

Library Watch on prevention

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Does learning about the effects of alcohol on the developing brain affect children's alcohol use?

Padget A; Bell ML; Shamblen SR; Ringwalt CL.

Prevention Science 7(3): 293-302, 2006. (41 refs.)

Protecting You/Protecting Me (PY/PM) is a classroom-based, alcohol-use prevention and vehicle safety program for students in grades 1-5 developed by Mothers Against Drunk Driving (MADD). PY/PM is one of the first alcohol prevention programs targeting children that incorporates emerging research on the adverse effects of alcohol on the developing brain. In this study, we surveyed fifth grade students, some of whom were exposed to their fifth consecutive year of PY/PM implementation. Results indicate that, relative to comparison students from matched schools, PY/PM students increased their knowledge of the effects of alcohol on the developing brain, their perception of the potential harm of alcohol use, and their vehicle safety skills. PY/PM students also exhibited increased negative attitudes toward underage drinking, increased their intentions not to use alcohol, and reported decreased riding with an impaired driver. PY/PM did not have an effect on alcohol use per se of these fifth graders. Path modeling revealed that knowledge of the effects of alcohol on the developing brain had both a direct and an indirect effect on alcohol use, the latter by increasing perceptions of the harm of underage alcohol use which, in turn affected intentions to use and use itself. Teaching children about the effects of alcohol on the developing brain appears to be a promising strategy for underage alcohol use prevention. Copyright 2006, Springer.

Combating abuse and diversion of prescription opiate medications.

Collins GB; McAllister MS. *Psychiatric Annals* 36(6): 410-416, 2006. (18 refs.)

This article addresses the growing problem of the nonmedical use of prescription narcotics. As of 2004, national surveys indicated the number of such users in the US was over 4.4 million people. This increased level of use is reflected as well in increasing numbers of people seen in emergency rooms and treatment facilities. This rise has prompted attention to both marketing and regulatory practices. The marketing of OxyContin, a synthetic opioid with twice the potency

of morphine, is presented as a case study. Approved in 1995 for "treatment of moderate-to-severe pain lasting more than a few days," within six years it became the number-one selling prescription narcotic. The aggressive marketing practices are described, along with misleading information provided to physicians, and failure to acknowledge the considerable abuse potential. The corrective actions taken by regulatory bodies and the pharmaceutical industry are discussed, including efforts at physician education in the area of pain management. Copyright 2006, Slack, Inc.

Teasing apart a multiple component approach to adolescent alcohol prevention: What worked in Project Northland?

Stigler MH; Perry CL; Komro KA; Cudeck R;

Williams CL. *Prevention Science* 7(3): 269-280, 2006. (44 refs.)

This paper presents the results of a post hoc component analysis designed to tease apart the effects of different intervention strategies used in Project Northland, a group-randomized, community-wide, multi-level intervention trial originally conducted in the 1990's to prevent and reduce alcohol use among a cohort of mainly White students in rural Minnesota. This study focuses on Phase I, when students were in 6th-8th grade. The intervention during this phase included five components: classroom curricula, peer leadership, youth-driven/led extra-curricular activities, parent involvement programs, and community activism. Student exposure to/participation in these components was followed over time using reliable process measures. These measures were used as time-varying covariates in growth curve analyses to estimate the effects of the intervention components over time. Multi-item scales from annually-administered student surveys were used to measure relevant outcome variables, like alcohol use. The impact of the components appears to have been differential. The strongest effects were documented for the planners of extra-curricular activities and parent program components. The classroom curricula proved moderately effective, but no effects were associated with differential levels of community activism. The interactions tested here did not provide support for

synergistic effects between selected intervention components. Care must be taken when selecting and combining intervention strategies meant to reduce adolescent alcohol use. Copyright 2006, Springer.

Explicit and implicit effects of anti-marijuana and anti-tobacco TV advertisements.

Czyzewska M; Ginsburg HJ. *Addictive Behaviors* 32(1): 114-127, 2007. (63 refs.)

