

## **Adolescent and young adult tobacco prevention and cessation: Current status and future directions. (review).**

Backinger CL; Fagan P; Matthews E; Grana R. *Tobacco Control* 12(Supplement 4): 46-53, 2003. (99 refs.)

**Objective:** To summarise the evidence on adolescent and young adult prevention and cessation, and provide future directions for research. **Data sources:** Data were collected from published literature. Searches for adolescent prevention were conducted using PubMed, PsycInfo, and ERIC; and for cessation, PubMed, and two major reviews that span January 1978 to May 2002. PubMed, PsychInfo, and SCCI were searched for young adults from January 1990 to May 2002. **Study selection:** Data included smoking prevention studies published from January 1990 to May 2002 and conducted in the USA; all identified smoking cessation studies for adolescents. Young adult data were limited to initiation and cessation studies. **Data extraction:** Extraction of data was by consensus of the authors. **Data synthesis:** Results of the review are qualitative in nature using a consensus approach of the authors. **Conclusions:** School based curricula alone have been generally ineffective in the long term in preventing adolescents from initiating tobacco use but are effective when combined with other approaches such media and smoke-free policies. Prevention research should consider multiple approaches and the social youth smoking cessation has been understudied to date, scientifically rigorous adolescent smoking cessation studies need to be conducted with attention to high risk smokers and less than daily smokers. Tobacco prevention and cessation for young adults needs focused attention. Prevention and cessation programmes need to address other tobacco products in addition to cigarettes. Copyright 2003, British Medical Journal Publishing Group.

## **Developmentally inspired drug prevention: Middle school outcomes in a school-based randomized prevention trial.**

Furr-Holden CDM; Ialongo NS; Anthony JC; Petras H; Kellam SG. *Drug and Alcohol Dependence* 73(2): 149-158, 2004. (39 refs.)

Prior investigations have linked behavioral competencies in primary school to a reduced risk of later drug involvement. In this randomized prevention trial, we sought to quantify the potential early impact of two developmentally inspired universal preventive interventions on the risk of early-onset alcohol, inhalant, tobacco, and illegal drug use through early adolescence. Participants were recruited as they entered first grade within nine schools of an urban public school system. Approximately, 80% of the sample was followed from first to eighth grades. Two theory-based preventive interventions, (1) a family-school partnership (FSP) intervention and (2) a classroom-centered (CC) intervention, were developed to improve early risk behaviors in primary school. Generalized estimating equations (GEE) multivariate response profile regressions were used to estimate the relative profiles of drug involvement for intervention youths versus controls, i.e. youth in the standard educational setting. Relative to control youths,

intervention youths were less likely to use tobacco, with modestly stronger evidence of protection associated with the CC intervention (RR = 0.5; P = 0.008) as compared to protection associated with the FSP intervention (RR = 0.6; P = 0.042). Intervention status was not associated with risk of starting alcohol, inhalants, or marijuana use, but assignment to the CC intervention was associated with reduced risk of starting to use other illegal drugs by early adolescence, i.e. heroin, crack, and cocaine powder (RR = 0.32, P = 0.042). This study adds new evidence on intervention-associated reduced risk of starting illegal drug use. In the context of 'gateway' models, the null evidence on marijuana is intriguing and merits attention in future investigations. Copyright 2004, Elsevier Science Ltd.

## **Harm minimization in school drug education: Final results of the School Health and Alcohol Harm Reduction Project (SHAHRP).**

McBride N; Farrington F; Midford R; Meuleners L; Phillips M. *Addiction* 99(3): 278-291, 2004. (67 refs.)

**Aims:** The School Health and Alcohol Harm Reduction Project (SHAHRP study) aimed to reduce alcohol-related harm in secondary school students. **Design:** The study used a quasi-experimental research design in which randomly selected and allocated intervention and comparison groups were assessed at eight, 20 and 32 months after baseline. **Setting:** Metropolitan, government secondary schools in Perth, Western Australia. **Participants:** The sample involved over 2300 students. The retention rate was 75.9% over 32 months. **Intervention:** The evidence-based intervention, a curriculum programme with an explicit harm minimization goal, was conducted in two phases over a 2-year period. **Measures:** Knowledge, attitude, total alcohol consumption, risky consumption, context of use, harm associated with own use and harm associated with other people's use of alcohol. **Findings:** There were significant knowledge, attitude and behavioural effects early in the study, some of which were maintained for the duration of the study. The intervention group had significantly greater knowledge during the programme phases, and significantly safer alcohol-related attitudes to final follow-up, but both scores were converging by 32 months. Intervention students were significantly more likely to be non-drinkers or supervised drinkers than were comparison students. During the first and second programme phases, intervention students consumed 31.4% and 31.7% less alcohol. Differences were converging 17 months after programme delivery. Intervention students were 25.7%, 33.8% and 4.2% less likely to drink to risky levels from first follow-up onwards. The intervention reduced the harm that young people reported associated with their own use of alcohol, with intervention students experiencing 32.7%, 16.7% and 22.9% less harm from first follow-up onwards. There was no impact

on the harm that students reported from other people's use of alcohol. Conclusions: The results of this study support the use of harm reduction goals and classroom approaches in school drug education. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

