

A period of increased susceptibility to cigarette smoking among high school students.

Filice GA; Hannan PJ; Lando HA; Joseph AM. *Journal of School Health* 73(7): 272-278, 2003. (31 refs.)

Cross-sectional surveys of randomly selected high school students were conducted in October 1999 and in May 2000 to measure awareness of youth-led tobacco prevention efforts. A secondary goal of the surveys was to learn about tobacco use and attitudes. Respondents who never smoked cigarettes were asked if they had made a firm commitment to not smoke, and respondents who had not made such a commitment were considered susceptible. Among ninth graders, susceptibility increased from 31% in October to 47% in May, while susceptibility decreased from October to May for students in more advanced grades ($p = 0.03$, interaction of linear trends). Susceptibility was more common among students who felt smoking produced social benefits (OR 1.59, 95% CI 1.22 - 2.08) or who were tolerant of tobacco company behavior (OR 1.65, 95% CI 1.23 - 2.21), and less common among students who felt short-term adverse effects of cigarette smoking on health or hygiene were important to them (OR 0.74, 95% CI 0.56 - 0.97). Further studies should confirm the increase in susceptibility and its underlying mechanisms. Whether associated with ninth grade or with the first year in a new school, this previously unrecognized period of heightened susceptibility might represent an important opportunity for prevention. Copyright 2003, American School Health Association.

A review of 25 long-term adolescent tobacco and other drug use prevention program evaluations.

Skara S; Sussman S. *Preventive Medicine* 37(5): 451-474, 2003. (68 refs.)

Background. Although the initial effectiveness of psychosocial strategies programming in preventing smoking and other drug abuse among adolescents has been well established through literature reviews and meta-analyses, much less evidence exists for the long-term follow-up success of these interventions. The primary goal of this paper, therefore, is to summarize the effectiveness of published program evaluation studies that have followed adolescents across the transitional period between junior high and high school for a period of at least 2 years. Methods. Studies for inclusion in this review were accessed primarily through a computerized search of Medline, Healthstar, and PsychINFO databases.

Intervention studies that met five core criteria were retained for review. Two authors independently abstracted data on study characteristics, methodology, and program outcomes. Results. Search results yielded 25 studies suitable for examination. The majority of these studies reported significant program effects for long-term smoking, alcohol, and marijuana outcomes, while indicating a fairly consistent magnitude of program effects. Conclusions. This review provides long-term empirical evidence of the effectiveness of social influences programs in preventing or reducing substance use for up to 15 years after completion of programming. However, this conclusion is still somewhat tenuous given the lack of significant program effects reported in several studies and the great variability that existed in the level of internal and external validity across all studies. Copyright 2003, American Health Foundation.

Comparison of naltrexone and placebo in treatment of alcohol dependence of adolescents.

Niederhofer H; Staffen W; Mair A. *Alcoholism Treatment Quarterly* 21(2): 87-95, 2003. (29 refs.)

This study assesses the efficacy and safety of long-term naltrexone treatment in alcohol dependence of adolescents. In a double-blind, placebo-controlled study, thirty patients, age 15 to 19 years, with chronic or episodic alcohol dependence were randomly allocated to treatment with naltrexone (50mg daily) or placebo for 90 days. Patients were assessed on the day treatment started and on days 30 and 90 by interview, self-report, questionnaire, and laboratory screening. At the end of treatment, 20 naltrexone treated and 10 placebo treated patients had been continuously abstinent ($p = 0.0069$). Naltrexone is an effective and well-tolerated pharmacological adjunct to psychosocial and behavioral treatment programs for the treatment of adolescent alcohol-dependent patients. Copyright 2003, Haworth Press.

Early unsupervised drinking - reducing the risks. The School Health and Alcohol Harm Reduction Project.

Mcbride N; Farrington F; Midford R; Meuleners L; Phillips M. *Drug and Alcohol Review* 22(3): 263-276, 2003. (37 refs.)

