

## **Dust in the wind: The growing use of embalming fluid among youth in Hartford, CT.**

Singer M; Clair S; Schensul J; Huebner C; Eiserman J; Pino R et al. *Substance Use & Misuse* 40(8): 1035-1050, 2005. (44 refs.)

This study suggests that use of embalming fluid as a mind-altering drug has been under-reported. Based on a social network recruitment strategy, findings from a study in 2000 of 401 outreach worker-recruited polydrug-involved youth (ages 16-24 years) from the inner city of Hartford, CT indicate widespread (over 80% of study participants had used the drug at least once) and regular use of embalming fluid mixed with either marijuana or mint. This paper reports findings on frequency and distribution of use, experience, and consequences of use, access to the drug, and characteristics of embalming fluid users. Given the toxic substances that comprise embalming fluid, and the tendency, affirmed in the present study, of the drug to be associated with violent behavior, there is a need to recognize embalming fluid as a drug of concern among youth. Copyright 2005, Marcel Dekker, Inc.

## **Water-pipe (narghile) smoking: An emerging health risk behavior.**

Knishkowsky B; Amitai Y. *Pediatrics* 116(1): E113-E119, 2005. (40 refs.)

Narghile, or water-pipe smoking (WPS), has been practiced extensively for similar to 400 years. It is common in the Arabian Peninsula, Turkey, India, Pakistan, and other countries. In recent years, there has been a revival of WPS, notably among youth. Most US health professionals are unfamiliar with the practice and health consequences of WPS. Therefore, this trend presents a new challenge for adolescent health care providers. The composition of the tobacco used in WPS is variable and not well standardized. Studies that have examined narghile smokers and the aerosol of narghile smoke have reported high concentrations of carbon monoxide, nicotine, "tar," and heavy metals. These concentrations were as high or higher than those among cigarette smokers. The few scientific data regarding the adverse health consequences of WPS point to dangers that are similar to those associated with cigarette smoking: malignancy, impaired pulmonary function, low birth weight, and others. Additional dangers not encountered with cigarette

smoking are infectious diseases resulting from pipe sharing and the frequent addition of alcohol or psychoactive drugs to the tobacco. Public health strategies for controlling the emerging epidemic of WPS include carrying out epidemiologic and toxicologic research; implementation of laws to limit acquisition and use; and health education, targeting adolescents in particular. Copyright 2005, American Academy of Pediatrics

## **Predictors of fighting attributed to alcohol use among adolescent drinkers.**

Swahn MH; Donovan JE. *Addictive Behaviors* 30(7): 1317-1334, 2005. (37 refs.)

This study examined demographic and psychosocial factors to determine the predictors of fighting attributed to alcohol use among adolescent drinkers. Analyses were based on the National Longitudinal Study of Adolescent Health which is a nationally representative sample of adolescents in Grades 7 through 11. The prospective analyses were restricted to those adolescent drinkers who participated in both data waves (n = 6041) collected in 1995 and 1996. A logistic regression model was constructed using a backward elimination procedure to identify the significant predictors of initiating fighting attributed to alcohol use at Time 2 (1996). We found that frequent drinking, high-volume drinking, trouble in school, low college expectations and weekly involvement in sports were significant predictors of initiating fighting attributed to alcohol use. These findings suggest that prevention efforts targeting the reduction of frequent and heavy alcohol use may be particularly useful strategies for preventing fighting attributed to alcohol use. Copyright 2005, Elsevier Science.

## **Development and preliminary evaluation of a measure of support provided to a smoker among young adults.**

Thomas JL; Patten CA; Decker PA; Croghan IT; Cowles ML; Bronars CA et al. *Addictive Behaviors* 30(7): 1351-1369, 2005. (38 refs.)

Most studies indicate a positive association between social support and smoking cessation. However, clinic-based interventions to increase support for stopping smoking have had limited success. Prior research has emphasized the smoker's perceptions of

support received for smoking cessation while less attention has focused on support persons' reports of supportive behaviors provided to a smoker. This study examined select psychometric properties of the Support Provided Measure (SPM), a self-report questionnaire designed by the investigative team to assess supportive behaviors provided to a smoker. The SPM was administered to a college sample (N= 77 1; 67% female) of young adults, aged 18 to 24 years, who reported knowing a smoker whom they thought should quit smoking. Results indicate that, in this sample, the SPM has a two-factor structure with good internal consistency reliability (Cronbach's alpha= 0.77) and appears to assess a wide range of individual differences in the provision of support. Demographic correlates associated with SPM scores are described and suggestions for future research are offered. Copyright 2005, Elsevier Science.

