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Understanding prevention effectiveness in real-world settings: The national cross-site evaluation of high risk youth programs.

Sambrano S; Springer JF; Sale E; Kasim R; Hermann J. *American Journal of Drug and Alcohol Abuse* 31(3): 491-513, 2005. (23 refs.)

The National Cross-Site Evaluation is a large multisite evaluation (MSE) of 48 substance abuse prevention programs, 5,934 youth participating in programs, and 4,539 comparison youth programs. Data included a self-report questionnaire administered at 4 points in time, detailed dosage data on over 217,000 program contacts, and detailed site visit information. In a pooled analysis, the programs did not demonstrate significant positive effects on a composite outcome measure of tobacco, alcohol, and marijuana use in the previous 30 days. However, disaggregated analyses indicated that 1) sites in which comparison groups had strong opportunity to participate in prevention programs suppressed observed effects; 2) youth who had already started using before they entered programs reduced use significantly more than comparison youth who had started using; and 3) both males and females who participated in programs significantly reduced use relative to comparisons, but in very different patterns. Combining these patterns produced an apparent null effect. Finally, programs that incorporated at least 4 out of 5 effective intervention characteristics identified in the study significantly reduced use for both males and females relative to comparison youth. The lessons produced by this study attest to the value of MSE designs as a source of applicable knowledge about prevention interventions. Copyright 2005, Taylor & Francis Inc.

Out of the Smokescreen: does an anti-smoking advertisement affect young women's perception of smoking in movies and their intention to smoke?

Edwards, CA; Harris, WC; Cook, DR; Bedford, KF; Zuo, Y. *Tobacco Control* 13(3): 277-282, 2004. (33 refs.)

Objective: To evaluate the effect of an anti-smoking advertisement on young women's perceptions of smoking in movies and their intention to smoke. Subjects/setting: 2038 females aged 12 -17 years attending cinemas in New South Wales, Australia.

Design/intervention: Quasi-experimental study of patrons, who were surveyed after having viewed a movie at their local cinema. The control group was surveyed during week 1 and the intervention group, during week 2. Before seeing the movie in week 2, a 30 second anti-smoking advertisement was shown, which featured a well known female actor drawing attention to the prevalence of smoking in movies. Outcomes: Attitude of current smokers and non-smokers to smoking in the movies; intention of current smokers and non-smokers to be smoking in 12 months time. Results: Among non-smokers, 48.2% of the intervention subjects thought that the smoking in the movie they viewed was "not OK" compared with 28.3% of the control subjects ($p < 0.0001$). However, there was no difference among smokers in the intervention (26.4%) and control (16.9%) groups ($p = 0.28$). A higher percentage of current smokers in the intervention group indicated they were unlikely to smoke in 12 months time (47.8%) than smokers in the control condition (31.9%) ($p = 0.03$). For non-smokers, there was no difference in smoking intentions between conditions, with 95% saying they would be unlikely to be smoking in 12 months time. Conclusions: This "real world" study suggests that placing an anti-smoking advertisement before movies containing smoking scenes can help to "immunise" young women against the influences of film stars smoking. Copyright 2004, BMJ Publishing Group.

Preventing alcohol and drug exposed births in Washington State: Intervention findings from three parent-child assistance program sites.

Grant TM; Ernst CC; Streissguth A; Stark K.

American Journal of Drug and Alcohol Abuse 31(3): 471-490, 2005. (53 refs.)

Home visitation interventions show promise for helping at-risk mothers, yet few programs have been developed and evaluated specifically for alcohol and drug-abusing pregnant women. This study examines outcomes among 216 women enrolled in the Washington State Parent-Child Assistance Program, a three-year intervention program for women who abuse alcohol and drugs during an index pregnancy. Pretest-posttest comparison was made across three sites: the original demonstration (1991 - 1995), and the Seattle

and Tacoma replications (1996-2003). In the original demonstration, the client group performed significantly better than controls. Compared to the original demonstration, outcomes at replication sites were maintained (for regular use of contraception and use of reliable method; and number of subsequent deliveries), or improved (for alcohol/drug treatment completed; alcohol/drug abstinence; subsequent delivery unexposed to alcohol/drugs). Improved outcomes at replication sites are not attributable to enrolling lower-risk women. Public policies and programs initiated over the study period may have had a positive effect on outcomes. Study findings suggest that this community-based intervention model is effective over time and across venues. Copyright 2005, Taylor & Francis Inc.

The prospects for tobacco harm reduction. (editorial).

Hall WD. *International Journal of Drug Policy* 16(3): 139-142, 2005. (28 refs.)

