

# Library Watch on prevention

www.project cork.org

Winter 2005

## **Long-term follow-up effects of a school-based drug abuse prevention program on adolescent risky driving.**

Griffin KW; Botvin GJ; Nichols TR. *Prevention Science* 5(3): 207-212, 2004. (18 refs.)

This study examined long-term follow-up data from a large-scale randomized trial to determine the extent to which participation in a school-based drug abuse prevention program during junior high school led to less risky driving among high school students. Self-report data collected from students in the 7th, 10th, and 12th grades were matched by name to students' department of motor vehicles (DMV) records at the end of high school. The DMV data included the total number of violations on students' driving records as well as the number of "points" that indicate the frequency and severity of the violations. A series of logistic regression analyses revealed that males were more likely to have violations and points on their driving records than females, and regular alcohol users were more likely to have violations and points than those who did not use alcohol regularly. Controlling for gender and alcohol use, students who received the drug prevention program during junior high school were less likely to have violations and points on their driving records relative to control group participants that did not receive the prevention program. Findings indicated that antidrinking attitudes mediated the effect of the intervention on driving violations, but not points. These results support the hypothesis that the behavioral effects of competence-enhancement prevention programs can extend to risk behaviors beyond the initial focus of intervention, such as risky driving. Copyright 2004, Kluwer Academic.

## **Brief report: The adaptation of Project Northland for urban youth.**

Komro KA; Perry CL; Veblen-Mortenson S; Bosma LM; Dudovitz BS; Williams CL et al. *Journal of Pediatric Psychology* 29(6): 457-466, 2004. (33 refs.) Objective Summarizes the research and intervention design of a new trial to evaluate an adaptation of Project Northland, a multicomponent, community-wide alcohol prevention program for culturally diverse youth living in a large city. The original Project Northland was successful in reducing alcohol use

among a sample of mostly White, rural adolescents. Methods We highlight the steps taken to adapt the intervention strategies for culturally diverse inner-city youth, families, and neighborhoods. The research design is a randomized controlled trial to evaluate the effectiveness of the adapted Project Northland for reducing the early onset and prevalence of alcohol use among young urban adolescents. Conclusion The information gained from this trial, including the process of adaptation of prevention strategies, will be beneficial for alcohol-use prevention efforts within diverse urban communities across the country. Copyright 2004, Oxford University Press, Inc.

## **Community-based prevention using simple, low-cost, evidence-based kernels and behavior vaccines.**

Embry DD. *Journal of Community Psychology* 32(5): 575-591, 2004. (61 refs.)

A paradox exists in community prevention of violence and drugs. Good research now exists on evidence-based programs, yet extensive expenditures on prevention have not produced community-level results. Various multiproblems are quite prevalent in the United States, such as violence, Attention Deficit Hyperactivity Disorder (ADHD), conduct problems, learning disabilities, depression, and other mood problems. Various studies have observed that, intuitively appealing community-based coalitions and best practice requirements have not produced prevention gains as hoped for by many. Calls for more money, fidelity, or dose seem unlikely to succeed. Other alternatives may be possible. Most of the best practices aimed at preventing these community problems are composed of evidence-based kernels, which act on core principles of prevention (risk and protective factors). What is not widely known is that the evidence-based kernels are powerful in their own right. Evidence-based kernels are irreducible units of behavior-change technology, and, they can be put together into behavioral vaccines (daily practices) with powerful longitudinal prevention results. Kernels and behavioral vaccines are simple, and they are not programs or curriculum in the conventional sense. This article presents examples of evidence-based kernels and behavioral vaccines that can be promoted easily across whole communities or states using social

marketing principles. Widespread propagation of evidence-based kernels and behavioral vaccines could have a significant impact on communities and their prevention nouns, providing low-cost alternatives and practical models for community psychology, public health, and policy makers. Behavioral kernels and vaccines can, add needed precision to prevention science and community psychology. Copyright 2004, John Wiley & Sons, Ltd.

**Governing street-based injecting drug users: A critique of heroin overdose prevention in Australia.**

Moore D. *Social Science & Medicine* 59(7): 1547-1557, 2004. (58 refs.)

This article provides a critical analysis of existing approaches to the prevention of heroin overdose in Australia. It draws on almost 2 years of ethnographic research with street-based injecting drug users (IDUs), street-based sex workers and service providers in Melbourne, Australia's second largest city, and on recent anthropological and sociological work on governmentality. The substantive sections of the article argue: (1) that heroin overdose prevention in Australia contains implicit or explicit assumptions of rationality and personal autonomy, continues to emphasise individual behaviour change and inscribes a self-disciplined, self-aware, self-regulating subject; and (2) that the social, cultural and economic realities—the 'lived experience'-of street-based IDUs and sex workers may undermine or hinder the successful adoption of overdose prevention strategies. The paper concludes by arguing that the 'chaotic' practices of street-based IDUs and sex workers arise in response to particular 'risk environments', and that individually focused overdose prevention strategies, while an important first step, need to be complemented by measures addressing the macro- and micro-aspects of risk environments. Copyright 2004, Elsevier Science Ltd.

