the individual school cohort. We hypothesized that students enrolled in schools with higher smoking prevalence among students in their grade are more likely to smoke subsequently. We also expected

perceived school-level prevalence of smoking to have a greater impact than actual prevalence because the former is a more direct measure of perceived norms. Adjusting for demographics, actual school-level prevalence at baseline (grade 7) was strongly associated with smoking frequency one year later. However, the association disappeared after adjusting for individual smoking frequency at baseline. School-level prevalence did not moderate the association between individual baseline and subsequent smoking frequency. Perceived prevalence of smoking among grade 8 students and two measures tapping the behavior of smaller peer groups -- cigarette offers and exposure to friends and other peers who smoke -- were associated with increased risk of smoking. Copyright 2003, American Sociological Association.

Adolescent substance use and suicidal behavior: A review with implications for treatment research.

Esposito-Smythers C; Spirito A. *Alcoholism: Clinical and Experimental Research* 28(5 Supplement 1): 77S-88S, 2004. (102 refs.)

Adolescent substance use (alcohol and other drugs) and suicidal behavior, independently, pose serious public health problems. Youths who report co-occurring substance use and suicidality are a particularly high-risk group. In this review, we explore four areas that are pertinent to research with substance-abusing and suicidal adolescent populations. First, we review epidemiological research that is relevant to the association between substance use and suicidal behavior. Results suggest that substance use heightens statistical risk for suicidal behavior in adolescent clinical and community populations. Alcohol intoxication may serve as a proximal risk factor for suicidal behavior among distressed youths through its psychopharmacological effects on the brain. Substance use may also serve as a distal risk factor for suicidal behavior by increasing stress and exacerbating co-occurring psychopathology. Second, we propose different theoretical models that might explain the high rates of co-occurring substance use and suicidal behavior among adolescents. Substance use may stem from an underlying syndrome of problem behavior among impulsive suicide attempters with predominant externalizing symptoms. In contrast, nonimpulsive suicide attempters with predominant internalizing symptoms may use substances to cope with negative affective states. Third, we explore the status of treatment research with substance abusing and suicidal adolescent populations. Studies of substance abuse treatment and suicidal behavior have neither adequately assessed nor incorporated treatment of the other co-occurring problem. Finally, we conclude with proposed directions for future research, including the development of integrated interventions tailored to adolescents with

these co-occurring problems. Copyright 2004, Research Society on Alcoholism.

Associations between visual and auditory hallucinations in children and adolescents, and tobacco use in adulthood.

Ferdinand RF; van der Ende J; Verhulst FC. *Social Psychiatry and Psychiatric Epidemiology* 39(7): 514-520, 2004. (49 refs.)

Aims The cross-sectional association between tobacco use and psychotic features has been well established. If psychotic features precede tobacco use, then tobacco may be used to self-medicate psychotic symptoms. The aim was to assess if psychotic features in adolescents constitute a risk factor for later tobacco use. **Design** A random target sample of 2,600 children aged 4-16 years from the Dutch general population was followed up across a 14-year interval. At different ages (childhood, adolescence, young adulthood), information about visual and auditory hallucinations was obtained using standardized questionnaires for parents and subjects themselves. At outcome (ages 18-30), tobacco use was assessed. **Findings** Auditory hallucinations, but not visual hallucinations, in early and late adolescence, assessed via parents and adolescents themselves, predicted tobacco use in adulthood. **Conclusions** The present study confirmed that auditory psychotic features in adolescence are associated with tobacco use in adulthood. Tobacco may be used to self-medicate auditory, but not visual, hallucinations. Copyright 2004, Springer-Verlag.

Access of over-the-counter nicotine replacement therapy products to minors.

Johnson KC; Klesges LM; Somes GW; Coday MC; DeBon M. *Archives of Pediatrics & Adolescent Medicine* 158(3): 212-216, 2004. (18 refs.)

Background: Public health policy guidelines recommend that health care providers (eg, physicians, nurses, others) counsel adolescent smokers to quit and that nicotine replacement therapy (NRT) may be considered to aid in smoking cessation for nicotine-dependent youth. This recommendation is discrepant with Food and Drug Administration-approved labeling of NRT products, stating that they not be sold to persons younger than 18 years. It is not clear how easily minors are able to purchase NRT products in retail markets. **Objective:** To explore youth access to NRT by conducting the first study, to our knowledge, to determine the ability of minors to purchase over-the-counter NRT products. **Design:** Observational case series of NRT purchase attempts and survey description of store characteristics. **Setting:** Retail businesses in Memphis, Tenn. **Participants:** Population-based sample of 165 stores that sold over-the-counter medications. **Main Outcome Measure:** Successfully

completed purchase attempts of NRT by the minor buyer. **Results:** In most stores that stocked NRT products, the age of the minor was not queried at any time during the purchase attempt (79%) and the minor was able to successfully purchase the product (81%). If the minor was asked her age, the store was much less likely to sell the NRT product. Stores in which a cash register gave an age query prompt or in which alcohol was sold were more likely to inquire about the minor's age and less likely to sell NRT products. **Conclusions:** Nicotine replacement therapy products were successfully obtained in most purchases by a minor buyer without proof of age. While ease of purchasing NRT products is potentially beneficial to young smokers attempting to quit, these purchases are discrepant with Food and Drug Administration labeling regarding the sale of NRT products to minors. Copyright 2004, American Medical Association.

Changes in alcohol involvement, cognitions and drinking and driving behavior for youth after they obtain a driver's license.

McCarthy DM; Brown SA. *Journal of Studies on Alcohol* 65(3): 289-296, 2004. (25 refs.)