Tobacco harm reduction policies aim to reduce the prevalence of tobacco-related harm by encouraging smokers who are unable or unwilling to quit to adopt less harmful ways of obtaining nicotine, such as pharmaceutical nicotine and oral tobacco snuff. Proponents of tobacco harm reduction argue that the effects of tobacco control policies have reduced smoking as much as they reasonably can and that we can best reduce tobacco-related harm by encouraging smokers to use these methods, which substantially reduce the health risks of smoking. Critics argue that tobacco harm reduction policies will undermine the two traditional tobacco control goals of preventing the uptake of smoking by young people and encouraging smokers to quit. I assess the main arguments and evidence advanced for and against tobacco harm reduction. Copyright 2005, Elsevier Science BV.

Swiss adolescents' and adults' perceptions of cannabis use: A qualitative study.

Menghrajani P; Klaue K; Dubois-Arber F; Michaud PA. *Health Education Research* 20(4): 476-484, 2005. (36 refs.)

Few studies have attempted to investigate the nature of adolescents' and adults' conceptions and perceptions of cannabis use. Our objectives were to explore adolescent and adult perception of use and misuse of cannabis, and their opinions and beliefs about the current legal context and preventive strategies. We used focus group discussions with four categories of stakeholders: younger (12-15 year old) adolescents, older (16-19 year old) adolescents, parents of

teenagers and professionals working with young people. In some areas (legal framework, role of the media, importance of early preventive interventions), we found consensual attitudes and beliefs across the four groups of participants. In all four groups, participants did not have any consensual vision of the risks of cannabis use or the definition of misuse. In the area of the prevention of cannabis use/misuse, while parents focused on the potential role of professionals and the media, thus minimizing their own educational and preventive role, professionals stressed the importance of parental control and education. Within the Swiss context, we conclude there exists an urgent need for information and clarification of the issues linked with cannabis use and misuse directed at parents and professionals. Copyright 2005, Oxford University Press.

Misperceiving the college drinking norm and related problems: A nationwide study of exposure to prevention information, perceived norms and student alcohol misuse.

Perkins HW; Haines MP; Rice R. *Journal of Studies on Alcohol* 66(4): 470-478, 2005. (46 refs.)

Objective: This study examined (1) the prevalence of misperceptions of college student drinking norms across campuses nationwide, (2) the importance of perceived norms in predicting high-risk drinking, (3) the association of exposure to alcohol education information with students' perceptions of campus drinking norms and (4) the differences in high-risk drinking rates between schools where exposure to alcohol information is associated with more accurately perceived norms and schools where exposure to information is unrelated to perceptions or is associated with greater misperceptions. Method: Multivariate analyses were used to analyze an aggregate database of the National College Health Assessment survey administered to 76,145 students from 130 colleges and universities nationwide from spring 2000 through spring 2003. Results: Regardless of the actual campus drinking norm, a consistently large percentage of students nationwide overestimated the quantity of alcohol consumed by their peers. Students' perception of their campus drinking norm was the strongest predictor of the amount of alcohol personally consumed in comparison with the influence of all demographic variables. Perception of the norm was also a much stronger predictor when compared with the actual campus norm. Reduced levels of high-risk drinking and negative consequences were found among students attending the relatively few schools where exposure to prevention information was

associated with less exaggerated perceptions of the drinking norm compared with students attending other schools. Conclusions: Misperceived drinking norms are a pervasive problem. Schools that do not seek to reduce these misperceptions with their prevention information are neglecting a potentially powerful component of prevention. Copyright 2005, Alcohol Research Documentation Inc.

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Evidence for Action: A critical tool for guiding policies and programmes for HIV prevention, treatment and care among injecting drug users.

Ball A; Beg M; Doupe A; Weiler GA. *International Journal of Drug Policy* 16(Supplement 1): 1-6, 2005. (15 refs.)

There is increasing consensus that there is no single intervention or approach that will effectively prevent or control HIV epidemics associated with injecting drug use. A comprehensive package of interventions is

required, which includes strategies that aim to: reduce the number of people injecting drugs; prevent HIV transmission among those who use drugs and their sexual partners; and provide treatment and care for drug users who are living with HIV. Drug control measures that aim to reduce the number of people using drugs, particularly those who inject, without marginalizing drug users further and increasing risk behaviours, complement these harm reduction interventions. This issue examines why the response been so slow and insufficient in many, if not most, countries, as well as documenting the steps that can be taken. The World Health Organization has responded by launching the “Evidence for Action on HIV/AIDS Prevention and Treatment for Injecting Drug Users” project. This project aims to synthesize the international evidence on the effectiveness of different interventions for the prevention, treatment and care of injecting drug users and to disseminate this information to policy-makers and programme managers. Reviews undertaken include -- Methods for assessing HIV risk and evaluation of programmes; Information, education and communication strategies; Needle and syringe programmes; Community-based outreach; Drug dependence treatment for HIV prevention; Prevention of sexual transmission of HIV among injecting drug users; Structural and environmental interventions; Interventions for young and new injectors; interventions for highly vulnerable drug injectors, including prisoners, men who have sex with men, sex workers and indigenous injectors; HIV/AIDS treatment and care for drug users, including antiretroviral therapy. Copyright 2005, International Harm Reduction Association

Smoking behaviour among young adults: Beyond youth prevention.

