

The impact of parental problem drug use on children: What is the problem and what can be done to help?

Barnard M; McKeganey N. *Addiction* 99(5): 552-559, 2004. (73 refs.)

Aim: To review the literature on the impact of parental problem drug use on children, and indicate the efficacy of key evaluated interventions to reduce the impact of parental drug use on children. **Methods:** Comprehensive narrative review of English language published research and intervention spanning the last three decades identified through searching library databases and citation. **Findings:** Problem drug use can impede parenting and the provision of a nurturing environment. Although small-scale, localized and resource-intensive these key evaluated interventions show cautious optimism that problem drug-using parents can reduce drug use and achieve better family management. Children have rarely been directly the focus of intervention. **Conclusions:** Wider application and more rigorous evaluation of interventions in this area are needed. Given the scale of the problem it is important to establish how statutory services can apply the lessons of these more localized interventions. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

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.

Preventing illegal tobacco and alcohol sales to minors through electronic age-verification devices: A field effectiveness study.

Krevor B; Capitman JA; Oblak L; Cannon JB; Ruwe M. *Journal of Public Health Policy* 24(3-4): 251-268, 2003. (24 refs.)

Efforts to prohibit the sales of tobacco and alcohol products to minors are widespread. Electronic Age Verification (EAV) devices are one possible means to improve compliance with sales to minors laws. The purpose of this study was to evaluate the implementation and effectiveness of EAV devices in terms of the frequency and accuracy of age verification, as well as to examine the impact of EAV's on the retailer environment. Two study locations were selected: Tallahassee, Florida and Iowa City, Iowa. Retail stores were invited to participate in the study, producing a self-selected experimental group. Stores that did not elect to test the EAV's comprised the comparison group. The data sources included: 1) mystery shopper inspections: two pre- and five post-EAV installation mystery shopper inspections of tobacco and alcohol retailers; 2) retail clerk and manager interviews; and 3) customer interviews. The study found that installing EAV devices with minimal training and encouragement did not increase age verification and underage sales refusal. Surveyed clerks reported positive experiences using the electronic ID readers and customers reported almost no discomfort about being asked to swipe their IDs. Observations from this study support the need for a more comprehensive system for responsible retailing. Copyright 2004, Journal of Public Health Policy Inc.

Sources of information about MDMA (3,4-methylenedioxymethamphetamine): Perceived accuracy, importance, and implications for prevention among young adult users.

Falck RS; Carlson RG; Wang JC; Siegal HA. *Drug and Alcohol Dependence* 74(1): 45-54, 2004. (52 refs.)

The goal of this cross-sectional study was to assess the perceived accuracy and the importance of various sources of information about MDMA/ecstasy among young adult users. A respondent driven sampling plan was used to recruit a community sample of recent ecstasy users (n = 304), aged 18-30, in Ohio, who responded to structured interviews. Friends, drug abuse treatment programs, and physicians were perceived to be the most accurate sources of information about ecstasy by 45.7, 37.2, and 30.3% of the sample, respectively. Friends were considered the most important source of information about ecstasy (40.2%), followed by web sites like DanceSafe (16.2%), and MTV/VH1 television specials (6.9%). About half

the sample used the Internet to obtain information about ecstasy, with younger and more educated participants significantly more likely to do so. Educated users were also significantly more likely to consider the Internet to be an important source of information. Web sites like DanceSafe were visited by four times as many users as government-sponsored web sites. Findings support the development of peer-oriented, network strategies to reach ecstasy users with prevention messages. Efforts to make prevention web sites more attractive should be considered. Copyright 2004, Elsevier Science.

Teacher training in norm setting approaches to drug education: A pilot study comparing standard and video-enhanced methods.

Dusenbury LA; Hansen WB; Giles SM. *Journal of Drug Education* 33(3): 325-336, 2003. (19 refs.)

Norm setting has been shown to be a crucial element of effective drug education. The purpose of this study was to examine the degree to which a videotape describing concepts and methods for establishing positive norms would enhance standard training. Participants included 35 teachers and 64 health education students who were randomly assigned to the standard training condition or the video-enhanced training. Participants completed pretest and posttest measures of beliefs, attitudes, and knowledge concerning prevention methods. Both the standard and the video-based instruction produced improved understanding of norms and norm setting prevention methods. However, the video-based instruction resulted in several notable improvements beyond what was achieved in standard instruction. Video training can be an important tool as research-based drug abuse prevention achieves wide-scale dissemination. It offers a way of standardizing training and has the potential to increase the fidelity with which prevention programs are implemented. Copyright 2003, Baywood Publishing Co. Inc.

