

## **Adolescent attitudes toward random drug testing in schools.**

Russell BL; Jennings B; Classey S. *Journal of Drug Education* 35(3): 167-184, 2005. (13 refs.)

The current research examined students' perceptions of random drug testing for students participating in after-school activities. Results found students were more likely to endorse drug testing at their school if they are already engaged in after-school activities and not currently using drugs and/or alcohol. While middle and high school students' scores fell within the median, most reported if drug testing were implemented in their school they believed it would not deter continued participation in after-school activities. However, if drug testing were a prerequisite for participating in after-school activities, high school students were more apprehensive about getting tested than middle school students. Student respondents were more likely to endorse drug testing, if all members of the school system (i.e., teachers, coaches and staff) participated in drug testing. High school students' believed they had enough knowledge about drug abuse and were less likely to endorse drug testing because they believed it would violate their personal privacy compared to grade school students. Results also differed as a function of gender and self-reported drug and alcohol use. Copyright 2005, Baywood Publishing Co.

## **An evaluation of a brief motivational intervention among young ecstasy and cocaine users: No effect on substance and alcohol use outcomes.**

Marsden J; Stillwell G; Barlow H; Boys A; Taylor C; Hunt N; Farrell M. *Addiction* 101(7): 1014-1026, 2006. (40 refs.)

Aims: To investigate whether a stimulant- and alcohol-focused brief motivational intervention induces positive behaviour change among young, regular users of MDMA ('ecstasy'), cocaine powder and crack cocaine. Design and measurements: A randomized trial of the intervention versus a control group who received written health risk information materials only. All participants completed a baseline self-assessment questionnaire before randomization. Outcome measures were self-reported period prevalence abstinence from ecstasy, cocaine powder and crack cocaine and the frequency and amount of stimulant and alcohol use in the previous 90 days, recorded at 6-

month follow-up via self-completion questionnaire and personal interview. Participants and setting: A total of 342 adolescent and young adult stimulant users (aged 16-22 years) were recruited and 87% were followed-up. The intervention was delivered by a team of 12 agency youth drug workers and two researchers at five locations in Greater London and south-east England. Findings: There were no significant differences in abstinence for ecstasy, cocaine powder or crack cocaine use between the experimental and control groups. Contrasting follow-up with baseline self-reports, there were no between-group effects for changes in the frequency or amount of stimulant or alcohol use. Participant follow-up data suggested that the baseline assessment was a contributing factor in within-group behaviour change among experimental and control condition participants. Conclusions: Our brief motivational intervention was no more effective at inducing behaviour change than the provision of information alone. We hypothesize that research recruitment, baseline self-assessment and contact with study personnel are influences that induce positive reactive effects on stimulant use. Copyright 2006, Society for the Study of Addiction to Alcohol and Other Drugs.

## **Beverage caffeine intakes in young children in Canada and the US.**

Knight CA; Ian K; Mitchell DC. *Canadian Journal of Dietetic Practice and Research* 67(2): 96+, 2006. (15 refs.)

Purpose: Throughout childhood there is a shift from predominantly milk-based beverage consumption to other types of beverages, including those containing caffeine. Although a variety of health effects in children and adults have been attributed to caffeine, few data exist on caffeine intake in children aged one to five years. Methods: Because beverages provide about 80% of total caffeine consumed in children of this age group, beverage consumption patterns and caffeine intakes were evaluated from two beverage marketing surveys: the 2001 Canadian Facts study and the 1999 United States Share of Intake Panel study. Results: Considerably fewer Canadian children than American children consume caffeinated beverages (36% versus 56%); Canadian children consume approximately half the amount of caffeine (7 versus 14 mg/day in American children). Differences were

largely because of higher intakes of carbonated soft drinks in the US. Conclusions: Caffeine intakes from caffeinated beverages remain well within safe levels for consumption by young children. Copyright 2006, Dietitians of Canada.

### **Characterizing substance abuse programs that treat adolescents.**

Mark TL; Song X; Vandivort R; Duffy S; Butler J; Coffey R et al. *Journal of Substance Abuse Treatment* 31(1): 59-65, 2006. (19 refs.)

