

Reported willingness among adolescent nonsmokers to help parents, peers, and others to stop smoking.

Patten CA; Lopez K; Thomas JL; Offord KP; Decker PA; Pingree S et al. *Preventive Medicine* 39(6): 1099-1106, 2004. (46 refs.)

Background. This study of 1025 adolescent nonsmokers aged 11-19 years examined level of interest and factors associated with reported willingness to help someone stop smoking. **Methods.** Data were collected from a survey distributed primarily in the schools at four geographic and ethnically diverse study sites. **Results.** A total of 692 adolescents identified someone close to them who smokes whom they thought should quit. Of these, 90% reported that they would be willing to help this person stop smoking. **Multivariate predictors of willingness to help** were female gender, less difficulty reading English, and greater level of comfort with talking to the smoker about their smoking. The smoker that the adolescents were willing to help was most often a parent or same age friend. **Conclusions.** If this strong interest among adolescents could be tapped, engaging teens as support persons could be a novel public health approach to reaching parents, adolescents, and other smokers in the population. Copyright 2004, The Institute for Cancer Prevention.

Adolescent smoking cessation. (review).

Camenga DR; Klein JD. *Current Opinion in Pediatrics* 16(4): 368-372, 2004. (38 refs.)

Purpose of review: Approximately 25% of high school students report current cigarette use, 85% of adolescents think about quitting, and around 80% of current smokers made a quit attempt in the past year. This review analyzes recent additions to the adolescent smoking cessation literature from June 1, 2003 to May 1, 2003. **Recent findings** Adolescent attitudes toward smoking cessation are largely affected by their smoking history. Youth cessation interventions largely focus on behavioral interventions, and research concerning these interventions has yielded mixed results. Little data exist about the effectiveness of nicotine replacement therapy in adolescents, but there is growing evidence that youth use this pharmacotherapy. Recent research has explored the

use of nicotine replacement therapy as an adjunct for enhanced smoking reduction in adults, and future research may focus on this tactic for youth as well. Internet cessation adjuncts and telephone quit lines also serve as future frontiers for adolescent smoking cessation research. Summary Information concerning adolescent smoking behaviors, effective interventions, and smoking cessation therapy continue to grow and provide data that improve our understanding of adolescent smoking cessation. Although we cannot directly extrapolate the adult findings to this population, adult cessation research continues to inform future adolescent cessation efforts. Copyright 2004, Lippincott, Williams & Wilkins.

The natural history of adolescent alcohol use disorders.

Clark DB. *Addiction* 99(Supplement 2): 5-22, 2004. (190 refs.)

Aim: To examine clinically relevant research on the development, course and outcomes of adolescence alcohol use disorders (AUDs). **Methods:** Observational studies with adolescent samples were selected for inclusion based on systematic assessment of AUDs and clinical relevance. The literature was searched using Medline and Psychinfo. Articles on childhood predictors, characteristics, course, complications and adult outcomes of adolescent AUDs were reviewed. **Results:** The developmental trajectory toward adolescent AUDs begins with the emergence of childhood mental disorders. These problems are transmitted from parent to child in a developmentally specific fashion, reflect psychological dysregulation dimensions and predict adolescent AUDs. While most DSM-IV AUD diagnostic criterion items are valid for adolescents, tolerance and impaired control items are problematic, and some adolescents with significant alcohol problems are not identified by this diagnostic system. Understanding the psychosocial and biomedical complications that accompany AUDs requires attention to factors other than alcohol involvement itself, including childhood maltreatment and comorbid psychopathology. While some adolescents with AUDs manifest chronic alcohol dependence in adulthood, a substantial proportion overcome alcohol problems and transition to

abstinence or normative drinking. Conclusions: Developmentally specific phenotypic characteristics define the natural history of adolescent AUDs, inform clinical assessment and provide the developmental context for treatment research. While alcohol consumption may be the primary treatment focus, other important consequences, comorbidities and complications need to be addressed for successful developmental outcomes to result. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

Heavy alcohol use and youth suicide: Evidence from tougher drunk driving laws.

