

Alcohol use in motion pictures and its relation with early-onset teen drinking.

Sargent JD; Wills TA; Stoolmiller M; Gibson J; Gibbons FX. *Journal of Studies on Alcohol* 67(1): 54-65, 2006. (39 refs.)

Objective: Little is known about the impact of viewing depictions of alcohol in entertainment media on adolescent drinking behavior. Our aims were to assess drinking in a sample of popular contemporary movies and to examine the association of movie alcohol exposure with early-onset drinking in an adolescent sample. Method: We conducted a school-based cross-sectional survey (N = 4,655) with longitudinal follow-up of never-drinkers. Screen depictions of alcohol use were timed for each of 601 popular contemporary movies. Each adolescent was asked if he/she had seen a unique list of 50 movie titles, randomly selected from the larger pool. Movie alcohol use was summed for movies the adolescent had seen, adjusted to reflect exposure to the larger pool and modeled as a continuous variable. Results: Ninety-two percent of the movies in the sample depicted drinking; median screen time for movie alcohol use was 2.5 minutes (interquartile range [IQR]: 0.9-5.0 minutes). Median exposure to movie alcohol use from the 601 movies was 8.6 hours (IQR: 4.6-13.5 hours). Overall 23.1% of the cross-sectional sample had tried alcohol, and 14.8% of initial nondrinkers had tried alcohol at follow-up. We found an association between higher exposure to movie alcohol use and increased risk of alcohol use. The association is moderate in effect size and independent of a number of potential confounders. Copyright 2006, Alcohol Research Documentation, Inc.

Asthma inhaler misuse and substance abuse: A random survey of secondary school students.

Boyd CJ; McCabe SE; Teter CJ. *Addictive Behaviors* 31(2): 278-287, 2006. (17 refs.)

Purpose: To assess the relationship between prescription asthma inhaler misuse and other substance abuse. Methods: The study included a random sample of 5th through 10th grade students attending one, ethnically diverse school district in metropolitan Detroit (N= 1017). A cross-sectional, web-based survey design was used. The survey included questions about the use and misuse of prescribed asthma inhalers (among other medications) as well as

the use of alcohol, cigarettes, marijuana, and other drugs. We investigated four types of interaction with prescribed asthma inhalers: non-use, prescribed use, prescribed use and misuse, and misuse. Results: Students who misused asthma inhaler medication during their lifetimes were more likely to smoke cigarettes and marijuana as well as more likely to drink alcohol, binge drink and have used other illicit drugs. Students who used asthma inhaler medication solely as prescribed were no more likely to abuse drugs or alcohol than non-users of prescription asthma inhalers. Conclusions: Our findings are of interest to clinicians who provide health care to adolescents. The present study also has implications for adults managing prescription asthma medication in households and schools. Copyright 2006, Elsevier Science Ltd.

Cannabis use and the mental health of young people. (review).

Hall WD. *Australian and New Zealand Journal of Psychiatry* 40(2): 105-113, 2006. (98 refs.)

ental health and psychosocial consequences of rising rates of cannabis use among young people in developed countries. Method: This paper critically reviews epidemiological evidence on the following psychosocial consequences of adolescent cannabis use: cannabis dependence; the use of heroin and cocaine; educational underachievement; and psychosis. Leading electronic databases such as PubMed have been searched to identify large-scale longitudinal studies of representative samples of adolescents and young adults conducted in developed societies over the past 20 years. Results: Cannabis is a drug of dependence, the risk of which increases with decreasing age of initiation. Cannabis dependence in young people predicts increased risks of using other illicit drugs, underperforming in school, and reporting psychotic symptoms. Uncertainty remains about which of these relationships are causal although the evidence is growing that cannabis is a contributory cause of psychotic symptoms. Conclusions: We face major challenges in communicating with young people about the most probable risks of cannabis use (dependence, educational underachievement and psychosis) given uncertainties about these risks and polarized community views about the policies that should be

adopted to reduce them. Copyright 2006, Royal Australian and New Zealand College of Psychiatrists. Used with permission.