**Long-term follow-up effects of a school-based drug abuse prevention program on adolescent risky driving.**

Griffin KW; Botvin GJ; Nichols TR. *Prevention Science* 5(3): 207-212, 2004. (18 refs.)

This study examined long-term follow-up data from a large-scale randomized trial to determine the extent to which participation in a school-based drug abuse prevention program during junior high school led to less risky driving among high school students. Self-report data collected from students in the 7th, 10th, and 12th grades were matched by name to students' department of motor vehicles (DMV) records at the end of high school. The DMV data included the total

number of violations on students' driving records as well as the number of "points" that indicate the frequency and severity of the violations. A series of logistic regression analyses revealed that males were more likely to have violations and points on their driving records than females, and regular alcohol users were more likely to have violations and points than those who did not use alcohol regularly. Controlling for gender and alcohol use, students who received the drug prevention program during junior high school were less likely to have violations and points on their driving records relative to control group participants that did not receive the prevention program. Findings indicated that antidrinking attitudes mediated the effect of the intervention on driving violations, but not points. These results support the hypothesis that the behavioral effects of competence-enhancement prevention programs can extend to risk behaviors beyond the initial focus of intervention, such as risky driving. Copyright 2004, Kluwer Academic.

**Long-term heavy cannabis use: Implications for health education.**

Coggans N; Dalgarno P; Johnson L; Shewan D. *Drugs: Education, Prevention and Policy* 11(4): 299-313, 2004. (31 refs.)

There is growing evidence that cannabis can have negative effects on health. While the ongoing debate about the nature and duration of these effects recognizes mild cognitive impairment, the evidence for irreversibility of cognitive impairment and causal links with psychiatric illness is not conclusive. There is undoubtedly potential for impairment of respiratory functioning, but that will depend on lifetime load and in most cases is confounded with tobacco smoking. There is a lack of data that addresses the long-term cannabis user's perspective. How do long-term cannabis users perceive the impact of their cannabis use on their own lives and what are the policy implications of their experience and perceptions of cannabis use? A recent study of long-term cannabis users explored a number of issues that have relevance for policy in relation to health education interventions. Quantitative data gathered from 405 long-term cannabis users provide insights into the impact of different levels of cannabis use over ten or more years on a range of issues: health; dependence; cannabis-related beliefs and attitudes; and preferred sources of cannabis-related information. Implications and the need for innovative approaches to cannabis-related health education are discussed. Copyright 2004, Carfax Publishing.

**Toward an ecstasy and other club drug (EOCD) prevention intervention for rave attendees.**

Yacobian GS; Miller S; Pianim S; Kunz M; Orrick E; Link T et al. *Journal of Drug Education* 34(1): 41-59, 2004. (81 refs.)

A growing body of recent research has identified that "rave" attendees are at high risk for the use of "club drugs," such as 3,4-methylenedioxymethamphetamine (MDMA or "ecstasy"). Rave attendees, however, comprise only one of several club-going populations. In the current study, we explore the prevalence of ecstasy and other club drug (EOCD) use among a sample of club attendees in Washington, DC. Data were collected from adult, primarily homosexual, club attendees during the summer of 2003. Data collection was scheduled between 11 p.m. and 3 a.m. Participation rates were high. Of the 211 club attendees approached, 88% (n = 186) completed the interview. Drug use prevalence rates were low. With the exception of alcohol and marijuana, 2-day self-reports were less than 1% for each drug. These findings, amalgamated with results from other EOCD-related studies involving several distinct populations, offer considerable insight into the state of ecstasy in American society. Based on a meta-analysis of this literature, we offer a community-level prevention intervention for the population at highest risk for EOCD use-rave attendees. Copyright 2004, Baywood Publishing.

**Reducing the risks of alcohol use among urban youth: Three-year effects of a computer-based intervention with and without parent involvement.**

Schinke SP; Schwinn TM; Di Nola J; Cole KC. *Journal of Studies on Alcohol* 65(4): 443-449, 2004. (21 refs.)