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support the development of peer-oriented, network strategies to reach ecstasy users with prevention messages. Efforts to make prevention web sites more attractive should be considered. Copyright 2004, Elsevier Science.

Effects of 2 prevention programs on high-risk behaviors among African American youth: A randomized trial.

Flay BR; Graumlich S; Segawa E; Burns JL; Holliday MY. *Archives of Pediatrics and Adolescent Medicine* 158(4): 377-384, 2004. (59 refs.)

Objective: To test the efficacy of 2 programs designed to reduce high-risk behaviors among inner-city African American youth. Design: Cluster randomized trial. Setting: Twelve metropolitan Chicago, 111, schools and the communities they serve, 1994 through 1998. Participants: Students in grades 5 through 8 and their parents and teachers. Interventions: The social development curriculum (SDC) consisted of 16 to 21 lessons per year focusing on social competence skills necessary to manage situations in which high-risk behaviors occur. The school/community intervention (SCI) consisted of SDC and school-wide climate and parent and community components. The control group received an attention-placebo health enhancement curriculum (HEC) of equal intensity to the SDC focusing on nutrition, physical activity, and general health care. Main Outcome Measures: Student self-reports of violence, provocative behavior, school delinquency, substance use, and sexual behaviors (intercourse and condom use). Results: For boys, the SDC and SCI significantly reduced the rate of increase in violent behavior (by 35% and 47% compared with HEC, respectively), provoking behavior (41% and 59%), school delinquency (31% and 66%), drug use (32% and 34%), and recent sexual intercourse (44% and 65%), and improved the rate of increase in condom use (95% and 165%). The SCI was significantly more effective than the SDC for a combined behavioral measure (79% improvement vs 51%). There were no significant effects for girls. Conclusions: Theoretically derived social-emotional programs that are culturally sensitive, developmentally appropriate, and offered in multiple grades can reduce multiple risk behaviors for inner-city African American boys in grades 5 through 8. The lack of effects for girls deserves further research. Copyright 2004, American Medical Association.

The role of participant motivation in the outcome of a prevention/early intervention program for adolescent substance use problems and illegal behavior.

Friedman AS; Terras A; Glassman K. *Journal of Child and Adolescent Substance Abuse* 13(2): 1-28, 2003. (38 refs.)

The primary purpose of this study was to determine, for a court-adjudicated adolescent male sample (N = 160) mandated to a residential program setting, the degree to which their expressed motivation for getting help with their alcohol, illicit drug and illegal behavior problems was found to predict to the outcome of an early intervention treatment program. Results. Those subjects who had reported relatively more severe alcohol and drug problems at admission expressed a significantly greater degree of being "troubled" by having such

problems, and that it was significantly more "important to get help and counseling" for these problems. However, no significant relationship was found between the degree of the illegal behavior problems and the degree of being "troubled" by having the problems, or the degree that it was considered important to obtain help for such problems. It is proposed that a possible explanation for this lack of concern regarding having committed serious illegal behavior is the lack of opportunities that was available to these subjects and the influence of the poor neighborhoods in which they grew up. Those subject-participants who rated at admission that it was relatively more important to obtain "help and counseling" for their alcohol problem also tended to report relatively less alcohol problems at follow-up assessment. However, some of the subject-participants who rated that it was relatively more important to obtain help for alcohol problems also were found to report later a relatively greater degree of drug use at follow-up assessment. Thus, it appears that some of the earlier alcohol use was being exchanged for an increase in the degree of marijuana use. It is concluded that the ratings on motivation at admission, by this subject sample, are to some degree meaningful, but can also be misleading, and that the implications of these motivation ratings are quite complicated. Copyright 2003, Haworth Press.

Modifying pro-drug risk factors in adolescents: Results from project ALERT.

Ghosh-Dastidar B; Longshore DL; Ellickson PL; McCaffrey DF. *Health Education & Behavior* 31(3): 318-334, 2004. (34 refs.)