Effects of anti-tobacco and anti-marijuana TV advertisements on explicit (i.e., semantic differential ratings) and implicit (i.e. Implicit Association Test, IAT) attitudes toward tobacco and marijuana were compared. Two hundred twenty nine, 18- to 19-year-old U.S. college students were randomly assigned to anti-tobacco or anti-marijuana PSA viewing conditions. Participants completed a short survey on attitudes to tobacco and marijuana. Afterwards they watched 15 PSAs embedded in a 15-min science program. At the end, all participants completed IAT for marijuana, IAT for tobacco and the assessment of explicit attitudes. Results of ANCOVA revealed a significant interaction between type of TV PSAs watched and implicit attitudes, $F(1,223) = 7.12$, $p < 0.01$ when controlling for preexisting attitudes to both substances; the implicit attitudes were more negative toward the substance that corresponded to the content of advertisements watched (i.e., anti-tobacco or anti-marijuana). However, analogical analysis on explicit measures showed that attitudes to marijuana became less negative among students that watched anti-marijuana ads than the group with anti-tobacco ads, $F(1,222) = 5.79$, $p < 0.02$. The discussion focused on the practical and theoretical implications of the observed dissociation between implicit and explicit attitudes to marijuana after the exposure to anti-marijuana PSAs. Copyright 2007, Elsevier Science.

Coalitions to reduce underage drinking: A national evaluation.

Wagenaar AC; Erickson DJ; Harwood EM; O'Malley PM. *American Journal of Preventive Medicine* 31(4): 307-315, 2006. (50 refs.)

Introduction: Drinking by youth remains prevalent. The Reducing Underage Drinking through coalitions (RUD) project funded ten states for 8 years to form coalitions designed to change the policy and normative environment regarding youth access to alcohol. An independent national outcome evaluation of this \$21-million effort was conducted. Methods: Using a longitudinal quasi-experimental design, the ten intervention states were compared with the other 40 states, with repeated annual measures of outcomes from 1995 to 2004. Measures included print news

media coverage, legislative bills enacted, youth drinking behavior, and youth alcohol-related driving behaviors and traffic crash mortality. Analyses using latent growth curve modeling methods were conducted in 2005. Results: Significant differences in slopes between treatment and comparison states were found for several outcome measures, particularly in the more-proximal outcome domains. Across all outcome domains, the pattern of effects was in the direction of positive effects of the RUD coalitions, although for most individual measures the differences were not statistically significant. The magnitude of observed differences associated with the RUD coalitions were sizable, with an estimated effect size of 1.10 on media coverage, 0.46 on state policies enacted, -0.44 on youth drinking behaviors, and -0.16 on alcohol-related driving and fatal car-crash mortality. Conclusions: The pattern of results and the magnitude of estimated effects provides evidence of effect of the RUD coalitions. The lack of statistically significant differences for most individual outcome measures indicates the difficulty of unambiguously demonstrating the full effects of an effort designed to change behaviors and health outcomes of the entire youth population of multiple states. Copyright 2006, Elsevier Science.

Efficacy of an American alcohol and HIV prevention curriculum adapted for use in South Africa: Results of a pilot study in five township schools.

Karnell AP; Cupp PK; Zimmerman RS; Feist-Price S; Bennie T. *AIDS Education and Prevention* 18(4): 295-310, 2006. (26 refs.)

The high prevalence of HIV among young people in African countries underscores a pressing need for effective prevention interventions. Adapting school-based prevention programs developed in the United States for use in African schools may present an alternative to the time-consuming process of developing home-grown programs. The researchers report the results of a pretest-posttest field trial of an alcohol/HIV prevention curriculum adapted from an American model and delivered to ninth-grade students in five South African township schools. The revised intervention was based primarily on the Project Northland alcohol prevention and Reducing the Risk safer sex programs. The researchers found significant differences in change from baseline to follow-up between students in intervention and comparison groups on intentions to use a condom; drinking before or during sex; and, among females, sex refusal self-efficacy. The results of the field trial suggest that behavioral interventions developed in Western

countries may be rapidly adapted to work in other cultural contexts. Copyright 2006, Guilford Publications, Inc.

Preventing alcohol-exposed pregnancies. (review).

