

Library Watch on prevention

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Individual, family, school, and community risk and protective factors for depressive symptoms in adolescents: A comparison of risk profiles for substance use and depressive symptoms.

Bond L; Toumbourou JW; Thomas L; Catalano RF; Patton G. *Prevention Science* 6(2): 73-88, 2005. (54 refs.)

This study examines the relationship between adolescent depressive symptoms and risk and protective factors identified for substance use. A questionnaire, developed to measure these factors in a young persons community, family, school, peer group, and individual characteristics for substance use, was used to assess associations with self-reported depressive symptoms. Data were provided by a representative sample of 8984 secondary school students in Victoria, Australia. The prevalence of depressive symptoms was 10.5% (95% CI 9.2,12.0) for males and 21.7% (95% CI 20.3,23.7) for females. Depressive symptoms were associated with factors in all domains, with the strongest associations in the family domain. Strong relationships were found between the number of elevated risk and protective factors and depressive symptoms, maintained after adjusting for substance use. Patterns of associations were similar for users and nonsubstance users. The findings indicate that prevention programs targeting factors for substance use have the potential to impact on depression. Copyright 2005, Springer/Plenum Publisher

Linking changes in parenting to parent-child relationship quality and youth self-control: The Strong African American Families Program.

Brody GH; Murry VM; McNair L; Chen YF; Gibbons FX; Gerrard M; Wills TA. *Journal of Research on Adolescence* 15(1): 47-69, 2005. (77 refs.)

A randomized prevention trial was conducted contrasting families who took part in the Strong African American Families Program (SAAF), a preventive intervention for rural African American mothers and their 11-year-olds, with control families. SAAF is based on a conceptual model positing that changes in intervention-targeted parenting behaviors would enhance responsive-supportive parent-child relationships and youths' self-control, which protect rural African American youths from substance use and early sexual activity. Parenting variables included

involvement-vigilance, racial socialization, communication about sex, and clear expectations for alcohol use. Structural equation modeling analyses indicated that intervention-induced changes in parenting were linked with changes in responsive-supportive parent-child relationships and youth self-control. Copyright 2005, Lawrence Erlbaum Associates, Inc.

Evaluation of a high school peer group intervention for at-risk youth.

Cho HS; Hallfors DD; Sanchez V. *Journal of Abnormal Child Psychology* 33(3): 363-374, 2005. (39 refs.)

The purpose of this paper is to examine the effectiveness of Reconnecting Youth, a prevention program for at-risk high school youth. Data are from a large, independently evaluated effectiveness trial in two diverse urban school districts. A total of 1,218 students participated; 50% were male; average age was 15. We tested whether positive efficacy trial effects could be replicated, and whether any negative behavioral effects occur when clustering high-risk youth. Although mixed program effects were observed at immediate post-intervention, only negative effects were found at 6-month follow-up. These effects included less optimal scores on measures of GPA, Anger, School Connectedness, Conventional Peer Bonding, and Peer High-Risk Behaviors. Overall, we found little support for the use of this social-influence model intervention aimed at increasing school connectedness for high-risk youth. Further, this study provides evidence that clustering high-risk youth in preventive interventions has the potential for iatrogenic effects. Copyright 2005, Springer Publishers.

Historical review of school-based randomized trials for evaluating problem behavior prevention programs.

Flay BR; Collins LM. *Annals of the American Academy of Political and Social Science* 599: 115-146, 2005. (141 refs.)

The authors provide a historical review of developments in the methods of school-based evaluations of problem behavior prevention interventions. The Design: and statistical methodologies used in school-based intervention research have advanced tremendously over the past twenty years. Methods

have improved for approaches to the randomization of whole schools, the choice of appropriate comparison or control groups, solutions when variation in integrity of the intervention received, limiting biases introduced by data collection, awareness of the effects of intensive long-term data collection limiting and analysis of subject attrition and other missing data, approaches to obtaining parental consent for children to engage in research, design and analysis issues when only small numbers of schools are available or can be afforded, the choice of the unit of analysis, phases of research, optimizing and extending the reach of interventions, and differential effects in subpopulations. The authors conclude that sequential planning, timing, keeping up with methodological advances, publication of results, and accumulation of knowledge are all important in conducting high-quality school-based intervention research, and that the devil is in the details. Copyright 2005, Sage Publications.