The School Health and Alcohol Harm Reduction Project (SHAHRP) aimed to reduce alcohol-related harm by enhancing students' abilities to identify and deal with high-risk drinking situations and issues. The SHAHRP study

involved a quasi-experimental research design, incorporating intervention and control groups and measuring change over a 32-month period. The study occurred in metropolitan, government secondary schools (13 - 17-year-olds) in Perth, Western Australia. The 14 intervention and control schools involved in the SHAHRP study represent approximately 23% of government secondary schools in the Perth metropolitan area. The sample was selected using cluster sampling, with stratification by socio-economic area, and involved over 2300 intervention and control students from junior secondary schools. The retention rate of the study was 75.9% over 32 months. The intervention incorporated evidence-based approaches to enhance potential for behaviour change in the target population. The intervention was a classroom-based programme, with an explicit harm minimization goal, and was conducted in two phases over a 2-year period. The results were analysed by baseline context of alcohol use to assess the impact of the programme on students with varying experience with alcohol. Knowledge and attitudes were modified simultaneously after the first phase of the intervention in all baseline context of use groups. The programme had little behavioural impact on baseline supervised drinkers; however, baseline non-drinkers and unsupervised drinkers were less likely to consume alcohol in a risky manner, compared to their corresponding control groups. In line with programme goals, early unsupervised drinkers from the intervention group were also significantly less likely to experience harm associated with their own use of alcohol compared to the corresponding control group. Unsupervised drinkers experienced 18.4% less alcohol-related harm after participating in both phases of the programme and this difference was maintained (19.4% difference) 17 months after the completion of the programme. This study indicates that a school drug education programme needs to be offered in several phases, that programme components may need to be included to cater for the differing baseline context of use groups, and that early unsupervised drinkers experience less alcohol-related harm after participating in a harm reduction programme. Copyright 2003, Australian Medical and Professional Society on Alcohol and Other Drugs.

Adolescent substance use, sexual behavior, and metropolitan status: Is "urban" a risk factor?

Levine SB; Coupey SM. *Journal of Adolescent Health* 32(5): 350-355, 2003. (12 refs.)

The goal of this study was to determine if urban or "metropolitan" youth are at greater risk of engaging in risk behaviors than suburban or rural youth. The research data were derived from the national school-based Youth Risk Behavior Survey (YRBS), an anonymous questionnaire, self-administered by students in grades 9 through 12. This

survey employs a multistage cluster sample to produce a nationally representative sample of high school students. The following results of the study were seen: (1) in 1999, a finding that metropolitan status was not a significant determining factor for involvement in risk behaviors; (2) no significant differences in specific risk factors between rural and suburban youth (in combination, "nonurban youth"); and (3) no significant differences in risk behaviors on bivariate or multivariate analyses. It is suggested that metropolitan or urban status has little if any association with engagement of adolescents in substance use and sexual risk behaviors and that urban adolescents do not engage in these risk behaviors any more frequently than nonurban adolescents. Copyright 2003, Society for Adolescent Medicine.

Examining delinquency in adolescents differentially prenatally exposed to alcohol: The role of proximal and distal risk factors.

Lynch ME; Coles CD; Corley T; Falek A. *Journal of Studies on Alcohol* 64(5): 678-686, 2003. (40 refs.)

Objective: An association has been reported between prenatal alcohol exposure and delinquent behavior in adolescents. Problems are believed to be particularly significant for those who were exposed prenatally but do not have full fetal alcohol syndrome (FAS). The goals of this study were (1) to examine the relation between a range of levels of prenatal exposure and delinquent behavior in a community sample and (2) to examine the effect of other current risk factors, in addition to prenatal exposure, on delinquent behavior. Method: In this study, 250 low income, predominantly black youths (mean age = 15.1 years) and their primary caregivers participated in an evaluation that included measures of delinquency, life stress, substance use, behavior problems, parenting practices, negative peer influence, caregiver substance use and the dysmorphia characteristic of FAS. Three groups were drawn from a sample initially seen at birth: Alcohol-exposed and dysmorphic (n = 39), alcohol-exposed, nondysmorphic (n = 77) and nonexposed controls (n = 48). A special education contrast group (n = 84) was recruited at adolescence to control for disability status. Results: The exposure groups did not differ from controls on measures of variety and frequency of delinquent behavior; boys engaged in a wider range of delinquent acts than girls did. Regression analysis for the full sample revealed that higher adolescent life stress, higher self-reported drug use and lower parental supervision were significantly related to a wider range of delinquent acts. Conclusions: Other current influences should be considered in addition to prenatal alcohol exposure in interpreting the development of delinquency in alcohol-exposed adolescents. These results demonstrate the importance of examining risk factors and

controlling effects of sociocultural influences and disability status when working with clinical samples. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Media and marijuana: A longitudinal analysis of news media effects on adolescents' marijuana use and related outcomes, 1977-1999.