Few systematic studies have examined the characteristics of substance abuse treatment programs serving adolescents. An expert panel recently identified nine key elements of effective adolescent substance abuse treatment. We measured the percentage of treatment programs in the United States with at least 10 adolescent clients on a given day that reported these elements using data from the 2003 National Survey of Substance Abuse Treatment Services. This first look into the characteristics of facilities serving significant numbers of adolescents indicates that many facilities may be lacking in components considered important. The most significant measured potential areas for improvement occurred in the areas of including mental health as well as medical issues in comprehensive assessments and developing curricula to meet the developmental and cultural needs of clients. On a more encouraging note, many facilities were conducting discharge planning and providing aftercare, although the specifics of these services were not determined. Copyright 2006, Elsevier Science.

### **Different lengths of times for progressions in adolescent substance involvement.**

Ridenour TA; Lanza ST; Donny EC; Clark DB. *Addictive Behaviors* 31(6): 962-983, 2006. (76 refs.)

The present study examined lengths of times for important transitions in substance involvement from initiation to regular use first problem from drug use, and first experience of dependence for alcohol, tobacco, cannabis, cocaine, and opiates. Data were from a longitudinal study of 590 children (22.2% female) at different levels of risk for substance use disorders based on their fathers' substance use-related diagnoses. Participants' substance involvement was assessed at four ages: 10-12, and follow-ups at two, five, and eight years later. Results: suggested that faster transitions were more due to drug-related constructs (including possible social milieus of different drug classes and interactions between drug class and neurophysiology) than intrapersonal constructs. The shortest transition times (and greatest

addictive liabilities) were for opiates followed respectively by cocaine, cannabis, tobacco, and alcohol. Females had shorter transition times, though gender differences were small. Some evidence was found for a familial influence on transition times above what was accounted for by differences between substances. Copyright 2006, Elsevier Science Ltd.

### **Methylphenidate abuse in Texas, 1998-2004.**

Forrester MB. *Journal of Toxicology and the Environment. Part A, Current Issues* 69(12): 1145-1153, 2006. (21 refs.)

Methylphenidate is a stimulant used in the treatment of attention deficit hyperactivity disorder in children and is subject to abuse. This study describes the patterns of methylphenidate abuse and drug identification (ID) calls received by several poison control centers in Texas. Cases were calls involving methylphenidate received by Texas poison control centers during 1998-2004. Drug ID and drug abuse calls were assessed by call year and geographic location. Drug abuse calls were then compared to all other human exposure (nonabuse) calls with respect to various factors. Of 6798 calls received involving methylphenidate, 35% were drug IDs and 56% human exposures. Of the human exposures, 9% involved abuse. The number of drug ID calls and drug abuse calls received per year both declined during the first part of 7-yr period but then increased. Male patients accounted for approximately 60% of both drug abuse and nonabuse calls. Adolescent patients comprised 55% of drug abuse calls and children less than 13 yr old comprised 62% of nonabuse calls. Although the majority of both types of human exposures occurred at the patient's own residence, drug abuse calls were more likely than non-abuse calls to involve exposures at school (15% vs. 6%) and public areas (3% vs. 0.4%). While drug abuse calls were less likely than nonabuse calls to present with no clinical effects (29% vs. 52%), they were more likely to show more serious medical outcomes. Methylphenidate abusers are more likely to be adolescents. Methylphenidate abuse as compared to other exposures is more likely to occur outside of the person's home and to involve more serious medical outcomes. Copyright 2006, Taylor & Francis.

### **Prenatal marijuana exposure contributes to the prediction of marijuana use at age 14.**

Day NL; Goldschmidt L; Thomas CA. *Addiction* 101(9): 1313-1322, 2006. (69 refs.)

