

Library Watch on prevention

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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.

News about genetics and smoking: Priming, family smoking history, and news story believability on inferences of genetic susceptibility to tobacco addiction.

Cappella JN; Lerman C; Romantan A; Baruh L. *Communication Research* 32(4): 478-502, 2005. (63 refs.)

Print news stories about genetics convey information to the public. This study assesses the effects of priming a belief in genetic susceptibility to smoking addiction on smokers' inferences about their own susceptibility to smoking addiction, their efficacy to quit smoking, and their intention to get a genetic test for addiction susceptibility. Respondents were 450 young adult smokers surveyed on the telephone in a randomized experiment embedded in a questionnaire about cigarette smoking practices. In the priming condition, respondents heard a news story about genes for smoking addiction. In the unprimed condition,

respondents heard a news story concerning the gender of the offspring of smokers. Priming with the genetics news story did not affect respondents' inferences about personal genetic susceptibility to smoking addiction. However, those finding the news story believable and having a strong family history of smoking were more likely to infer a greater personal genetic susceptibility. Copyright 2005, Sage Publications Inc.

Prevention of alcohol-related assault and injury. (review).

Cusens B; Shepherd J. *Hospital Medicine* 66(6): 346-348, 2005. (27 refs.)

There is a causal link between alcohol intoxication and injury in assault, mediated by individual, contextual and cultural factors. Harm reduction can be achieved through practical measures like plastic glasses and bottles in licensed premises, controlling drinks prices and targeted policing organized on the basis of police and accident and emergency data. Copyright 2005, Mark Allen Publishing Ltd.

Quality of implementation: Developing measures crucial to understanding the diffusion of preventive interventions.

Dusenbury L; Brannigan R; Hansen WB; Walsh J; Falco M. *Health Education Research* 20(3): 308-313, 2005. (13 refs.)

As prevention programs become disseminated, the most serious threat to effectiveness is maintaining the quality of implementation intended by the developers. This paper proposes a methodology for measuring quality of implementation in school settings and presents data from a pilot study designed to test several of the proposed components. These methods included assessments of adherence, quality of process, the positive or negative valence of adaptations, teachers' attitudes and teachers' understanding of program content. This study was conducted with 11 teachers who had varying degrees of experience who taught Life Skills Training. Observation and interview data were collected during visits to schools. Results suggest that quality of implementation can be measured through observation and interview. Teachers varied in adherence and quality of program delivery. All teachers made adaptations to the program.

Experienced teachers were more likely to adhere to the curriculum, deliver it in a way that was more interactive and engaging to students, communicate the goals and objectives better, and make positive adaptations. The field can use these findings as the basis for exploring strategies for measuring and improving quality of implementation. Copyright 2005, Oxford University Press.

College student drug prevention: A review of individually-oriented prevention strategies.

(review).

Larimer ME; Kilmer JR; Lee CM. *Journal of Drug Issues* 35(2): 431-455, 2005. (86 refs.)

The current paper highlights the college years as a risk period for development, continuation, and escalation of illicit substance use and substance use disorders and reviews the literature related to the prevention and treatment of these disorders in college populations. Despite widespread implementation of college drug prevention programs, a review of the literature reveals few controlled trials targeting this population. However, alcohol prevention has been extensively studied, and many efficacious interventions for college drinking share theoretical and methodological underpinnings with interventions shown to be efficacious in drug prevention and treatment with other populations (i.e., school-based prevention, adolescent and adult drug treatment). These interventions could be adapted to target drug prevention on college campuses. Barriers to implementation and evaluation of these interventions on campus are discussed, and suggestions are made for future research and programmatic directions. Copyright 2005, Journal of Drug Issues, Inc.

A framework for prevention. (review).

Lenton S. *Drug and Alcohol Review* 24(1): 49-55, 2005. (13 refs.)

Prevention activity often occurs at different levels of community and social network. At the smallest level it could occur among a group of drug users and their peers, at the largest level, it could take the form of international drug treaties and conventions. Clearly, there are a number of ways of facilitating changes at these different levels of community and social network. This paper describes a framework that has been used by the National Drug Research Institute. It is useful in explaining that various prevention activities can operate at different community levels and in different contexts, and describes their mechanisms of action. The framework borrows from, and adapts, the 'alcohol prevention conceptual model' of Holder and the 'conditional matrix' of Strauss and

Corbin. The framework is limited in that it is not a fully conceptualized, data-based or theory-driven model that specifies how its elements relate to one another. Despite these limitations it has proved to be useful in planning, understanding and describing prevention activity. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Public health measures to reduce smoking prevalence in the UK: How many lives could be saved?

Lewis S; Arnott D; Godfrey C; Britton J. *Tobacco Control* 14(4): 251-254, 2005. (33 refs.)