Drug testing of adolescents in ambulatory medicine: Physician practices and knowledge.

Levy S; Harris SK; Sherritt L; Angulo M; Knight JR. *Archives of Pediatrics & Adolescent Medicine* 160(2): 146-150, 2006. (31 refs.)

Objective: To determine physicians' knowledge of urine drug testing and usual practices when performing drug testing on adolescent patients at a time when interest in drug testing of adolescents is on the rise and physicians may be consulted for advice and requests to perform tests. Design and Participants: Multimodal survey conducted April to July 2004 consisting of 42 forced-choice response items. Participants were practicing physicians randomly selected from the national membership rolls of the American Academy of Pediatrics, Society of Adolescent Medicine, and American Academy of Family Physicians who provided care for 10 or more adolescents per week. We computed simple frequencies and sample design-adjusted 95% confidence intervals for each item. Results: The survey was completed by 359 eligible physicians (response rate, 42%). More than 95% of respondents had ever ordered urine drug tests. Only 23% used an effective urine sample collection procedure, and only 7% used specific gravity and measurement of urine creatinine level to ensure validity of the sample, as recommended. When asked which drugs can be detected in routine panels, only 10% answered all items correctly, 47% did not know for 1 or more items, and 75% responded incorrectly for 1 or more items. Conclusions: Primary care physicians do not always use proper urine sample collection and validation procedures, and they are not aware of important limitations of drug testing. The primary care workforce is not prepared to assist with drug testing programs. Physicians who order these tests need more training and access to consultation with experts. Copyright 2006, American Medical Association.

Neurogenesis in adolescent brain is potently inhibited by ethanol.

Crews FT; Mdzinarishvili A; Kim D; He J; Nixon K. *Neuroscience* 137(2): 437-445, 2006. (47 refs.)

Adolescence is a period of progressive changes in brain that likely contribute to the maturation of behavior. Human adolescents consume large amounts of ethanol. To investigate the effects of ethanol on adolescent neural progenitor cells, male rats (35-40 days old) were treated with an acute dose of ethanol (1.0, 2.5 or 5.0 g/kg, i.g.) or vehicle that resulted in peak blood levels of 33, 72, and 131 mg/dl,

respectively. Bromodeoxyuridine (300 mg/kg i.p.) was administered to label dividing cells and rats were killed at 5 h to assess proliferation or at 28 days to assess cell survival and differentiation. After 5 h, bromodeoxyuridine-immunoreactivity was reduced by 63, 97 and 99% in the rostral migratory stream and 34, 71 and 99% in the subventricular zone by 1.0, 2.5 and 5.0 g/kg of ethanol respectively. In the dentate gyrus, ethanol reduced bromodeoxyuridine-immunoreactivity by 29, 40, and 78% at the three doses respectively. The density of doublecortin immunoreactivity was decreased after 3 days and the number of bromodeoxyuridine+ cells remained decreased at 28 days when most hippocampal bromodeoxyuridine+ cells coexpressed neuronal nuclei, a neuronal marker. These studies indicate that the adolescent brain is very sensitive to acute ethanol inhibition of neurogenesis. Copyright 2006, Elsevier Science Ltd.

Pathways to youth homelessness.

Martijn C; Sharpe L. *Social Science & Medicine* 62(1): 1-12, 2006. (33 refs.)

Research documents high levels of psychopathology among homeless youth. Most research, however, has not distinguished between disorders that are present prior to homelessness and those that develop following homelessness. Hence whether psychological disorders are the cause or consequence of homelessness has not been established. The aim of this study is to investigate causal pathways to homelessness amongst currently homeless youth in Australia. The study uses a quasi-qualitative methodology to generate hypotheses for larger-scale research. High rates of psychological disorders were confirmed in the sample 35 homeless youth aged 14-25. The rates of psychological disorders at the point of homelessness were greater than in normative samples, but the rates of clinical disorder increased further once homeless. Further in-depth analyses were conducted to identify the temporal sequence for each individual with a view to establishing a set of causal pathways to homelessness and trajectories following homelessness that characterised the people in the sample. Five pathways to homelessness and five trajectories following homelessness were identified that accounted for the entire sample. The major findings were that (1) trauma is a common experience amongst homeless youth prior to homelessness and figured in the causal pathways to homelessness for over half of the sample; (2) once homeless, for the majority of youth there is an increase in the number of psychological diagnoses including drug and alcohol diagnoses, and (3) crime did not precede homelessness for all but one youth; however, following homelessness, involvement in