**Good reasons for ignoring good evaluation: The case of the Drug Abuse Resistance Education (DARE) program.**

Birkeland S; Murphy-Graham E; Weiss C. *Evaluation and Program Planning* 28(3): 247-256, 2005. (33 refs.)

D.A.R.E. is the most popular school-based drug abuse prevention program in the U.S., but evaluations have found that positive effects on students' knowledge, attitudes, and behavior (often observed right after the program) fade away over time. By late adolescence students exposed and not exposed to the program are indistinguishable. Some school districts ignore the evidence and continue to offer D.A.R.E. In our study of 16 school districts, we found two persuasive reasons: (1) Evaluations generally measure drug use as the main outcome, but school officials are skeptical that any low-input short-term program like D.A.R.E. can change adolescents' drug-taking behavior. (2) Evaluations often do not often report relationships between cops and kids. Improvement in these relationships is a main reason for many districts' continued implementation of D.A.R.E. Districts also mention other understandable although more problematic rationales for keeping D.A.R.E. Copyright 2005, Elsevier Science Ltd.

**Dynamic effects among patients' treatment needs, beliefs, and utilization: A prospective study of adolescents in drug treatment.**

Schell TL; Orlando M; Morral AR. *Health Services Research* 40(4): 1128-1147, 2005. (46 refs.)

Objective. To document the prospective, reciprocal relationships among substance use problems, utilization of drug treatment, and predisposing beliefs

thought to increase treatment utilization. Data Source. Persistent Effects of Treatment Study-Adolescent (PETS-A), conducted by the Center on Substance Abuse Treatment. This was a longitudinal study of youths originally participating in one of two CSAT studies; one sample included 476 youths receiving residential drug treatment, and the other included 519 youths receiving outpatient treatment. Study Design. This study uses five waves of data collected over a 12-month period to examine the temporal relationships among four variables: treatment dose, substance use problems, drug resistance self-efficacy, and perceived need for treatment (PNT). Data from this longitudinal study were analyzed using cross-lagged panel models, and structural equation modeling techniques were used to estimate the prospective, reciprocal relationships among these four variables in each of the two samples, while controlling for several covariates. Principal Findings. Both PNT and low drug resistance self-efficacy led to higher levels of subsequent treatment. However, low self-efficacy presaged increases in drug problems while PNT predicted decreases. Conclusions. Understanding the role of psychological variables in the utilization of health services is complicated for psychological disorders because beliefs that affect treatment can also influence the disorder itself. Efforts to keep adolescents in drug treatment should focus on convincing youth that treatment can help them with their problems, rather than convincing them that they cannot resist drugs on their own. While both messages increase treatment utilization, the latter belief undermines the effects of treatment. Copyright 2005, Health Administration Press.

**Ecologically based family therapy outcome with substance abusing runaway adolescents.**

Slesnick N; Prestopnik JL. *Journal of Adolescence* 28(2): 277-298, 2005. (66 refs.)

Runaway youth report a broader range and higher severity of substance-related, mental health and family problems relative to non-runaway youth. Most studies to date have collected self-report data on the family and social history; virtually no research has examined treatment effectiveness with this population. This study is a treatment development project in which 124 runaway youth were randomly assigned to (1) ecologically based family therapy (EBFT) or (2) service as usual (SAU) through a shelter. Youth completed an intake, posttreatment, 6 and 12 months follow-up assessment. Youth assigned to EBFT reported greater reductions in overall substance abuse compared to youth assigned to SAU while other problem areas improved in both conditions. Findings suggest that EBFT is an efficacious intervention for

this relatively severe population of youth. Copyright 2005, The Association for Professionals in Services for Adolescents.

### **Sport and physical activity participation and substance use among adolescents.**

Moore MJ; Werch CEC. *Journal of Adolescent Health* 36(6): 486-493, 2005. (31 refs.)