Aim: To evaluate the effects of prenatal marijuana exposure (PME) on the age of onset and frequency of marijuana use while controlling for identified

confounds of early marijuana use among 14-year-olds. Design: In this longitudinal cohort study, women were recruited in their fourth prenatal month. Women and children were followed throughout pregnancy and at multiple time-points into adolescence. Setting and participants: Recruitment was from a hospital-based prenatal clinic. The women ranged in age from 18 to 42, half were African American and half Caucasian, and most were of lower socio-economic status. The women were generally light to moderate substance users during pregnancy and subsequently. At 14 years, 580 of the 763 offspring–mother pairs (76%) were assessed. A total of 563 pairs (74%) was included in this analysis. Measurements: Socio-demographic, environmental, psychological, behavioral, biological and developmental factors were assessed. Outcomes were age of onset and frequency of marijuana use at age 14. Findings: PME predicted age of onset and frequency of marijuana use among the 14-year-old offspring. This finding was significant after controlling for other variables including the child's current alcohol and tobacco use, pubertal stage, sexual activity, delinquency, peer drug use, family history of drug abuse and characteristics of the home environment including parental depression, current drug use and strictness/supervision. Conclusions: Prenatal exposure to marijuana, in addition to other factors, is a significant predictor of marijuana use at age 14. Copyright 2006, Society for the Study of Addiction to Alcohol and Other Drugs.

#### **Psychosocial profile of HIV-infected adolescents in a Southern US urban cohort.**

Kadivar H; Garvie PA; Sinnock C; Heston JD; Flynn PM. *AIDS Care* 18(6): 544-549, 2006. (14 refs.)

We undertook a retrospective medical chart review of HIV-infected adolescents referred to a Southern US urban comprehensive adolescent HIV clinic between 1992 and 2003 to describe the psychosocial profile of adolescents infected with HIV via high-risk behaviours. Ninety-one adolescents (59 females, 32 males, 95% African-American, median age 17 years) were identified. Common reasons for initial HIV testing included routine prenatal screening (20%), clinical symptoms suggestive of HIV (20%), and recognized risk-related behaviours (20%). Findings included a history of unstable housing in the previous year (27%), running away (29%), knowing someone with HIV (36%), parental substance abuse (reported by youth, 46%), parental abandonment/neglect (30%), high substance use rates (marijuana 33%, tobacco 27%), current/prior STDs (60%), and involvement with the juvenile justice system or incarceration (41%). Sexual abuse/assault was reported by 41%.

Previous depression was reported in 15% with approximately half reporting prior hospitalization. An additional 12% of the cohort had current clinical depressive symptoms. We conclude that infections with HIV via high-risk behaviours during adolescence occur in youth with multiple psychosocial stressors. Targeted prevention efforts to reduce these underlying stressors may decrease new adolescent infection. HIV-infected youth are best served in a comprehensive care environment with immediate access to medical care, social work, and psychology/psychiatry services. Copyright 2006, Taylor & Francis.

#### **Trends in initiation of alcohol use in the United States 1975 to 2003.**

Faden VB. *Alcoholism: Clinical and Experimental Research* 30(6): 1011-1022, 2006. (30 refs.)

Alcohol is the drug of choice for youth in the United States. By 8th grade, more than 40% of youth have used alcohol; by 12th grade, almost 80% have done so (MTF, 2003). And many of these young people begin drinking at relatively early ages. On average, boys start drinking earlier than girls, and whites and Native Americans start drinking earlier than youth of other race/ethnicities. As alcohol consumption is such a high prevalence behavior among young people, it is crucial to understand the initiation of drinking as well as possible, so as to facilitate and inform interventions to delay this behavior. One facet of this involves investigating trends in the initiation of drinking. Multiple years of data from 3 national surveys, Monitoring the Future (MTF)-1975 to 2003 for 12th graders, 1993 to 2003 for 8th and 10th graders; the National Household Survey on Drug Abuse (NHSDA) [now called the National Survey on Drug Use and Health (NSDUH)]-1991 to 1998; and the Youth Risk Behavior Surveillance System (YRBSS)-1991 to 2003, were analyzed using joinpoint analysis to further understanding of trends in the initiation of drinking by youth. The present analysis examines whether the age of drinking initiation has changed over time and evaluates trends in the percentages of youth who start drinking by various grades. Simultaneous examination of data from the 3 surveys indicates that 7th and 8th grades (when most youth are 13-14) are peak years for the initiation of drinking. Further, the present analysis shows that although the percentage of youth who start drinking early (before age 13) has declined (YRBSS, MTF), the average age of initiation of drinking for these "very early starters" did not change over the period 1991 to 1998 (NHSDA/NSDUH). At the same time, an upward shift in the "normative" age of initiation has occurred (NHSDA/NSDUH, MTF). Results of analyses by gender and race/ethnicity

indicate similar trends over time. A more nuanced understanding of the initiation of drinking can have important implications for prevention. Copyright 2006, Research Society on Alcoholism.