Hammond D. *Tobacco Control* 14(3): 181-185, 2005. (32 refs.)

Objective: There is a widespread assumption that smoking behaviour is largely established by the age of 18 years. As a result, smoking prevention has focused almost exclusively upon youth. However, recent trends suggest that young adulthood may be an important-and largely overlooked-period in the development of regular smoking behaviour. The current study sought to examine patterns of tobacco use among young adults (aged 18-29 years) and to address the implications for tobacco control policy. Design: Data are presented from the 2003 Canadian Tobacco Use Monitoring Survey, a national survey of smoking behaviour (n = 10 559, response rate 89%). Main outcome measures: Measures of smoking behaviour,

smoking initiation, susceptibility to smoking, and occupational status. Results: A total of 1.4 million or 28% of young adults in Canada currently smoke, the highest proportion among all age groups. The prevalence of daily smoking rose from 8% among youth to 22% among young adults, and approximately one fifth of smokers tried their first cigarette after the age of 18 years. Smoking behaviour among young adults was also distinct from older smokers: young adults were more likely to be occasional smokers and reported lower daily consumption. Finally, smoking prevalence and cessation rates varied substantially within subgroups of young adults, as characterised by occupational setting. Conclusions: Dramatic increases in the proportion and intensity of smoking occurs after the age of 18 years. Smoking behaviour among young adults is distinct from both youth and older adults, and warrants immediate attention from the public health community. Copyright 2005, BMJ Publishing Group.

Factors associated with adoption of evidence-based substance use prevention curricula in US school districts.

Rohrbach LA; Ringwalt CL; Ennett ST; Vincus AA. *Health Education Research* 20(5): 514-526, 2005. (51 refs.)

This paper examines factors associated with the adoption of evidence-based substance use prevention curricula (EBC) in a national sample of school districts. Substance abuse prevention coordinators in public school districts (n = 1593), which were affiliated with a random sample of schools that served students in Grades 5-8, completed a written survey in 1999. Results indicated that 47.5% of districts used at least one EBC in their schools with middle school grades. Substance use prevention coordinators reported they had the greatest input in decisions about curricula. In a multivariate analysis of factors positively associated with district-level decisions to adopt evidence-based programs, significant factors included input from a state substance use prevention group, use of information disseminated by the National Institute on Drug Abuse or Center for Substance Abuse Prevention, use of local needs assessment data, consideration of research showing which curricula are effective and allocation of a

greater proportion of the coordinator's time to substance use prevention activities. State and federal agencies should increase their efforts to disseminate information about evidence-based programs, targeting in particular the district substance use prevention coordinator. Copyright 2005, Oxford University Press.

Recognition and prevention of fetal alcohol syndrome. (editorial).

Floyd RL; O'Connor MJ; Sokol RJ; Bertrand J; Cordero JF. *Obstetrics and Gynecology* 106(5, Part 1): 1059-1064, 2005. (17 refs.)

Alcohol use among women of childbearing age is prevalent in the United States, with approximately 1 in 5 nonpregnant women reporting binge drinking (5 or more drinks on any one occasion) and 1 in 25 pregnant women reporting binge drinking. Alcohol use during pregnancy results in a spectrum of adverse outcomes known as fetal alcohol spectrum disorders. Fetal alcohol syndrome (FAS) is one of these disorders. Fetal alcohol syndrome is characterized by specific facial abnormalities and significant impairments in neurodevelopment and physical growth. Early identification of children with FAS has been shown to enhance their longterm outcomes. In an effort to improve clinical recognition of children with this condition, Centers for Disease Control and Prevention (CDC) was directed by Congress in 2002 to lead the development of uniform diagnostic criteria for FAS and other prenatal alcohol-related conditions. The purpose of this commentary is to provide clinicians a summary of the report released by CDC describing the current diagnostic criteria for FAS. In addition, advancements have been made in screening and brief interventions for alcohol use disorders in women who have the potential to make significant strides in the prevention of FAS spectrum disorders. Knowledge of the diagnostic criteria for FAS can lead to increased identification of the syndrome in infants and children and the provision of appropriate medical and support services. Screening for and intervening with women at risk for an alcohol-exposed pregnancy can prevent FAS and other fetal alcohol spectrum disorders. Copyright 2005, American College of Obstetricians and Gynecologists.