Purpose: To examine the association between participation in specific school-sponsored sports and out-of-school sports/physical activities and substance use. Methods: Subjects consisted of 891 8th grade youth from three schools. Baseline data were collected using the Youth Alcohol & Drug Survey (2000) and following standardized protocols. Logistic regressions were conducted to identify associations between the independent variables of school-sponsored sports, and out-of-school sports/physical activities, and each of the four substance use dependent variables, while controlling for race. Additionally, logistic regressions were run separately for males and females to examine gender differences. Results: Participation in any one of seven specific sports/physical activities was associated with increased substance use for one or both genders, whereas participation in any one of four other specific sports/physical activities was associated with decreased use for one or both genders. Those sports associated with increased use differed for males and females, as did those associated with decreased use. Females in school-sponsored dance/cheerleading/gymnastics were at decreased risk of alcohol use, whereas those in out-of-school dance/cheerleading/gymnastics, skateboarding or surfing were at increased risk for using at least one substance. Males in out-of-school swimming were at decreased risk of heavy alcohol use, whereas those in school-sponsored football, swimming, wrestling or out-of-school tennis were at increased risk for using at least one substance. Conclusions: Educators cannot assume all sports/physical activities have a positive relationship with youth substance use. School-sponsored, male-dominated sports appeared to be associated with an increased substance use risk for males, whereas out-of-school, mixed-gender sports appeared to be for females. Copyright 2005, Society for Adolescent Medicine.

### **Use of nitrite inhalants ("poppers") among American youth.**

Wu LT; Schlenger WE; Ringwalt CL. *Journal of Adolescent Health* 37(1): 52-60, 2005. (40 refs.)

Purpose: We examined the patterns and correlates of nitrite inhalant use among adolescents aged 12 to 17 years. Methods: Study data were drawn from the 2000

and 2001 National Household Surveys on Drug Abuse. Logistic regression was used to identify the characteristics associated with nitrite inhalant use. Results: Among adolescents aged 12 to 17 years, 1.5% reported any lifetime use of nitrite inhalants. The prevalence of lifetime nitrite inhalant use increased to 12% and 14% among adolescents who were dependent on alcohol and any drug in the past year, respectively. Many nitrite inhalant users used at least three other types of inhalants (68%) and also met the criteria for alcohol (33%) and drug (35%) abuse or dependence. Increased odds of nitrite inhalant use were associated with residing in nonmetropolitan areas, recent utilization of mental health services, delinquent behaviors, past year alcohol and drug abuse and dependence, and multi-drug use. Conclusions: Adolescents who had used nitrite inhalants at least once in their lifetime tend to engage in delinquent activities and report co-occurring multiple drug abuse and mental health problems in the past year. Copyright 2005, Society Adolescent Medicine.

### **A contingency management intervention for adolescent marijuana abuse and conduct problems.**

Kamon J; Budney A; Stanger C. *Journal of the American Academy of Child and Adolescent Psychiatry* 44(6): 513-521, 2005. (38 refs.)

Objective: To describe an innovative treatment for adolescent marijuana abuse and provide initial information about its feasibility, acceptability, and potential efficacy. Method: Provided an intervention composed of (1) a clinic-administered, abstinence-based incentive program; (2) parent-directed contingency management targeting substance use and conduct problems; (3) a clinic-administered incentive program for parent participation; and (4) individual cognitive-behavioral therapy for adolescents. Data are presented for 19 adolescents, age 15-18 years. Measures of substance use, psychopathology, and parenting were collected before and after the 14-week treatment. Substance use measures were also collected 1 month post-treatment. Substance use was monitored by twice-weekly urine and breath testing. An intent-to-treat model was used. Results: Adolescents and parents attended an average of 10.3 and 10.6 of 14 sessions, respectively. Substance use, externalizing behaviors, and negative parenting behaviors decreased by treatment end. Urine testing indicated that abstinence increased from 37% at intake to 74% at treatment end ( $z$  value = 2.28,  $p$  = .02) and that 53% of adolescents were abstinent 30 days post-treatment. Conclusions: Preliminary data provide support for the feasibility and acceptability of a family-based, contingency management model to treat adolescent substance use and conduct problems. Controlled

efficacy studies with larger samples are needed. Copyright 2005, Lippincott, Williams & Wilkins.