Objective: To estimate the number of deaths that could be prevented in the UK by implementing population strategies to reduce smoking prevalence. Design: A prospective analysis of future mortality using recent national smoking prevalence data and relative risks of mortality in current smokers, ex-smokers, and never-smokers. Population: Smokers in the UK. Interventions: Population measures of proven effectiveness assumed to reduce smoking prevalence by 1 percentage point per year for 10 years, or alternatively by 13% over 19 years (1 percentage point per annum for seven years, 0.5 percentage point per annum for 12 years) as considered to be achievable in a recent report to the UK Chancellor of the Exchequer. Main outcome measure: Estimated deaths from smoking prevented in the 35 - 75 year age group. Results: Reducing the prevalence of smoking by 1 percentage point each year for 10 years would prevent 69 049 deaths at ages between 35 and 74 years during that period. The model of reduction by 13% over 19 years would prevent 54 308 and 194 493 deaths in 10 and 19 years, respectively. Continued prevalence reductions at the current rate of 0.4 percentage points each year will prevent 23 192 deaths over 10 years. Conclusions: Full implementation of simple population measures to encourage smoking cessation could prevent substantial numbers of deaths in the UK. Copyright 2005, BMJ Publishing Group.

Perceived preparedness to provide preventive counseling: Reports of graduating primary care residents at academic health centers.

Park ER; Wolfe TJ; Gokhale M; Winickoff JP; Rigotti NA. *Journal of General Internal Medicine* 20(5): 386-391, 2005. (45 refs.)

OBJECTIVE: To assess the perceived preparedness of residents in adult primary care specialties to counsel patients about preventive care and psychosocial issues. DESIGN: Cross-sectional national mail survey of residents (63% response rate). PARTICIPANTS: Nine hundred twenty-eight final-year primary care residents

in Internal Medicine (IM), family practice (FP), and Obstetrics/Gynecology (OB/GYN) at 162 U.S. academic health centers. MEASUREMENTS: Residents self-rated preparedness to counsel patients about smoking, diet and exercise, substance abuse, domestic violence, and depression. RESULTS: Residents felt better prepared to counsel about smoking (62%) and diet and exercise (53%) than about depression (37%), substance abuse (36%), or domestic violence (21%). In most areas, females felt better prepared than males. Rates of counseling preparedness varied significantly by specialty after adjustment for gender, race, medical school location, and percent of training spent in ambulatory settings. FP residents felt better prepared than OB/GYN residents to counsel about smoking, diet and exercise, and depression, while OB/GYN residents felt better prepared to address domestic violence than IM or FP residents. IM residents' perceptions of preparedness were between the other 2 specialties. Proportion of training spent in ambulatory settings was not associated with residents' perceived preparedness. CONCLUSIONS: Physicians completing residencies in adult primary care did not feel very well prepared to counsel patients about preventive and psychosocial issues. Significant differences exist among specialties, even after adjusting for differences in time spent in ambulatory settings. Increasing residency time in ambulatory settings may not alone be sufficient to ensure that residents emerge with adequate counseling skills. Copyright 2005, Blackwell Publishing Inc.

Getting the mix right: Family, community and social policy interventions to improve outcomes for young people at risk of substance misuse. (review). Vimpani G. *Drug and Alcohol Review* 24(2): 111-125, 2005. (146 refs.)

Societal responses to the existence of substance misuse fluctuate between harm minimisation and prohibition. Both approaches are predominantly downstream reactions to substance misuse that focus on the supply of harmful substances and the containment of misuse through treatment, rehabilitation or punishment. Until recently, little attention has been paid to the upstream individual, family, relationship, community or societal antecedents of substance misuse (which often overlap with those for other adverse life outcomes, such as unemployment, antisocial personality disorder and mental health problems) that have operated during earlier life. A growing body of evidence highlights the overlapping biological and experiential antecedents for substance abuse and other poor outcomes as well as the trajectory-changing protective factors that can

prevent risks being translated into destiny. Risk minimisation and protection enhancement embedded in family and social systems are the essential building blocks of a set of early intervention strategies that begin antenatally and continue through the developing years of childhood, adolescence and young adult life, that have been shown to be effective in improving many outcomes in development, health and well-being. Much remains to be done to enable the promise of effective universal and targeted early intervention to be translated into policies, programs and practices that could be life-changing for citizens bogged in the mire of substance misuse and their children. Realistic, timely investment, influenced by the best scientific evidence indicating what works, for whom, under what circumstances, an increased degree of collaboration within and between governments and their agencies to enable " whole of government" responses in partnership with community-based initiatives are essential along with investments in multidisciplinary program evaluation research that will enable evidence-informed policy decisions to be tailored to the needs of individual countries. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

'Think before you buy under-18s drink': Evaluation of a community alcohol intervention.

Kypri K; Dean J; Kirby S; Harris J; Kake T. *Drug and Alcohol Review* 24(1): 13-20, 2005. (18 refs.)