Implementing research-based substance abuse prevention in communities: Effects of a coalition-based prevention initiative in Vermont.

Flewelling RL; Austin D; Hale K; LaPlante M; Liebig M; Piasecki et al. *Journal of Community Psychology* 33(3): 333-353, 2005. (29 refs.)

Despite the popularity and perceived potential effectiveness of community-based coalitions in helping to prevent and reduce adolescent substance use, empirical evidence supporting this approach is sparse. Many reasons have been suggested for why coalition-based prevention initiatives, and community-level interventions in general, have not demonstrated stronger and more consistent results. Among these explanations are lack of uniformity and control over activities implemented by coalitions and inadequate numbers of communities used in evaluative studies. This article reports findings from the evaluation of a nonrandomized community trial in Vermont in which 23 community coalitions were funded for 3 years to select and implement a comprehensive mix of research-based prevention strategies designed to reduce substance use prevalence among adolescents. Data from three successive biennial administrations of the statewide Youth Risk Behavior Survey were used to assess this goal. Across the communities served by these coalitions, greater reductions in student substance use prevalence were achieved, relative to the remainder of the state, for all nine substance use measures examined. The greatest relative reductions were observed for past-30-day use of marijuana and cigarettes (both $p < .05$). These findings suggest that collaborative community-based efforts implemented within a supportive framework such as Vermont's New

Directions project can have a meaningful impact on the prevalence of substance use behaviors among youth. Copyright 2005, John Wiley & Sons.

Assertiveness among young rural adolescents: Relationship to alcohol use.

Goldberg-Lillehoj CJ; Spoth R; Trudeau L. *Journal of Child & Adolescent Substance Abuse* 14(3): 39-68, 2005. (60 refs.)

There is evidence of higher prevalence rates for alcohol use among rural adolescents relative to urban adolescents. Strategies aimed at preventing adolescent alcohol use typically include the development of social skills to resist peer pressure; among the social skills frequently targeted is assertiveness. Self-report data were collected from a sample of rural adolescents ($N = 470$) participating in a longitudinal preventive intervention study. Five hypothesized dimensions of assertiveness were validated with Confirmatory Factor Analysis: Specific Substance Refusal, Individual Rights, Transaction, Justice, and Social Approach. Using gender as a between-subjects factor, plus time and assertiveness as within-subjects factors to predict an alcohol use composite index, repeated measures analyses revealed a number of significant findings. Several assertiveness dimensions were found to have significant effects on the alcohol use index, and significant two-way and three-way interaction effects (gender X time X assertiveness dimension) also were found. Findings support the idea of including multidimensional assertiveness skill development as a component of preventive interventions, particularly for rural adolescents. Copyright 2005, Haworth Press.

A school-based harm minimization smoking intervention trial: Outcome results.

Hamilton G; Cross D; Resnicow K; Hall M. *Addiction* 100(5): 689-700, 2005. (58 refs.)

Aims: To determine the impact of a school-based harm minimization smoking intervention compared to traditional abstinence-based approaches. Design, setting and participants: A school-based cluster randomized trial was conducted in Perth, Western Australia in 30 government high schools from 1999 to 2000. Over 4000 students were recruited to participate and schools were assigned randomly to either the harm minimization intervention or a standard abstinence-based programme. Intervention: The harm minimization intervention comprised eight 1-hour lessons over 2 years, quitting support from school nurses and enactment of policies to support programme components. Comparison schools implemented standard abstinence-based programmes and policies. Measures: Cigarette smoking was categorized at two levels: regular

smoking, defined as smoking on 4 or more days in the previous week; and 30-day smoking as any smoking within the previous month. Findings: At immediate post-test (20 months post-baseline), after accounting for baseline differences, school-level clustering effects, socio-economic status, gender and family smoking, intervention students were less likely to smoke regularly [OR = 0.51, 95% confidence interval (CI) = 0.36, 0.71] or to have smoked within the previous 30 days (OR = 0.69, 95% CI = 0.53, 0.91). Conclusion: The school-based adolescent harm minimization intervention appears to have been more effective than the abstinence-based social influences programme at reducing regular smoking. Copyright 2005, Society Study of Addiction to Alcohol Other Drugs.