Carpenter C. *Journal of Policy Analysis and Management* 23(4): 831-842, 2004. (29 refs.)

This paper uses the widespread variation across states in the timing of adoption of tougher drunk driving laws that set very low legal blood alcohol limits for drivers under age 21 - zero tolerance (ZT) laws - to provide new evidence on the causal effect of alcohol use on youth suicide. ZT laws reduced heavy episodic drinking by underage men, with no effect for slightly older males. I estimate the reduced form effect of ZT policy adoption on suicide deaths among 15-17-, 18-20-, 21-24-, and 25-29-year-old males and females for the period 1981-1998. The models control for macroeconomic conditions, demographic changes, other alcohol control policies, state and year fixed effects, and smooth state trends. Results indicate statistically significant reductions in suicide among young males aged 15-17 and 18-20 associated with adoption of ZT laws on the order of 7 to 10 percent. I find no effects for slightly older males who were unaffected by the tougher drunk driving laws, and no consistent effects for females. These results provide new and compelling evidence that heavy alcohol use causes young male suicide. Copyright 2004, Association for Public Policy Analysis and Management.

Maternal employment and adolescent risky behavior.

Aughinbaugh A; Gittleman M. *Journal of Health Economics* 23(4): 815-838, 2004. (41 refs.)

This paper examines the impact of maternal employment during a child's first 3 years and during adolescence on his or her decisions to engage in a range of risky behaviors: smoking cigarettes, drinking alcohol, using marijuana and other drugs, engaging in sex and committing crimes. Using data from the NLSY79 and its young adult supplement, we do not find strong evidence that mother's employment -- whether early in the child's life or during adolescence -

- affects the likelihood of participation in risky behaviors. We note as a caveat, however, that insufficient statistical precision makes it difficult, at times, to distinguish some potentially important effects from effects that are essentially equal to zero. Copyright 2004, Elsevier Science BV.

Methylphenidate and dextroamphetamine abuse in substance-abusing adolescents.

Williams RJ; Goodale LA; Shay-Fiddler MA; Gloster SP; Chang SY. *American Journal on Addictions* 13(4): 381-389, 2004. (41 refs.)

The prevalence of methylphenidate and dextroamphetamine misuse and abuse was examined in 450 adolescents referred for substance abuse treatment. Twenty three percent reported nonmedical use of these substances and six percent were diagnosed as methylphenidate or dextroamphetamine abusers. Abuse was more common in individuals who were out of school and had an eating disorder. Methylphenidate and dextroamphetamine abuse appears to be much less common than abuse of most other substances. It does occur, however, and parents and schools need to exert greater control over the dispensing of these medications. Physicians are advised to prescribe non-stimulant medications (eg, bupropion) when treating attention deficit hyperactivity disorder in substance-abusing individuals. Copyright 2004, American Academy of Psychiatrists in Alcohol

Parental closeness and adolescent substance use in single and two-parent families in Switzerland.

Kuntsche EN; Silbereisen RK. *Swiss Journal of Psychology* 63(2): 85-92, 2004. (38 refs.)

This study investigates whether family structure and parental closeness are associated with adolescent substance use and whether the association between parental closeness and adolescent substance use differs by family structure. A national representative sample of 1488 9th graders (mean age 15.8 years; SD = 0.52) was analyzed separately by gender using t-tests and a multiple group comparison in linear equation models. Adolescents from single-parent families showed a higher level of substance use compared to those living with both parents. The results also confirm the protective effect of parental closeness on adolescent substance use, though this was more effective for girls in single-parent families but less effective for boys. Therefore, boys from single-parent families in particular should be targeted by prevention programs. Copyright 2004, Verlag Hans Huber.

Predicting substance use from physical activity intensity in adolescents.

McCaul K; Baker J; Yardley JK. *Pediatric Exercise Science* 16(3): 277-289, 2004. (30 refs.)