Mengel MB; Searight HR; Cook K. *Journal of the American Board of Family Medicine* 19(5): 494-505, 2006. (103 refs.)

Fetal alcohol exposure affects approximately 1% to 3% of live births in the United States. Family physicians are in a unique position to reduce the incidence of alcohol-exposed pregnancy. Fetal alcohol exposure can be minimized through 2 general approaches: reducing alcohol consumption or increasing effective contraception among childbearing-aged women who engage in "at-risk" drinking and encouraging pregnant women to abstain from alcohol. Although no safe level of alcohol consumption during pregnancy is established, women who binge drink are more likely to deliver infants with physical and cognitive-developmental anomalies. Screening tools, such as quantity/frequency questions, the TWEAK and the T-ACE, developed specifically for prenatal care, are more useful with women than the CAGE and Michigan Alcohol Screening Test (MAST). Screening alone seems to reduce alcohol use among pregnant women. Brief interventions, including education about alcohol's effects on the developing fetus, are effective among women not responding to screening. Unfortunately, many barriers exist to effective implementation of alcohol-exposed pregnancy (AEP) prevention in the clinical setting. Designing effective office base systems so the entire burden of implementing AEP prevention activities doesn't fall solely on the family physician is critical. Copyright 2006, American Board of Family Medicine.

Long-term effects of universal preventive interventions on methamphetamine use among adolescents.

Spoth RL; Shin C; Redmond C. *Archives of Pediatrics & Adolescent Medicine* 160(9): 876-882, 2006. (34 refs.)

Objective: To examine the long-term effects of universal preventive interventions on methamphetamine use by adolescents in the general population during their late high school years. Design: Two randomized, controlled prevention trials. Setting: Public schools in the Midwest from 1993 to 2004. Participants: Study 1 began with 667 sixth grade students from 33 rural public schools; the follow-up included 457 students. Study 2 began with 679 seventh grade students from 36 rural public schools; the follow-up assessment included 597 students. Interventions: In study 1, schools were assigned to the

Iowa Strengthening Families Program (ISFP), Preparing for the Drug Free Years, or a control condition. In study 2, schools were assigned to a revised ISFP (SFP 10-14) plus Life Skills Training (SPF 10-14 + LST), LST alone, or a control condition. Results: Self-reports of lifetime and past-year methamphetamine use were collected at 6 years past baseline (study 1) and at 4 and 5 years past baseline (study 2). In study 1, the ISFP past-year rate was 0.0% compared with 3.2% in the control condition (P=.04). In study 2, SFP 10-14 + LST showed significant effects on lifetime and past-year use at the 4 year follow-up (eg, 0.5% lifetime use in the intervention condition vs 5.2% in the control condition, P=.006); both SFP 10-14 + LST and LST alone had significant lifetime use effects at the 5 year follow-up. Conclusion: Brief universal interventions have potential for public health impact by reducing methamphetamine use among adolescents. Copyright 2006, American Medical Association.

Adolescents in transition: The role of workplace alcohol and other drug policies as a prevention strategy.

Pidd K; Boeckmann R; Morris M. *Drugs: Education, Prevention and Policy* 13(4): 353-365, 2006. (32 refs.) Aims: To assess the alcohol and other drug (AOD) consumption patterns of adolescent new entrants to the Australian workforce and (2) the association between these consumption patterns and workplace factors. Methods: A cross-sectional survey of 300 first-year apprentices (aged 15 - 22 years) employed in South Australian workplaces was conducted. Findings: More than 40% of apprentices surveyed reported cannabis and alcohol consumption patterns that placed them at risk of potential harm. In addition, 19% reported drinking alcohol and 6.7% reported using cannabis during work-related hours. Workplace alcohol availability and the existence of workplace AOD policies were significantly associated with apprentices' consumption patterns. Apprentices employed in workplaces where alcohol was available used alcohol more often than those reporting no alcohol availability at work. Apprentices reporting an alcohol policy at their workplace reported less alcohol use compared to apprentices reporting no policy. Apprentices reporting a drug policy at their workplace reported lower levels of cannabis and alcohol use compared to those reporting no policy. Conclusions: Workplace factors, in particular workplace AOD policies, were significantly associated with adolescent AOD use both at and away from the workplace. These findings indicate that the workplace has potential as a setting

for prevention strategies design to minimize AOD-related harms. Copyright 2006, Taylor & Francis.