Teen Reach: Outcomes from a randomized, controlled trial of a tobacco reduction program for teens seen in primary medical care.

Hollis JF; Polen MR; Whitlock EP; Lichtenstein E; Mullooly JP; Velicer WF. *Pediatrics* 115(4): 981-989, 2005. (38 refs.)

Objective. To test the long-term efficacy of brief counseling plus a computer-based tobacco intervention for teens being seen for routine medical care. Methods. Both smoking and nonsmoking teens, 14 to 17 years of age, who were being seen for routine visits were eligible for this 2-arm controlled trial. Staff members approached teens in waiting rooms of 7 large pediatric and family practice departments within a group-practice health maintenance organization. Of 3747 teens invited at ≥ 1 visits, 2526 (67%) consented and were randomized to tobacco intervention or brief dietary advice. The tobacco intervention was individually tailored on the basis of smoking status and stage of change. It included a 30-second clinician advice message, a 10-minute interactive computer program, a 5-minute motivational interview, and up to two 10-minute telephone or in-person booster sessions. The control intervention was a 5-minute motivational intervention to promote increased consumption of fruits and vegetables. Follow-up smoking status was assessed after 1 and 2 years. Results. Abstinence rates after 2 years were significantly higher for the tobacco intervention arm, relative to the control group, in the combined sample of baseline smokers and nonsmokers (odds ratio [OR]: 1.23; 95% confidence interval [CI]: 1.03-1.47). Treatment effects were particularly strong among baseline self-described smokers (OR: 2.42; 95% CI: 1.40-4.16) but were not significant for baseline nonsmokers (OR: 1.25; 95% CI: 0.97-1.61) or for those who had "experimented" in the past month at baseline (OR: 0.95; 95% CI: 0.45-1.98). Conclusions. Brief, computer-assisted, tobacco intervention during

routine medical care increased the smoking cessation rate among self-described smokers but was less effective in preventing smoking onset. Copyright 2005, American Academy of Pediatrics.

Evaluation of the school-based smoking-prevention program "BE smokeFREE".

Josendal O; Aaro LE; Torsheim T; Rasbash J. *Scandinavian Journal of Psychology* 46(2): 189-199, 2005. (47 refs.)

This article examines the impact of the school-based smoking-prevention program "BE smokeFREE" on adolescent smoking. A national representative sample of 99 schools (195 classes, 4,441 students) was used when the intervention started in November 1994. Schools were allocated to one of four groups: a comparison group (A) and three intervention groups (B, C, and D). Group B received the most comprehensive intervention. A baseline (autumn 1994) and three follow-up data collections (1995, 1996, and 1997) were conducted. There were no significant differences in smoking habits among the four groups at baseline. The smoking habits in the group that was involved in the most comprehensive intervention (group B) changed more favourably than those of students in the comparison schools over the three follow-up data collections. At the third follow-up, the proportion of students smoking weekly or more in the comparison group was 29.2%, compared with 19.6% in the model intervention group. The two less comprehensive interventions (no teacher in-service courses in group C, and no involvement of parents in group D) appeared to be less effective than the model intervention. Multilevel multiple logistic regression analyses, comparing changes in smoking habits between students in group B with those among students in the comparison schools, confirm the conclusion that the comprehensive intervention was the most effective. This school-based intervention, based on a social influence approach, proved to be effective at reducing smoking rates among participants. Copyright 2005, Almqvist & Wiksell.

A systematic review of school-based smoking prevention trials with long-term follow-up.

Wiehe SE; Garrison MM; Christakis DA; Ebel BE; Rivara FP. *Journal of Adolescent Health* 36(3): 162-169, 2005. (63 refs.)