Stryker JE. *Journal of Health Communication* 8(4): 305-328, 2003. (86 refs.)

This study examined how aggregate levels of news coverage about marijuana have impacted adolescents' marijuana behavior generally, and through the intervening variables of personal disapproval and perceived harmfulness of marijuana, two variables that existing research has identified as significant predictors of adolescent marijuana use at the aggregate level. It was hypothesized that news coverage of reasons why people should not use marijuana would cause increase in aggregate marijuana abstinence, perceived harmfulness, and personal disapproval. Conversely, news coverage of positive aspects of marijuana use would cause decreases in marijuana abstinence, perceived harmfulness, and personal disapproval. Results of distributed lagged time-series regression and non-linear modeling offered support for two of the three proposed hypotheses. Aggregate media coverage explained a significant portion of the variation in adolescents' abstinence from marijuana use over time. It also explained a significant portion of the variation in personal disapproval of marijuana. Personal disapproval was found to partially mediate the relationship between media coverage and marijuana abstinence. Implications for the conceptualization of media effects on health behaviors are discussed. Copyright 2003, Taylor and Francis, Inc.

Problematic alcohol and cannabis use in adolescence: Risk of serious adult substance abuse?

Stenbacka M. *Drug and Alcohol Review* 22(3): 277-286, 2003. (52 refs.)

The aim of this longitudinal study was to investigate the problematic use of alcohol, cannabis or both in adolescence, identifying various risk factors for adult alcohol and drug abuse. The study included 7577 18-year-old men conscripted in 1969 - 70. At enrolment, they completed two questionnaires about alcohol and drug use, social background, behavioural factors and health conditions. Data on adult alcohol and substance abuse were obtained from official registers up to 1996. A combination of problematic alcohol use and cannabis use in adolescence (> 10 times) was associated more strongly with both adult alcohol abuse (RR = 6.56, 95% CI 4.24 - 9.83) and drug abuse (RR = 19.37, 95% CI 11.16 - 32.30) than adolescent use of cannabis or alcohol alone. When

stratifying for different risk factors, the combination of both problematic alcohol use and cannabis use had higher relative risks of both outcomes than alcohol or cannabis use alone. In multivariate analyses, tobacco smoking was associated most strongly (RR = 2.26, 1.58 - 3.24) with adult alcohol abuse, and a combination of problematic alcohol use and cannabis use (< 10 times) in adolescence was associated most strongly with adult drug abuse (RR = 5.60, 95% CI 2.92 - 10.75). Adolescent use of both cannabis and alcohol seems to be a more serious problem than adolescent use of either alcohol or cannabis alone with regard to escalation to adult alcohol and drug abuse. This is important knowledge for prevention of adult abuse. Special effort should be made to reach those who mix risky alcohol use and cannabis use in late adolescence. Copyright 2003, Australian Medical and Professional Society on Alcohol and Other Drugs.

Psychiatric disorders among older adolescents treated in emergency departments on weekends: A comparison with a matched community sample.

Kelly TM; Donovan JE; Cornelius JR; Bukstein OG; Delbridge TR; Clark DB. *Journal of Studies on Alcohol* 64(5): 616-622, 2003. (24 refs.)