What contributed to the major decline in per capita cigarette consumption during California's comprehensive tobacco control programme?

Gilpin EA; Messer K; White MM; Pierce JP. *Tobacco Control* 15(4): article 308, 2006. (46 refs.)

Objectives: California experienced a notable decline in per capita cigarette consumption during its comprehensive tobacco control programme. This study examines what proportion of the decline occurred from: (1) fewer ever smokers in the population, (2) more ever smokers quitting, and (3) current smokers smoking less. Design, subjects: Per capita cigarette consumption computed from cigarette sales and from adult respondents to the large, cross-sectional, population-based California Tobacco Surveys of 1990 (n = 24 296), 1996 (n = 18 616) and 2002 (n = 20 525) were examined for similar trends. Main outcome measure: Changes (period 1: 1990-1996; period 2: 1996-2002) in per capita cigarette consumption from self-reported survey data were partitioned for the entire population and for demographic subgroups into the three components mentioned above. Results: In periods 1 and 2, most of the decline in per capita cigarette consumption for the population as a whole was from current smokers smoking less followed by a reduction in ever smokers. The decline from smokers smoking less was particularly evident among young adults (18-29 years) in period 1. While the portion of the decline due to quitting in the entire population in period 1 was negligible, in period 2 it accounted for 22% of the total per capita decline. The decline from quitting in period 2 was mostly observed among women. Conclusions: Rather than near-term benefits from smokers quitting, population health benefits from reduced per capita cigarette consumption will likely occur over the longer term from fewer people becoming ever smokers, and more less-addicted smokers eventually quitting successfully. Copyright 2006, BMJ Publishing Group

Family predictors of parent participation in an adolescent drug abuse prevention program.

Diaz SA; Secades-Villa R; Perez JME; Fernandez-Hermida JR; Garcia-Rodriguez O; Crespo JLC. *Drug and Alcohol Review* 25(4): 327-331, 2006. (22 refs.)

Low participation rates constitute a serious problem faced by family drug abuse prevention programs. In this study we analyse the factors related to participation in a Life Skills Training program

implemented in three schools in Spain. Participants in the study were 485 pupils aged 12 - 14 years and their respective parents. The variables that predicted participation in the program were: number of children and educational level of parents, children's drug use, family conflict, parental rearing style, relationships between parents and children and family communication. The results from Spain are similar to those found in international studies, and indicate that the families most at risk of drug use are those least likely to participate in prevention programs. There is a need for strategies to increase participation in prevention programs of the families most at risk. Copyright 2006, Taylor & Francis.

Investigating parental preferences regarding the development and implementation of a parent-directed drug-related educational intervention: An exploratory study.

Beatty SE; Cross DS. *Drug and Alcohol Review* 25(4): 333-342, 2006. (82 refs.)

Strengthening parents' capacity to reduce children's risk of alcohol, tobacco and other drug-related harm is recognised as an important public health strategy in Australia, but engaging parents' involvement in these training programs is known to be challenging. This study utilised a self-complete questionnaire and structured small group discussions with parents in order to identify their needs in terms of communicating with their children about drinking alcohol and smoking cigarettes. It also investigated their preferences regarding the nature of a parent drug education intervention as well as strategies to recruit and actively engage them in parent-directed interventions. Parents identified numerous barriers to their participation in such programs and reported any intervention targeting them should be able to be completed in their home, be non-judgemental, easy to read, time-efficient, easy to use, fun, colourful and interactive. Parents recommended practical communication skills (such as how to talk with children, how to raise the topic and what topics to talk about) be addressed in the intervention. They also recommended a range and combination of strategies to promote and maintain parent involvement, such as providing small rewards for the children of parents who participate. Despite some limitations, the findings of this study contribute important practical knowledge regarding how to recruit, engage and retain higher percentages of parents in parent training programs. Copyright 2006, Taylor & Francis.