Adolescence is characterized as a period of change and adaptation typically marked by a decline in physical activity participation accompanied by an increase in substance use. The purpose of this study was to examine the relationships among the type (team and individual activity) and intensity (high, medium, and low intensity) of physical activity and substance use (tobacco, marijuana, alcohol use, and binge drinking) in a sample of 738 adolescents. Results indicated differing relationships among study variables depending on the type and intensity of physical activity and the type of substance used. For instance, a positive relationship was found for physical activity intensity and alcohol use, but negative relationships were found for physical activity and tobacco and marijuana use. Collectively, the results reveal that the relationships between physical activity type and intensity and substance use are more complex than previously believed. Copyright 2004, Human Kinetics Publishing.

Progressing from light experimentation to heavy episodic drinking in early and middle adolescence.

Guilamo-Ramos V; Turrisi R; Jaccard J; Wood E; Gonzalez B. *Journal of Studies on Alcohol* 65(4): 494-500, 2004. (55 refs.)

Objective: Few studies have examined psychological variables related to changes in drinking patterns from light experimentation with alcohol to heavy episodic drinking in early and middle adolescence. The present study examined parental and peer influences, gender and grade level as predictors of such changes in adolescent alcohol consumption. Method: Approximately 1,420 light drinkers were analyzed from Wave I of the National Longitudinal Study of Adolescent Health (Add Health). Heavy episodic drinking activity was assessed 1 year later. Results: Gender differences in transitions to heavy episodic drinking were observed, with males being more likely than females to make a transition. Parent parameter setting and communication variables, as well as peer variables at different grade levels, buffered these gender differences. Conclusions: Adolescents who are light experimenters represent a high-risk group as a consequence of their initial consumption tendencies. Some of these adolescents graduated beyond simple experimentation and moved into patterns of consumption that could be considered dangerous. Our analyses implicated an array of parental-based buffers: parent involvement in the adolescent's life,

development of good communication patterns and expressions of warmth and affection. Minimizing associations with peers who consume alcohol may also have a buffering effect. There was evidence that these buffers may dampen gender differences not so much by affecting female drinking tendencies as by keeping males at reduced levels of alcohol consumption comparable to those of females. Copyright 2004, Alcohol Research Documentation Center.

Randomized trial of a parent intervention: Parents can make a difference in long-term adolescent risk behaviors, perceptions, and knowledge.

Stanton B; Cole M; Galbraith J; Li XM; Pendleton S; Cottrel L. *Archives of Pediatrics & Adolescent Medicine* 158(10): 947-955, 2004. (41 refs.)

Background: Although numerous interventions have been demonstrated to reduce targeted adolescent risk behaviors for brief periods, sustained behavior changes covering multiple risk behaviors have been elusive. Objective: To determine whether a parental monitoring intervention (Informed Parents and Children Together [ImPACT]) with and without boosters can further reduce adolescent truancy, substance abuse, and sexual risk behaviors and can alter related perceptions 24 months after intervention among youth who have all received an adolescent risk-reduction intervention, Focus on Kids (FOK). Design: Randomized, controlled, 3-celled longitudinal trial. Setting: Thirty-five low-income, urban community sites. Participants: Eight hundred seventeen African American youth aged 13 to 16 at baseline. Intervention: All youth participated in FOK, an 8-session, theory-based, small group, face-to-face risk-reduction intervention, 496 youth and parents received the 1-session ImPACT intervention (a videotape and discussion), 238 of the ImPACT youth also received four 90-minute FOK boosters delivered in small groups. Main Outcome Measures: Responses at baseline and 24 months after intervention to a questionnaire assessing risk and protective behaviors and perceptions. Analyses used General Linear Modeling, intraclass correlation coefficient, analysis of covariance, and multiple comparisons with least significant difference test adjustment. Results: After adjusting for the intraclass correlation coefficient, 6 of 16 risk behaviors were significantly reduced (P less than or equal to .05) among youth receiving ImPACT compared with youth who only received FOK (respectively, mean number of days suspended, 0.65 vs 1.17; carry a bat as a weapon, 4.1% vs 9.6%; smoked cigarettes, 12.5% vs 22.7%; used marijuana, 18.3% vs 26.8%; used other illicit drugs, 1.4% vs 5.6%; and, asked sexual partner if condom always