criminal activity was common and became a distinguishing factor amongst youth. The implications of these findings for future research and service development are discussed. Copyright 2006, Pergamon-Elsevier Science.

Patterns and correlates of substance use among affluent, suburban high school students.

McMahon TJ; Luthar SS. *Journal of Clinical Child and Adolescent Psychology* 35(1): 72-89, 2006. (69 refs.)

Despite ongoing concern about substance use during adolescence, very little is known about alcohol and drug use among teens living in affluent social settings. In this longitudinal study, cluster analysis was used to characterize patterns of substance use and change in other dimensions of psychosocial adjustment within a cohort of 292 high school students (54% girls) living in an affluent, suburban community. When compared with a cluster of students reporting minimal use, clusters reporting escalating, declining, and persistently high use consistently demonstrated relatively poorer psychosocial adjustment. Moreover other dimensions of psychosocial adjustment remained relatively stable despite changes in substance use, and there were relations involving substance use and other aspects of psychosocial adjustment that may be specific to this social setting. The findings highlight the need for preventive intervention grounded in a clear understanding of developmental process occurring within populations of affluent, suburban teens. Copyright 2006, Lawrence Erlbaum Associates.

Religious change and adolescent family dynamics.

Regnerus M; Burdette A. *Sociological Quarterly* 47(1): 175-194, 2006. (46 refs.)

Much more has been documented about the influence of religion on parenting practices than on how the former may shape family life from the perspective of adolescents. Building a conceptual model of religion and changing family relations, we assessed the particular influence of adolescent religious change on the dynamics of their relationships with their parents, and overall satisfaction with their families. Employing data from two waves of the National Longitudinal Study of Adolescent Health (Add Health), results suggested that growth in personal religious salience -- how important religion is in adolescents' lives -- is uniquely and consistently related to better family relations, even after accounting for behavioral changes--such as excessive drinking and drug abuse--that are detrimental to both religiosity and family relations. Copyright 2006, Blackwell Publishing.

Should harm minimization as an approach to adolescent substance use be embraced by junior and senior high schools? Empirical evidence from an integrated school- and community-based demonstration intervention addressing drug use among adolescents.

Poulin C; Nicholson J. *International Journal of Drug Policy* 16(6): 403-414, 2005. (39 refs.)

The objective of this demonstration project was to determine if school-based harm minimization drug education was potentially acceptable and effective for junior and senior high school students in Nova Scotia. We conducted a four-year quasi-experimental intervention using mixed quantitative and qualitative methodologies. The intervention was a co-operative participatory research project with various activities determined by the participants. The project involved a partnership of four schools, two school boards, two regional addiction services, the provincial department of health, and a university. The outcomes evaluation was based on a sample of 1117 and 849 students in the intervention schools, compared with 3755 and 4247 students in the rest of the province, in 1998 and 2002, respectively. The evaluation of acceptability was based on an analysis of 491 documents generated from 1998 to 2002. The outcomes of effectiveness were specific risks and harmful consequences associated with substance use. We found that harm minimization was an acceptable approach to drug education targeting the senior high school population, and there was also some evidence of effectiveness in that age group in that the prevalence of several risks and negative consequences of substance use decreased significantly in the intervention schools relative to the rest of the province. In junior high school, harm minimization was found to not be an acceptable approach to drug education. This demonstration project provides evidence that school-based harm minimization may be acceptable and effective in senior high schools but may not be acceptable in junior high schools. Copyright 2005, Elsevier Science.