### **Harry Potter and butterbeer. (letter).**

Welsh CJ. *Journal of the American Academy of Child and Adolescent Psychiatry* 43(1): 9-10, 2004. (1 refs.)

The author notes that while the author J.K. Rowling addresses a number of themes with sensitivity — acceptance, friendship, courage, being different, racial stereotypes, unfair work conditions, and animal rights— there is one where she has taken a less serious stand: alcohol. It is the discussion of "butterbeer". Rowling does not specifically discuss the alcoholic content of the beer. However, there are several references to the "warming" effect of the drink. The current author suggests that there is the obvious question of why Rowling has allowed what appears to be an alcoholic beverage to be consumed by 13-year-old wizards and witches. Despite its relative innocent and benign treatment in the books, it is not clear how many children and adolescents might read this and think that drinking alcohol is funny, or, at the very least, an okay thing to do when you are 13. The author suggests that clinicians and parents might use these references as an introduction to a discussion about alcohol consumption, and hopefully influence the attitudes of children and adolescents. Copyright 2004, American Academy of Child and Adolescent Psychiatry.

### **Keeping the focus on public health: The struggles of a tobacco prevention task force.**

Shillis JA; Hall BA; Sneden GG; Gottlieb NH. *Health Education & Behavior* 30(6): 771-788, 2003. (47 refs.)

This case study examines a nonlegislative task force as it struggled to reach internal consensus despite external political constraints. The study highlights the convergence of politics and science, revealing complex issues likely to be confronted by advocates and public health officials. Three themes capture participants' experiences: context, sizing up the opportunities and constraints; task force process, tacit strategy to operate outside the political context and play the science card; and aftermath, a glass half full. The task force took advantage of ambiguous parameters, crafting a comprehensive statewide plan to reduce tobacco use and breaking out of the common public health paradigm of allowing budget considerations to drive program design. These internal victories could not sustain a policy success in the legislature. However, the group's product sets science-based standards for future program development, and the task force's process provides valuable insights into other states developing tobacco prevention and control policies. Copyright 2003, Sage Publications Inc.

### **Making licensed venues safer for patrons: What environmental factors should be the focus of interventions?**

Homel R; Carvolth R; Hauritz M; McIlwain G; Teague R. *Drug and Alcohol Review* 23(1): 19-29, 2004

The Queensland Safety Action Projects operationalized a problem-focused responsive regulatory model in order to make nightclubs and other venues safer. A problem-focused approach requires a careful analysis of the total environment of licensed venues,

including drinking and its controls but also the social and physical environments, patron mix and management practices. We present new analyses of observational data collected in 1994 and 1996 in the north Queensland cities of Cairns, Townsville and Mackay. Major reductions in aggression and violence were observed, as well as improvements in many aspects of the venue environment and management practices. We do not argue in this paper that the interventions caused the environmental and management changes, although we believe this to be true. Rather, our assumption is that whatever caused them, some of the environmental and management changes were critical to the reductions in aggression. Regression techniques were used to identify those factors that best explained the declines in aggression. For reduced physical violence four key predictors were identified: improved comfort, availability of public transport, less overt sexual activity and fewer highly drunk men. For reduced non-physical aggression, four key predictors were: fewer Pacific Islander patrons, less male swearing, fewer intoxicated patrons requiring that management be called and more chairs with armrests. The analyses are consistent with the argument that the control of drinking is necessary but not sufficient to reduce aggression and violence. Copyright 2004, Taylor & Francis Health Sciences.

### **Outcomes of a federally funded program for alcohol and other drug prevention in higher education.**

Licciardone JC. *American Journal of Drug and Alcohol Abuse* 29(4): 803-827, 2003. (41 refs.)