**Who is offering and how often? Gender differences in drug offers among American Indian adolescents of the Southwest.**

Rayle AD; Kulis S; Okamoto SK; Tann SS; LeCroy CW; Dustman P et al. *Journal of Early Adolescence* 26(3): 296-317, 2006. (44 refs.)

This exploratory study examined gender differences in the patterns of drug offers among a sample of 71 American Indian middle school students. Participants responded to an inventory of drug-related problem situations specific to the cultural contexts of Southwestern American Indian youth. They were asked to consider the frequency of drug offers from specific groups in their social networks and the difficulty associated with refusing drugs from various offerers. The results indicated that female and male American Indian youth differ in the degree of exposure to drug offers and the degree of perceived difficulty in handling such offers. Even after controlling for differences in age, grade level, socioeconomic status, family structure, and residence on a reservation, girls reported significantly more drug offers from friends, cousins, and other peers than did boys. Compared to boys, girls also reported a significantly higher sense of difficulty in dealing with drug offers from all sources. Copyright 2006, Sage Publications.

**Young people using crack and the process of marginalization.**

Van der Poel A; Van de Mheen D. *Drugs: Education, Prevention and Policy* 13(1): 45-59, 2006. (26 refs.)

Thirty current and former crack users aged 16-24 years participated in a qualitative study about their crack use and related behaviours. The study investigates the process of marginalization (social relations, sources of income and health situation) before and after the start of crack use. Results show that because many crack users were raised in a problematic home situation and have little education, they were already in a marginal position before they started using crack. However, the use of crack accelerated the process of marginalization, because they experienced a shrinking social network that developed around other users, and because they performed illegal activities to buy crack. As result, many users spent time in prison. Regarding

health, they experienced respiratory problems, deteriorating physical fitness, paranoia and heart palpitations. Furthermore, homelessness and crack use are intertwined. Copyright 2006, Taylor & Francis Ltd.

**Cannabis use by children and young people. (review).**

McArdle PA. *Archives of Disease in Childhood* 91(8): 692-695, 2006. (61 refs.)

The rate of cannabis use by young people approximately doubled in the 1990s. Use in Western Europe and North America (30–40% having used in by mid-adolescence) may have plateaued. Although it remains illegal, occasional cannabis use has been considered a normal activity of youth and is not strongly associated with emotional or behavioural disorder. Although the exact location of the threshold is not clear, approximately half of those who use cannabis more than monthly exhibit behavioural or emotional difficulties. Some argue that adverse effects linked to cannabis have increased in recent times -- potentially attributed to an earlier onset of use, the use of water pipes or bongs to achieve more efficient delivery, preferential use by chronic users of the stronger preparations available, or use by more vulnerable individuals. As occasional use does not appear to be damaging, in the absence of any other difficulties enquired for, the clinician's role may include reassurance of anxious teachers or parents. However, more intensive use, or use by very young or pre-adolescents may be associated with a range of antecedent and concurrent difficulties. This "misuse" tends to occur in the context of antecedent behaviour disorder, substance using parents, family breakdown, and loss of trusting attachments to key adults. Clarifying the potential harm associated with cannabis use requires distinguishing between the effects of the drug itself from other co-occurring antecedent or persistent adversities. Indeed, regular use "...could be a marker, rather than a cause, of a life trajectory more likely to involve adverse outcomes". The author discusses screening, assessment, markers of harmful use, brief interventions, as well as reviewing the current research on more formal family based, cognitive behavioural, or group interventions for those with more complex presentations. The data on the relationship of marijuana use and schizophrenia is also summarized. Copyright 2006, Project Cork.