The objective of this study was to evaluate the impact of a revised state-of-the-art drug prevention program, Project ALERT, on risk factors for drug use in mostly rural midwestern schools and communities. Fifty-five middle schools from South Dakota were randomly assigned to treatment or control conditions. Treatment-group students received 11 lessons in Grade 7 and 3 more in Grade 8. Effects for 4,276 eighth graders were assessed 18 months after baseline. Results indicate that Project ALERT had statistically significant effects on all the targeted risk factors associated with cigarette and marijuana use and more modest gains with the pro-alcohol risk factors. The program helped adolescents at low, moderate, and high risk for future use, with the effect sizes typically stronger for the low- and moderate-risk groups. Thus, school-based drug prevention programs can lower risk factors that correlate with drug use, help low- to high-risk adolescents, and be effective in diverse school environments. Copyright 2004, Sage Publications Inc.

Fifteen-month follow-up results of a school-based life-skills approach to smoking prevention.

Hanewinkel R; Asshauer M. *Health Education Research* 19(2): 125-137, 2004. (59 refs.)

The life-skills approach to smoking prevention was tested in this study. In total, 1024 pupils (mean age 11.4 years, SD = 0.90) from Austria, Denmark, Luxembourg and Germany were recruited as an experimental group, and a sample of 834 matched pupils served as a control group. While the pupils from the control group received no specific intervention, the pupils in the experimental group participated in an intervention programme which was based on the life-skills approach and consisted of 21 sessions. The aims of the programme were to promote fundamental social competencies and

coping skills. In addition, specific information on cigarette smoking was given and skills for resisting social influences to smoke were rehearsed. The programme was conducted by trained school teachers during a course of 4 months. Anonymous questionnaires were administered (1) before the programme was implemented and (2) 15 months after the programme had started. Teachers as well as pupils showed a high level of satisfaction with the programme idea and the materials. With regard to the outcome variables, the programme had no differential effect on current smoking (4-week prevalence). The programme showed a weak effect ($P < 0.1$) on lifetime smoking prevalence and experimental smoking. There was also an effect of the programme on smoking knowledge, on the social competencies of the pupils as well as on the classroom climate. No effects were found on susceptibility to smoking among never-smokers, attitudes towards smoking and the perceived positive consequences of smoking. The results indicate that prevention programmes that are run for only a few months can have a positive impact on variables considered to be protective with regard to smoking uptake. Copyright 2004, Oxford University Press.

Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. (review).

Hawkins EH; Cummins LH; Marlatt GA. *Psychological Bulletin* 130(2): 304-323, 2004. (162 refs.)

Substance abuse has had profoundly devastating effects on the health and well-being of American Indians and Alaska Natives. A wide variety of intervention methods has been used to prevent or stem the development of alcohol and drug problems in Indian youth, but there is little empirical research evaluating these efforts. This article is an overview of the published literature on substance use prevention among Indian adolescents, providing background epidemiological information, a review of programs developed specifically for Indian adolescents, and recommendations for the most promising prevention strategies currently in practice. Copyright 2004, American Psychological Association.

Disseminating science-based prevention: Lessons learned from CSAP's CAPTs.

Hogan JA; Baca I; Daley C; Garcia T; Jaker J; Lowther M; Klitzner M. *Journal of Drug Education* 33(3): 233-243, 2003. (21 refs.)

A wide variety of prevention approaches that reduce substance use and associated problems have been developed and tested. But successes have been limited in promoting the use of these scientific advances by the policy makers, practitioners, and concerned citizens. The Center for Substance Abuse Prevention's six regional Centers for the Application of Prevention Technologies (CSAP's CAPTs) are a major mechanism by which CSAP brings research to practice. This article synthesizes the issues that the CAPTs have faced, the solutions they have developed, and conclusions concerning the work that still needs to be done to increase the application of science-based approaches to prevention. These discussions highlight the particular importance of addressing issues related

to the larger systems in which prevention programs and strategies operate. Copyright 2003, Baywood Publishing Co. Inc.

Learning by doing: 'Initiated abstinence', a school-based programme for the prevention of addiction: Results of an evaluation study.

Kalke J; Raschke P. *European Addiction Research* 10(2): 88-94, 2004. (21 refs.)