This paper presents the results of the Nationwide Campuses Study that measure the impact of programs supported by the Fund for the Improvement of Postsecondary Education (FIPSE) for collegiate alcohol and other drug (AOD) prevention efforts. Outcomes were measured by using standardized pre- and post-program items on the Core Alcohol and Drug Survey and adjusted prevalences of AOD use. Although student awareness of AOD prevention programs increased during the funding period, there also were increases in the desire for drugs at parties and in the frequencies of arrests for driving while intoxicated or under the influence and of poor academic performance. Adjusted prevalences of alcohol, marijuana, and cocaine use among students increased, while tobacco use decreased. Curriculum infusion, administrative response, and faculty and community activities most clearly were associated with favorable outcomes. Overall, however, FIPSE funding had limited short-term impact on AOD use and its consequences in higher education. Copyright 2003, Marcel Dekker, Inc. Used with permission.

### **Risk and protection factors for different intensities of adolescent substance use: When does the 'Prevention Paradox' apply?**

Stockwell T; Toumbourou J; Letcher P; Smart D; Sanson A; Bond L. *Drug and Alcohol Review* 23(1): 67-77, 2004

The 'Prevention Paradox' applies when low-risk individuals in a population contribute the most cases of a condition or problem behaviour by virtue of their being in the majority, thereby recommending a universal or whole of population

approach to prevention. The applicability of a universal as opposed to a targeted high-risk approach to the prevention of youth substance use was examined in two studies of children and adolescents conducted in Victoria, Australia. These studies were reanalysed by recombining developmental, social and individual measures to form cumulative risk indices for substance use. In Study 1, a cross-sectional survey of students, most regular tobacco, alcohol and cannabis use by 15/16-year-olds occurred in the moderate and low-risk groups, recommending a universal prevention strategy. However, the majority of illicit drug use occurred in the highest-risk group (top 15%). Furthermore, in younger age groups both legal and illegal drug use was concentrated mainly in the highest risk group. Study 2 used data from a major longitudinal study where risk factors at around age 11/12 years were used to predict substance use at age 17/18 years. Most students who admitted involvement in frequent smoking, heavy drinking and, although to a lesser degree, cannabis were classified as low or average risk. It is concluded that universal prevention strategies are needed for late adolescent alcohol, tobacco and cannabis use and more targeted strategies for addressing harm related to early age drug use, frequent cannabis use and illegal drug use. Copyright 2004, Taylor & Francis Health Sciences.

#### **What we can — and cannot — expect from school-based drug prevention.**

Caulkins J; Pacula R.L; Paddock S; Chiesa J. *Drug and Alcohol Review* 23(1): 79-87, 2004

School-based drug prevention is a central component of drug control strategies. This paper assesses quantitatively its contributions in the United States from a social policy perspective. The social benefits per participant stemming from reduced drug use (\$840 from tobacco, alcohol, cocaine and marijuana) appear to exceed the economic costs of running the programs (\$150 per participant); while the benefits associated with reduced cocaine use alone (\$300) exceed the costs, the corresponding figure for marijuana (\$20) is small. Even if prevention reduced the use of other illicit drugs (e.g. heroin) by as much as it reduced use of cocaine, the majority of benefits would still stem from reductions in use of tobacco and alcohol, which has implications for how school-based drug prevention is funded and whether it is perceived more as a weapon in the war on illicit drugs or as a public health measure. Specific numeric results are subject to considerable uncertainty, but the basic character of the conclusions appears to be robust with respect to parameter uncertainty. The greatest uncertainties concern the permanence of prevention's effects and how to value instances of initiation being deferred but not completely prevented. Copyright 2004, Taylor & Francis Health Sciences.

#### **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, 2003. (38 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 2003, Oxford University Press.

#### **A systematic review of school drug education.**

McBride N. *Health Education Research* 18(6): 729-742, 2003. (26 refs.)

This paper provides an up-to-date systematic review of the school drug education literature (to June 2001) and identifies components that have the potential for creating effective drug education programmes in schools. This paper is a summary of a 150-page review. The review adopts a well-defined search methodology, specific selection criteria, and has made a series of recommendations based on the findings of past reviews and recent primary studies that met the selection criteria. The review is inclusive of reviews and recent primary studies that involved young people in school settings that encompassed a classroom intervention, included drug-related behavioural measures and had a positive impact on students' drug-related behaviours. The review identifies several areas that should be the focus of future programmes. These include timing and programming issues, content and delivery issues, teacher training, and dissemination. There is much refinement that can occur in school drug education implementation and research. The way forward is to continue to create and test interventions that bring together all components of the development, implementation and evaluation of school drug education that are effective in creating behaviour change, and that are practical to the school setting. Copyright 2003, Oxford University Press.

#### **Effects of a preventive intervention on adolescent substance use initiation, expectancies and refusal intentions.**

Trudeau L; Spoth R; Lillehoj C; Redmond C; Wickrama KAS. *Prevention Science* 4(2): 109-122, 2003. (56 refs.)