Background: Several systematic reviews of school-based smoking prevention trials have shown short-term decreases in smoking prevalence but have not examined long-term follow-up evaluation. The purpose of this study was to conduct a systematic review of rigorously evaluated interventions for

school-based smoking prevention with long-term follow-up data. Methods: We searched online bibliographic databases and reference lists from review articles and selected studies. We included all school-based, randomized, controlled trials of smoking prevention with follow-up evaluation to age 18 or 12th grade and at least 1 year after intervention ended, and that had smoking prevalence as a primary outcome. The primary outcome was current smoking prevalence (defined as at least 1 cigarette in the past month). Results: The abstracts or full-text articles of 177 relevant studies were examined, of which 8 met the selection criteria. The 8 articles included studies differing in intervention intensity, presence of booster sessions, follow-up periods, and attrition rates. Only one study showed decreased smoking prevalence in the intervention group. Conclusions: Few studies have evaluated the long-term impact of school-based smoking prevention programs rigorously. Among the 8 programs that have follow-up data to age 18 or 12th grade, we found little to no evidence of long-term effectiveness. Copyright 2005, Society for Adolescent Medicine.

Demon rum: High-tech solutions to an age-old problem.

Walters ST; Hester RK; Chiauuzzi E; Miller E. *Alcoholism: Clinical and Experimental Research* 29(2): 270-277, 2005. (40 refs.)

This article summarizes the proceedings of a symposium at the 2004 Research Society on Alcoholism Meeting in Vancouver, British Columbia, Canada, organized and chaired by Scott T. Walters. The purpose of the symposium was to describe several brief motivational interventions offered via the Internet, including the evidence for web-based interventions, applications and contexts in which such approaches are being used, and directions for future research. Walters provided an overview and introduction to the topic and discussed the e-CHUG (www.e-chug.com) and e-TOKE (www.e-toke.com) feedback interventions for college alcohol and marijuana prevention, including the contexts in which they are being used and ways they are being integrated with other campus prevention efforts. Dr. Hester presented 12-month results from a controlled trial of the Drinker's Check-up (www.drinkerscheckup.com), an intervention for adult problem drinkers that is available both as a Windows and as an Internet application. Dr. Chiauuzzi described the development and testing of My Student Body (www.mystudentbody.com), a tailored drinking prevention web site for college students. Finally, Dr.

Miller addressed the use of online assessment and feedback to reduce drinking, including the history of web-based interventions and their likely future and the potential limitations of such approaches. Copyright 2005, Research Society on Alcoholism.

Drug prevention with vulnerable young people: A review. (review).

Roe S; Becker J. *Drugs: Education, Prevention and Policy* 12(2): 85-99, 2005. (38 refs.)

The aim of this study was to carry out a comprehensive and systematic review of the literature on drug-use prevention with vulnerable young people. A search of electronic databases was conducted to find evaluations of prevention programmes targeted at high-risk young people and including illegal drug use as an outcome measure. Sixteen relevant studies were found that used a suitable quality of research design, involving at least a comparison group. The most common setting for these evaluations was in schools, where life-skills training interventions showed positive results in reducing drug use (at least in the short term). In the community an intensive multi-component intervention (the Children at Risk program) was the most effective. Across different settings the 11 - 13 age range appeared to be a crucial period for intervention with vulnerable young people. All of the sixteen studies included in the review were from North America and therefore there is a need for outcome evaluations of targeted drug prevention initiatives in the UK. Copyright 2005, Carfax Publishing.

Peer effects in drug use and sex among college students.

Duncan GJ; Boisjoly J; Kremer M; Levy DM; Eccles J. *Journal of Abnormal Child Psychology* 33(3): 375-385, 2005. (24 refs.)

Past research suggests that congregating delinquent youth increases their likelihood of problem behavior. We test for analogous peer effects in the drug use and sexual behavior of male (n = 279) and female (n = 435) college students, using data on the characteristics of first-year roommates to whom they were randomly assigned. We find that males who reported binge drinking in high school drink much more in college if assigned a roommate who also binge drank in high school than if assigned a nonbinge-drinking roommate. No such multiplier effect is observed for females, nor are multiplier effects observed for marijuana use or sexual behavior for either males or females. Students who did not engage in these behaviors in high school do not appear to be affected by their roommates high school behavior. Copyright 2005, Springer Publishers.