Hazardous consumption of alcohol by teenagers is a significant public health problem in New Zealand. Concern about supply of alcohol to minors motivated 'Think before you buy under-18s drink', a campaign to reduce alcohol-related harm by discouraging inappropriate supply of alcohol by adults. Two intervention districts and a comparison district, in the South Island of New Zealand, were selected for the purpose of evaluating the campaign. Primary outcome measures were changes in the prevalence of parent supply to their teenager (13-17 years) for unsupervised drinking (SUD), and changes in the prevalence of binge drinking among teenagers. At baseline, 49% of teenagers reported a recent episode of binge drinking. SUD in the past month was reported by 36% of teenagers. Recent purchases of alcohol by under-18s were common (bottle shops: 16%; pubs/bars: 11%). In contrast to teenagers, only 2% of parents reported SUD in the past month. Levels of binge drinking decreased in all three districts. Analysis of data from 474 teenagers who completed questionnaires, at baseline and follow-up, showed decreased SUD in Ashburton and Waitaki relative to Clutha, although this was not significant (OR = 0.73; 95% CI: 0.43,

1.25). Discrepancies between teenager and parent reports of SUD may be due to the latter providing a socially desirable survey response and to differences in the interpretation of what constitutes adult supervision. The lack of a significant association between changes in SUD and binge drinking may be a consequence of teenagers obtaining relatively small amounts of alcohol from their parents and larger quantities from other sources, e. g. peers (some of whom may be able to purchase alcohol legally) and from licensed premises. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Wired for wellness: e-Interventions for addressing college drinking.

Walters ST; Miller E; Chiauzzi E. *Journal of Substance Abuse Treatment* 29(2): 139-145, 2005. (39 refs.)

In an effort to address problematic drinking among American college students, there has been increasing interest in the use of technology. This article reviews evidence for the efficacy of computer and internet interventions and provides information on five commercially available alcohol education and intervention programs that target college drinkers. Most programs use a mix of educational, skills-based, and motivational strategies to present material. All programs include assessment questions and provide personalized drinking feedback or other information that is customized to each user. Despite limited outcome research, there appear to be a number of advantages to computer and internet programs that focus on alcohol reduction. Future studies will need to determine how to best make use of technology to reach larger numbers of students with an effective, individual approach. Copyright 2005, Elsevier Science Ltd.

Single vs. multiple drug prevention: Is more always better?: A pilot study.

Werch CEC; Moore MM; Diclemente CC; Owen DM; Carlson JM; Jobli E. *Substance Use & Misuse* 40(8): 1085-1101, 2005. (36 refs.)

Objective. The purpose of this study was to compare the effects of a single drug, i.e., alcohol, against a multiple drug preventive intervention. Methods. A controlled trial was conducted with 448 8th grade students (mean age = 13 years old) from an inner-city middle school (n = 216) and a rural junior high school (n = 232) in 2000-2001. Students were randomized

within school, and 3-month post-intervention follow-up data were collected. Results. Two risk/protective factors were found to differ significantly in favor of youth receiving the single drug alcohol intervention (p's = 0.03), while the frequency of alcohol use and two additional risk/protective factors approached significance (p's < 0.10). Conclusion. These findings support the potential efficacy of a brief, single drug preventive intervention over a brief, multi-drug intervention in producing short-term alcohol outcomes for adolescents, and indicate differential effects of interventions for subgroups of substance using youth. Copyright 2005, Marcel Dekker, Inc.

Efficacy of a drug prevention CD-ROM intervention for adolescents.

Williams C; Griffin KW; MaCaulay AP; West TL; Gronewold E. *Substance Use & Misuse* 40(6): 869-878, 2005. (8 refs.)

The purpose of the present study was to examine the efficacy of a substance abuse-preventive intervention using CD-ROM technology among adolescents in the sixth and seventh grades (12- to 13-years-old). The CD-ROM program used interactive audio and video content to teach social resistance skills, general personal and social competence skills, and normative education. Rates of substance-use behavior, attitudes, knowledge, normative expectations, and related variables were examined. From approximately, 23 schools, students (n = 123) were randomly assigned to either receive the CD-ROM preventive intervention (n = 61) or to serve as a control group (n = 62). Study participants were 50% male, predominantly white (75%), and 94% came from two-parent families. Self-report data were collected using a self-administered web-based survey. Findings indicated that there were significant intervention effects on pro-drug attitudes, normative expectations for peer and adult substance use, anxiety reduction skills, and a relaxation skills knowledge, with intervention students reporting improved scores on these outcomes at the posttest relative to control students. Findings indicate that a substance abuse-preventive intervention derived from an effective, school-based prevention approach is efficacious when delivered using CD-ROM technology. Research is needed to determine potential differences in the efficacy of CD-ROM prevention tools delivered in schools compared to home settings. Copyright 2005, Marcel Dekker