**Risk and protective factors associated with alcohol, cigarette, and marijuana use during adolescence.**

Graves KN; Fernandez ME; Shelton TL; Frabutt JM; Williford AP. *Journal of Youth and Adolescence* 34(4): 379-387, 2005. (31 refs.)

The purpose of this study was to increase the knowledge base of adolescent substance use by examining the influences of risk and protective factors for specific substance use, namely alcohol, cigarettes, and marijuana. Participants included 271 adolescents and their primary caregivers referred for mental health services across North Carolina. A series of hierarchical multiple regressions showed that the relative influences of risk and protective factors differed depending on the target substance in some cases. History of parental felony predicted use of all 3 substances, although the direction of association was substance specific. Parental behavioral control (how families express and maintain standards of behavior) was predictive only of cigarette and marijuana use, not alcohol use. The different links among risk factors, protective factors, and specific substance use are discussed, and recommendations for both mental health and substance use professionals are offered. Copyright 2005, Plenum Press.

**Influences of parenting practices on the risk of having a chance to try cannabis.**

Chen CY; Storr CL; Anthony JC. *Pediatrics* 115(6): 1631-1639, 2005. (37 refs.)

Background. Parenting practices have been linked with an array of adolescent health-compromising behaviors, but little is known about their possible long-lasting effects. In this study, we estimate the extent to which parental monitoring, parental involvement and reinforcement, and coercive parental discipline during primary school might exert a durable influence on the risk of transitioning into an early stage of youthful cannabis involvement, ie, the first chance to try cannabis. Methods. Data were from a prospective study of first-graders who entered an urban public school system in the middle 1980s. Parenting was assessed in fourth grade, and cannabis experiences were evaluated during periodic assessments from middle childhood through young adulthood. Results. The estimated risk of the first chance to try cannabis peaked around 16 to 18 years of age. Lower parental involvement and reinforcement and higher coercive parental discipline were associated modestly with a greater risk of cannabis exposure opportunity through the years of adolescence and into early adulthood

(parental involvement and reinforcement: adjusted relative risk: 1.4; 95% confidence interval: 1.1-1.7; parental discipline: adjusted relative risk: 1.3; 95% confidence interval: 1.1-1.5); the estimated impact of parental monitoring was less durable. Conclusions. Early-onset cannabis involvement can be hazardous. Certain parenting practices in the mid primary school years may have a durable impact, perhaps helping to shield youths from having a chance to try cannabis throughout adolescence and into young adulthood. Copyright 2005, American Academy of Pediatrics.

**A controlled study of a cigarette smoking cessation intervention for adolescents in substance abuse treatment.**

Myers MG; Brown SA. *Psychology of Addictive Behaviors* 19(2): 230-233, 2005. (14 refs.)

Tobacco use is prevalent among youth with alcohol and other drug problems, yet this issue has received limited research and clinical attention. This study reports on a controlled evaluation of a cigarette smoking intervention with 54 adolescents in treatment for substance abuse, ages 13-18 (22% female). Participants were assessed at 4 time points. A greater proportion of participants in the treatment condition (n = 26) reported cessation attempts and point abstinence than did control participants (n = 28) at all time points. However, significant differences were found only for point abstinence at a 3-month follow-up. These findings provide initial support for the efficacy of a smoking cessation intervention delivered in the context of adolescent substance abuse treatment. Copyright 2005, American Psychological Association.

**CASASTART: A community-based, school-centered intervention for high-risk youth. (review).**

Murray LF; Belenko S. *Substance Use & Misuse* 40(7 Special Issue): 913-933, 2005. (110 refs.)

During the past decade, more drug/ alcohol-related cases have entered the juvenile justice system. The majority of these young people face multiple challenges and risks, yet have few resources to mitigate these, and the skills, competencies and supports, and protective factors needed are not readily available to high-risk youth. A promising model of an evidence-based, community-, and school-centered program for high-risk youth (CASASTART) is described. The experience suggests that programs with a youth development, strength-based, and community-approach can intervene successfully reducing drugs and alcohol use and violent crime, while achieving funding and programmatic stability. Copyright 2005, Marcel Dekker, Inc.