The objective of the study was to find out whether the school-based prevention programme 'Initiated abstinence' is suitable to induce pupils to change their consumer behavior and attitudes. The participants of the prevention programme commit themselves 'per contract' to abstain from or considerably reduce their consumption of at least one of their currently used substances (e. g. sweets, cigarettes) or media (TV, computer games) for a period of 2 weeks. The main goal of the programme is to sharpen their problem and health consciousness concerning addiction and pleasure seeking. The programme was evaluated by a longitudinal study. At three given times, the 12- to 15-year-old pupils of the experimental classes were interviewed by standardized self-completion questionnaires (n = 2,267). The control classes were submitted to two surveys (n = 586). The study was carried out in the areas of Innsbruck (Austria), Schleswig-Holstein (Germany) and South Tyrol (Italy). Not all pupils were able to keep their intentions submitted in their contract, but 4 of 5 pupils had at least one positive experience with the renunciation (82%). There were 'overall effects': The actual renunciation of the pupils was much higher than stated in their agreement. The experimental group showed significant reduction effects for pupils, who had successfully reduced or stopped use of a substance or medium. In a further step, it should be explored whether the programme is suitable also for older groups, i.e. for pupils older than 15 years. Moreover, the long-term effects of the programmes should be tested. Copyright 2004, Karger.

Program provider and observer ratings of school-based preventive intervention implementation: Agreement and relation to youth outcomes.

Lillehoj CJ; Griffin KW; Spoth R. *Health Education & Behavior* 31(2): 242-257, 2004. (38 refs.)

Few prevention studies have examined the degree to which different measures of program implementation adherence predict youth outcomes. The current study was conducted with rural middle school youth participating in a longitudinal school-based preventive intervention program. Study participants' average age at the pretest assessment was 12.3 years. The association between program implementation ratings supplied by provider self-reports and trained independent observer reports were evaluated. In addition, the relationship between measures of implementation and youth outcomes were examined. Results indicated that although program providers tended to report higher implementation than independent observers, most ratings were correlated significantly across raters. Observer-reported implementation ratings significantly predicted several youth substance-related outcomes, while provider-reported self-ratings did not. Program provider characteristics predicted several youth outcomes. Findings suggest that there might be a social desirability bias in provider self-

reported ratings of implementation and that caution must be used when interpreting self-reported ratings of implementation. Copyright 2004, Sage Publications, Inc.

A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States.

Snyder LB; Hamilton MA; Mitchell EW; Kiwanuka-Tondo J; Fleming-Milici F; Proctor D. *Journal of Health Communication* 9(Supplement. 1): 71-96, 2004. (99 refs.)

A meta-analysis was performed of studies of mediated health campaigns in the United States in order to examine the effects of the campaigns on behavior change. Mediated health campaigns have small measurable effects in the short-term. Campaign effect sizes varied by the type of behavior: (r) over bar = .15 for seat belt use, (r) over bar = .13 for oral health, (r) over bar = .09 for alcohol use reduction, (r) over bar = .05 for heart disease prevention, (r) over bar = .05 for smoking, (r) over bar = .04 for mammography and cervical cancer screening, and (r) over bar = .04 for sexual behaviors. Campaigns with an enforcement component were more effective than those without. To predict campaign effect sizes for topics other than those listed above, researchers can take into account whether the behavior in a cessation campaign was addictive, and whether the campaign promoted the commencement of a new behavior, versus cessation of an old behavior, or prevention of a new undesirable behavior. Given the small campaign effect sizes, campaign planners should set modest goals for future campaigns. The results can also be useful to evaluators as a benchmark for campaign effects and to help estimate necessary sample size. Copyright 2004, Taylor & Francis Inc.

Factors related to alcohol use among 6th through 10th graders: The Sarasota County demonstration project.

Eaton DK; Forthofer MS; Zapata LB; Brown KRM; Bryant CA; Reynolds ST et al. *Journal of School Health* 74(3): 95-104, 2004. (30 refs.)

Alcohol consumption by youth can produce negative health outcomes. This study identified correlates of lifetime alcohol use, recent alcohol use, and binge drinking among youth in sixth through 10th grade (n = 2,004) in Sarasota County, Fla. Results from a closed-ended, quantitative survey acknowledged a range of personal, social, and environmental influences. Breadth of these influences supports a need for multifaceted, community-based interventions for effective prevention of youth alcohol use. This study was unique because it represents population-specific research in which community partners are using the findings to develop community-specific social marketing interventions to prevent underage drinking and promote alternative behaviors. Copyright 2004, American School Health Association.