Objective: This study tested whether obtaining a driver's license was associated with increases in alcohol and other drug involvement and changes in alcohol-related cognitions for youth, and whether drinking and driving behavior increased with driving experience. **Method:** Confidential, anonymous surveys were conducted at two time points (fall, spring) with students at four high schools in San Diego county (N = 2 865. 51% female). Data were collected on alcohol, cigarette and marijuana use, license status, alcohol use by peers, attitudes towards drinking, and driving, and drinking and driving behaviors. **Results:** Nondrivers (60%), new drivers (obtained a license between Time 1 and Time 2) and experienced drivers (26%) were compared on study variables at both time points and over time. Initially obtaining a driver's license was associated with increased frequency of substance use. Results were not significant for quantity of alcohol use, frequency of heavy drinking or perceived alcohol use norms. Attitudes towards drinking and driving reflected an increase in the perceived dangerousness of this behavior for new drivers. Drinking and driving behavior during the last 30 days increased with increased driving experience. **Conclusions:** The results indicate a number of changes in substance involvement after obtaining a driver's license. However, initially this transition may also indicate a period of protection against drinking and driving. These results may have implications for the target and content of drinking and driving interventions. Copyright 2004, Alcohol Research Documentation Inc.

Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth.

Reardon DC; Coleman PK; Cogle JR. *American Journal of Drug and Alcohol Abuse* 30(2): 369-383, 2004. (51 refs.)

Abortion is known to be associated with higher rates of substance abuse, but no studies have compared substance use rates associated with abortion compared to delivery of an unintended pregnancy. This study examines data for women in the National Longitudinal Survey of Youth whose first pregnancy was unintended. Women with no pregnancies were also used as a control group. Use of alcohol, marijuana, cocaine, and behaviors suggestive of alcohol abuse were examined an average of four years after the target pregnancy among women with prior histories of delivering an unintended pregnancy (n = 535), abortion (n = 213), or those who reported no pregnancies (n = 1144). Controls were instituted for age, race, marital status, income, education, and prepregnancy self-esteem and locus of control. Compared to women who carried an unintended first pregnancy to term, those who aborted were significantly more likely to report use of marijuana (odds ratio: 2.0), with the difference in these two groups approaching significance relative to the use of cocaine (odds ratio: 2.49). Women with a history of abortion also reported more frequent drinking than those with a history of unintended birth. With the exception of less frequent drinking, the unintended birth group was not significantly different from the no pregnancy group. Resolution of an unintended pregnancy by abortion was associated with significantly higher rates of subsequent substance use compared to delivering an unintended pregnancy. A history of abortion may be a useful marker for identifying women in need of counseling for substance use. Copyright 2004, Marcel Dekker Inc.

Tijuana alcohol control policies: A response to cross-border high-risk drinking by young Americans.

Romano E; Cano S; Lauer E; Jimenez A; Voas RB; Lange JE. *Prevention Science* 5(2): 127-134, 2004. (10 refs.)

Several thousand young Americans visit the bars in Tijuana, Mexico, each weekend night, raising concerns on both sides of the border. Measures implemented in San Diego, California, and Tijuana have successfully reduced the number of American visitors to Mexican bars. Although San Diego policies have been well-documented, this is the first article on investigation of measures enacted south of the border. Information on Tijuana alcohol policies was obtained from a survey of 29-36 bars from 1997 to 1999. The Tijuana police provided data on

Americans arrested in Tijuana from 1998 to 1999. Our study found alcohol regulations are poorly enforced in Tijuana, suggesting that regulatory agencies are captured by bar owners. However, such a capture may be weakening. The importance of identifying and supporting Mexican interest groups, as opposed to the bar owners, as a mechanism to impede the capture of Tijuana's regulatory agencies is discussed. The number of Americans involved in alcohol-related crimes in Tijuana sharply decreased over time. However, such a success is largely related to the success of the San Diego efforts in reducing the number of American visitors to Tijuana. Also, by demonstrating the racial/ethnic heterogeneity of American visitors to Tijuana bars, our study points out the need for prevention policies designed north of the border to take such heterogeneity into account. Copyright 2004, Society for Prevention Research.

Mental disorder and comorbidity among runaway and homeless adolescents.

Whitbeck LB; Johnson KD; Hoyt DR; Cauce AM. *Journal of Adolescent Health* 35(2): 132-140, 2004. (33 refs.)

Purpose: To investigate prevalence of mental disorder and comorbidity among homeless and runaway adolescents in small to medium sized cities in four Midwestern states. Methods: The study presents lifetime, 12-month prevalence, and comorbidity rates for five mental disorders (conduct disorder, major depressive episode, posttraumatic stress disorder, alcohol abuse, and drug abuse) based on UM-CIDI and DISC-R structured interviews from the baseline interviews of a longitudinal diagnostic study of 428 (187 males; 241 females) homeless and runaway adolescents aged 16-19 years (mean age = 17.4 years, SD = 1.05). The data were collected by full-time street interviewers on the streets and in shelters in eight Midwestern cities of various populations. Separate logistic regression models were used to investigate factors associated with meeting criteria for any disorder and two or more disorders. Results: Lifetime prevalence rates were compared with rates for same-aged respondents from the National Comorbidity Survey (NCS). Homeless and runaway adolescents were six times more likely than same-aged NCS respondents to meet criteria for two or more disorders and were from two to 17 times more likely to meet criteria for individual disorders than. Conclusions: Homeless and runaway adolescents in small and mid-sized Midwestern cities report significant levels of mental disorder and comorbidity that are comparable and often exceed that reported in studies of larger magnet cities. Copyright 2004, Society for Adolescent Medicine.