used, 77.9% vs 64.9%). Four of the 7 theory-based subscales reflected significant protective changes among youth who received ImPACT. ImPACT did not produce any significant adverse effects on behaviors or perceptions. Conclusion: A parent monitoring intervention can significantly broaden and sustain protection beyond that conferred through an adolescent risk-reduction intervention. Copyright 2004, American Medical Association.

**The Cannabis Youth Treatment (CYT) Study:
Main findings from two randomized trials.**

Dennis M; Godley SH; Diamond G; Tims FM; Babor T; Donaldson J et al. *Journal of Substance Abuse Treatment* 27(3): 197-213, 2004. (97 refs.)

This article presents the main outcome findings from two inter-related randomized trials conducted at four sites to evaluate the effectiveness and cost-effectiveness of five short-term outpatient interventions for adolescents with cannabis use disorders. Trial 1 compared five sessions of Motivational Enhancement Therapy plus Cognitive Behavioral Therapy (MET/CBT) with a 12-session regimen of MET and CBT (MET/CBT12) and another that included family education and therapy components (Family Support Network [FSN]). Trial II compared the five-session MET/CBT with the Adolescent Community Reinforcement Approach (ACRA) and Multidimensional Family Therapy (MDFT). The 600 cannabis users were predominately white males, aged 15-16. All five CYT interventions demonstrated significant pre-post treatment during the 12 months after random assignment to a treatment intervention in the two main outcomes: days of abstinence and the percent of adolescents in recovery (no use or abuse/dependence problems and living in the community). Overall, the clinical outcomes were very similar across sites and conditions; however, after controlling for initial severity, the most cost-effective interventions were MET/CBT5 and MET/CBT12 in Trial 1 and ACRA and MET/CBT5 in Trial 2. It is possible that the similar results occurred because outcomes were driven more by general factors beyond the treatment approaches tested in this study; or because of shared, general helping factors across

therapies that help these teens attend to and decrease their connection to cannabis and alcohol. Copyright 2004, Elsevier Science.

Inhalant use, abuse, and dependence among adolescent patients: Commonly comorbid problems.

Sakai JT; Hall SK; Mikulich-Gilbertson SK; Crowley TJ. *Journal of the American Academy of Child and Adolescent Psychiatry* 43(9): 1080-1088, 2004. (25 refs.)

Objective: Little is known about adolescents with DSM-IV-defined inhalant abuse and dependence. The aim of this study was to compare comorbidity among (1) adolescents with inhalant use disorders, (2) adolescents who reported using inhalants without inhalant use disorder, and (3) other adolescent patients drawn from an adolescent drug and alcohol treatment program. Method: The authors examined 847 admissions of patients who had completed structured diagnostic assessments. The three groups were compared for noninhalant substance use disorders, posttraumatic stress disorder, conduct disorder, major depression, previous suicide attempts, and physical/sexual abuse and neglect. Results: Adolescents with inhalant abuse or dependence (group 1; n = 28) were significantly more likely to meet lifetime criteria for abuse or dependence on alcohol, hallucinogens, nicotine, cocaine, and amphetamines, to have had major depression, and to have attempted suicide compared with other adolescent patients who reported never using inhalants (group 3); adolescents with inhalant use disorders also reported significantly more abuse and neglect. Adolescents with inhalant abuse or dependence (group 1) did not differ significantly on any measure compared with adolescents who reported using inhalants without an inhalant use disorder (group 2). Conclusions: Adolescent patients with a history of inhalant use, abuse, or dependence entering treatment should be carefully screened for noninhalant substance use disorders, major depression, suicidality, and abuse and neglect. Copyright 2004, American Academy of Child and Adolescent Psychiatry.