Objective: This study was undertaken to explore the characteristics of young patients treated in emergency departments (EDs) who follow through with an evaluation for psychiatric disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and to investigate differences in rates of psychiatric disorders between ED-treated adolescents and demographically similar adolescents recruited from the community. Method: Sixty three older adolescents (40 males) who were treated at two urban university hospital EDs were matched one-to-one on age, gender and race with 63 adolescents recruited from the community for participation in studies at an alcohol research center. Comprehensive psychiatric interviews were conducted with both groups. Results: ED-treated adolescents were diagnosed with higher rates of current alcohol use disorders (AUDs), current drug use disorders and current major depression than were community controls. The ED sample had a particularly high rate of the DSM-IV "hazardous use" of alcohol symptom. ED-treated adolescents also had a higher rate of lifetime comorbid alcohol use disorders and drug use disorders, as well as a higher rate of lifetime comorbid alcohol use disorders and major depression, compared with the community controls. Conclusions: Adolescents who are treated in EDs should be routinely assessed for the presence of AUD, drug involvement and depressive disorders. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Smoking cessation interventions for adolescents" A systematic review. (review).

Garrison MM; Christakis DA; Ebel BE; Wiehe SE; Rivara FP. *American Journal of Preventive Medicine* 25(4): 363-367, 2003. (34 refs.)

Objective: To conduct a systematic review of controlled trials for adolescent smoking cessation. Methods: Online bibliographic databases were searched as of June 2002, and reference lists from review articles and the selected articles were also reviewed for potential studies. The methodology and findings of all retrieved articles were critically evaluated. Data were extracted from each article regarding study methods, intervention studied, outcomes measured, and results. Results: The abstracts or full-text articles of 281 relevant studies were examined, of which six met the selection criteria. Included were three school-based studies, a study in pregnant adolescent girls, a hospital-based study, and a trial of laser acupuncture. All three of the school-based studies reported significant impacts on cessation rates, although only one of these was a randomized trial. None of the studies had follow-up times of >5.2 months. Conclusions: There is very limited evidence demonstrating efficacy of smoking-cessation interventions in adolescents, and no evidence on the long-term effectiveness of such interventions. Smoking-cessation interventions that have proven most effective in adults, such as nicotine replacement and antidepressant use, have not been studied in adolescents in a controlled manner. Copyright 2003, American College of Preventive Medicine.

Treatment outcomes among adolescents with substance abuse problems: The relationship between comorbidities and post-treatment substance involvement.

Shane PA; Jasiukaitis P; Green RS. *Evaluation and Program Planning* 26(4): 393-402, 2003. (53 refs.)

This study examines comorbid mental disorders in relation to post-treatment outcomes (12 months post-intake) among adolescents (N = 419) who entered three residential drug treatment programs. When contrasted with youths who had

no comorbid mental disorders or youths with a single comorbid condition, those with combined internalizing and externalizing disorders (mixed comorbidity) had higher levels of substance-related problems and poly-drug use at entry to treatment, and poorer outcomes, e.g. relapse, particularly evident for drugs other than alcohol or marijuana. A significantly higher proportion of those with mixed comorbidity were admitted to short term residential treatment, as compared to long term residential care. However, the effects of comorbidity were independent of both planned and actual length of stay, suggesting that comorbidities can negatively impact treatment outcome in multiple ways, apart from length of stay. Since co-occurring problems appear to profoundly limit treatment effectiveness, treatment strategies that address comorbidity are needed to improve outcomes. Copyright 2003, Pergamon Press.

Why do they do it? A qualitative study of adolescent drinking and driving.

Nygaard P; Waiters ED; Grube JW; Keefe D. *Substance Use & Misuse* 38(7): 835-863, 2003. (21 refs.)

Despite a decline in the prevalence of fatal traffic crashes involving adolescent drinking drivers in recent years, underage drinking and driving (DD) and riding with drinking drivers (RWDD) remain serious problems. This article reports the findings of a qualitative study investigating the influence of beliefs and expectancies on adolescents' decisions to participate in DD or RWDD. Forty-four adolescents, who in a previous survey admitted to having been involved in either DD or RWDD, were interviewed in 2000 about their experiences concerning either driving after drinking or getting into a car with a driver who had been drinking. Findings indicate that adolescent DD and RWDD are complex behaviors. Expectancies and control beliefs do not seem to influence the decision, whereas normative beliefs to some extent do. However, findings also indicate that increased enforcement of the laws may be helpful in preventing young people from getting involved in drinking and driving. Copyright 2003, Marcel Dekker, Inc.