Abstract This study evaluated the effects of a school-based preventive intervention (Botvin, G. J. 1996, 2000) on growth trajectories of substance initiation (alcohol, tobacco, and marijuana), expectancies, and refusal intentions. A rural midwestern sample (N=847) provided three waves of data from middle school students. Growth curve analyses demonstrated that the intervention significantly slowed the rate of increase in substance initiation and significantly slowed

the rate of decrease in refusal intentions. The intervention also slowed the rate of decrease in negative outcome expectancies, although the significance level was only marginal. A multiple group comparison showed that the impact of initial levels of substance initiation on growth trajectories of refusal intentions differed between conditions, suggesting that the intervention decreased the effect of early substance initiation on the rate of change over time for refusal intentions. Gender differences also were found, although the intervention was effective in slowing the rate of increase in initiation for both genders. Copyright 2003, Kluwer Academic Press.

**Computer-mediated intervention to prevent drug abuse and violence among high-risk youth.**

Schinke SP; Di Noia J; Glassman JR. *Addictive Behaviors* 29(1): 225-229, 2004. (7 refs.)

This research evaluated a computer-mediated intervention for preventing drug abuse and violence. Research participants were economically disadvantaged youth, defined as early adolescents from households with family incomes below the Federal poverty line. Based on cognitive-behavioral skills approaches shown effective in past research, computer intervention was compared with conventionally delivered intervention in a pretest-posttest, control group design. Outcome findings revealed that youth assigned to the computer or conventional intervention arms achieved more positive pretest-to-posttest gain scores than youth in the control arm on several variables. These variables were: how youth regarded people who used drugs, strategies for avoiding trouble, and ways for controlling their tempers. One item, the ability to refuse drug offers, favored youth in the conventional intervention arm over those in the computer or control arms. Combined with prior work on computer-delivered interventions, data from this study lend added support to the viability of computer approaches for preventing drug abuse, violence, and other problem behavior among early adolescent youth. Copyright 2004, Elsevier Science.

**The efficacy of an education program to teach children a scientific theory of how drugs affect behavior.**

Sigelman CK; Bridges LJ; Leach DB; Mack KL; Rinehart CS; Sorongon AG et al. *Journal of Applied Developmental Psychology* 24(5): 573-593, 2003. (48 refs.)

This study, guided by an intuitive theories perspective and based on assessments of children's beliefs about drug action, tested an experimental curriculum for third to sixth graders (N = 337) that provided a coherent explanation of the brain's role in mediating the effects of alcohol and cocaine on psychological functioning and health. Two enhanced versions of the experimental curriculum

(one providing extra biological background information, another challenging tobacco-related misconceptions) were also evaluated. Compared to a control curriculum on disease, the drug curricula increased awareness that drugs travel everywhere in the body, that drug use results in loss of control, that each drug has distinct effects on health, and that cocaine has stimulant properties. Effects of the three variants of the drug curriculum did not differ significantly. Younger children gained as much as older children on most measures, and race and gender differences in responsiveness to the curricula were also minimal. Overall, even relatively young children demonstrated considerable mastery of the scientific account they were taught. However, attitudes and intentions were unaltered, and the implications of increasing knowledge for changing behavior remain unclear. Copyright 2003, Elsevier Inc.

**The effect of the Safer Bars programme on physical aggression in bars: Results of a randomized controlled trial.**

Graham K; Osgood W; Zibrowski E; Purcell J; Gliksman L; Leonard K et al. *Drug and Alcohol Review* 23(1): 31-41, 2004

The purpose of this study was to evaluate the effectiveness of Safer Bars, an intervention to reduce aggression in bars. A total of 734 pre - post-intervention observations were conducted by trained observers on Friday and Saturday nights between midnight and 2 a.m. in 18 large capacity (> 300) Toronto bars and clubs assigned randomly to receive the intervention (69% participation rate of the 26 assigned) and 12 control bars. As part of the intervention, owners/managers completed the risk assessment workbook to identify ways of reducing environmental risks, and 373 staff and owners/managers (84% participation rate) attended a 3-hour training session focused on preventing escalation of aggression, working as a team and resolving problem situations safely. The main outcome measures were rates of severe aggression (e.g. punching, kicking) and moderate physical aggression (e.g. shoving, grappling). Hierarchical linear modelling (HLM) comparing pre - post aggression for intervention versus control bars indicated a significant effect of the intervention in reducing severe and moderate aggression. This effect was moderated by turnover of managers and door/security staff with higher post-intervention aggression associated with higher turnover in the intervention bars. The findings indicate the potential for a stand-alone relatively brief intervention to reduce severe and moderate physical aggression in bars.

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