Stability and instability in alcohol diagnosis from ages 18 to 21 and ages 21 to 25 years.

Wells JE; Horwood LJ; Fergusson DM. *Drug and Alcohol Dependence* 81(2): 157-165, 2006. (47 refs.)
Background: Only in recent years have longitudinal studies of adolescents diagnosed alcohol use disorders and these have not distinguished between abuse and dependence. This study describes the course of disorder from age 18 to age 25 for abuse and dependence and investigates the extent to which continuities in disorder can be explained by background factors. Methods: A birth cohort of 1265

individuals from Christchurch, New Zealand, followed annually to age 16 years then at 18, 21 and 25 years (1003 at age 25). DSM-IV diagnoses were made from reports of alcohol symptoms at 18, 21 and 25 years. Results: The most stable diagnosis was that of no diagnosis, with 83-91% staying the same from one interview to the next. There were high rates of remission to no disorder; 57-75% for those with initial abuse and 50-54% of those with initial dependence. Nonetheless prior diagnosis was a strong predictor of subsequent diagnosis (ORs of 3.7-27.6). Adjustment for background risk factors reduced these odds ratios but all remained significant and substantial (minimum 2.6). Conclusions: The dual finding of substantial discontinuity and substantial continuity indicates that both public health and treatment interventions are warranted. Copyright 2006, Elsevier Scientific Publishers Ireland, Ltd.

The relationship between viewing US-produced television programs and intentions to drink alcohol among a group of Norwegian adolescents.

Thomsen SR; Rekke D. *Scandinavian Journal of Psychology* 47(1): 33-41, 2006. (56 refs.)

The aim of this study was to examine the influence of exposure to US-produced television programs and family rules prohibiting alcohol use on the development of normative beliefs, expectancies, and intentions to drink alcohol in the next 12 months among a group of Norwegian adolescents who reported that they had not previously consumed alcohol. Data were collected via a survey administered to 622 eighth and ninth graders enrolled at ten junior highs in southeastern Norway. To control for the influence of peer drinking on behavioral intentions, our model was tested under two group conditions: (1) those with an without friends who use alcohol. The findings indicate that the influence of TV exposure was a significant predictor (directly) of normative beliefs, expectancies (indirectly) and intentions to drink (both directly and indirectly) only for those subjects who reported having no friends who drink. For the group with non-drinking friends, family rules

constrain intentions only indirectly by influencing normative beliefs. For those with friends who drink, however, family rules have a direct (inverse) effect on intentions. It is concluded that exposure to US-produced television programs functions as a limited knowledge source only for those subjects who had little or no personal experience with alcohol while the presence of family rules have limited impact on behavioral intentions. Copyright 2006, Blackwell Publishing.

Use of alcohol treatment and mental health services among adolescents with alcohol use disorders.

Wu LT; Ringwalt CL. *Psychiatric Services* 57(1): 84-92, 2006. (35 refs.)

Objective: This study examined the use of and perceived need for alcohol treatment services among adolescents (aged 12 to 17 years) who received mental health services in the previous year compared with same aged adolescents who did not receive such services. Methods: Study data were drawn from the 2000 and 2001 National Household Surveys on Drug Abuse. Results: Adolescents who received mental health services were much more likely than those who did not to meet criteria for alcohol use disorders in the previous year (10 percent compared with 4 percent). Among adolescents with alcohol use disorders, 15 percent of those who received mental health services used any alcohol services, compared with only 6 percent of those who did not receive mental health services. Of adolescents with alcohol use disorders who did not receive any alcohol services, only 3 percent reported a need for alcohol treatment. Among adolescents with alcohol use disorders who received mental health services, Hispanics were significantly less likely than whites to receive any alcohol services. Conclusions: These findings from a nationally representative sample of adolescents reveal a largely unrecognized and underserved population at risk. Factors related to the underutilization of alcohol services by adolescents with alcohol use disorders deserve greater research attention. Copyright 2006, American Psychiatric Association.