Objective: This study tested a CD-ROM intervention with and without a parent involvement component to reduce risk of alcohol use among an urban sample of early adolescents. Method: Youths (N = 514, mean age 11.5 years at recruitment) were assigned randomly by community site to receive the CD-ROM intervention, the CD-ROM plus parent intervention, or no intervention. All youths completed pretest, posttest and three annual follow-up measurements. After pretesting, youths and parents received their respective interventions. Results: Main effects of the intervention and for measurement occasion as well as interaction effects of the intervention by measurement occasion were seen for substance use and related outcomes. Over time, youths in all 3 groups reported increased use of alcohol, tobacco and marijuana; youths who received the interventions reported smaller increases than control youths. At 3-year follow-up, alcohol use

was lower for CD-ROM plus parent intervention youths than for CD-ROM only youths, who, in turn, reported less use than controls. Cigarette use was lower for youths in either intervention group than in the control group at posttest and at 1-, 2- and 3-year follow-ups. Marijuana use was lower for youths in either intervention than for controls at 1-, 2- and 3-year follow-ups. Youths in both intervention groups outperformed control youths at posttest and at 1- and 3-year follow-ups on levels of negative and peer influence toward substance use. Finally, at the 3-year follow-up, youths in the CD-ROM plus parent intervention group reported more family involvement in their alcohol use prevention efforts than did youths in the CD-ROM group, who, in turn, reported more positive levels of family involvement than youths in the control group. Conclusions: Study findings modestly support the CD-ROM intervention with and without the parent intervention to reduce alcohol use risks among urban early adolescents. Copyright 2004, Alcohol Research Documentation Center.

**Brief report: The adaptation of Project Northland for urban youth.**

Komro KA; Perry CL; Veblen-Mortenson S; Bosma LM; Dudovitz BS; Williams CL et al. *Journal of Pediatric Psychology* 29(6): 457-466, 2004. (33 refs.) Objective Summarizes the research and intervention design of a new trial to evaluate an adaptation of Project Northland, a multicomponent, community-wide alcohol prevention program for culturally diverse youth living in a large city. The original Project Northland was successful in reducing alcohol use among a sample of mostly White, rural adolescents. Methods We highlight the steps taken to adapt the intervention strategies for culturally diverse inner-city youth, families, and neighborhoods. The research design is a randomized controlled trial to evaluate the effectiveness of the adapted Project Northland for reducing the early onset and prevalence of alcohol use among young urban adolescents. Conclusion The information gained from this trial, including the process of adaptation of prevention strategies, will be beneficial for alcohol-use prevention efforts within diverse urban communities across the country. Copyright 2004, Oxford University Press, Inc.

**Toward an ecstasy and other club drug (EOCD) prevention intervention for rave attendees.**

Yacobian GS; Miller S; Pianim S; Kunz M; Orrick E; Link T et al. *Journal of Drug Education* 34(1): 41-59, 2004. (81 refs.)

A growing body of recent research has identified that "rave" attendees are at high risk for the use of "club

drugs," such as 3,4-methylenedioxymethamphetamine (MDMA or "ecstasy"). Rave attendees, however, comprise only one of several club-going populations. In the current study, we explore the prevalence of ecstasy and other club drug (EOCD) use among a sample of club attendees in Washington, DC. Data were collected from adult, primarily homosexual, club attendees during the summer of 2003. Data collection was scheduled between 11 p.m. and 3 a.m. Participation rates were high. Of the 211 club attendees approached, 88% (n = 186) completed the interview. Drug use prevalence rates were low. With the exception of alcohol and marijuana, 2-day self-reports were less than 1% for each drug. These findings, amalgamated with results from other EOCD-related studies involving several distinct populations, offer considerable insight into the state of ecstasy in American society. Based on a meta-analysis of this literature, we offer a community-level prevention intervention for the population at highest risk for EOCD use-rave attendees. Copyright 2004, Baywood Publishing.

**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.

**Teaching a coherent theory of drug action to elementary school children.**

Sigelman CK; Rinehart CS; Sorongon AG; Bridges LJ; Wirtz PW. *Health Education Research* 19(5): 501-513, 2004. (34 refs.)

This study examined whether two versions of a drug and alcohol curriculum explaining how substances affect behavior and health, one version more causally coherent than the other, were more effective than a control curriculum on disease in changing school-age children's (N = 327) beliefs and attitudes regarding cocaine and alcohol. Few differences were found between the two drug and alcohol curricula. Compared to children receiving the control curriculum, however, both treatment groups demonstrated greater understanding of the circulation of alcohol and cocaine throughout the body, the true long-term effects of these substances, and the stimulant effects of cocaine. Moreover, they had less positive attitudes and intentions toward cocaine. Several differences were evident at both a 3-month post-test and a 1-year follow-up, pointing to the potential value of applying an intuitive theories perspective in designing drug prevention and other health education programs. Copyright 2004, Oxford University Press.

