

Library Watch on prevention

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A randomized, controlled trial of smoking cessation counseling provided during child hospitalization for respiratory illness.

Ralston S; Roohi M. *Pediatric Pulmonology* 43(6): 561-566, 2008. (43 refs.)

The impact of parental smoking on children is enormous. Injury and illness related to parental smoking result in 6,200 excess pediatric deaths per year, which places smoking as the leading preventable cause of death in US children. Parental smoking doubles the risk of child hospitalization for respiratory illness therefore pediatricians have frequent contact with smoking parents. A single study has previously investigated the effect of child hospitalization on parental smoking cessation. Smoking caregivers of children hospitalized for respiratory illness at the University of New Mexico were offered a smoking cessation intervention during the child's hospitalization. Participants were randomized to receive either a brief anti-smoking message or more extensive counseling based on current clinical practice guidelines. Forty-two parents enrolled in the study. Fourteen percent of participants in the counseling group and 5% in the brief message group were self-reported quitters at 6 months. A significant percentage of smoking parents of children hospitalized for respiratory illness are willing to receive smoking cessation counseling while their child is in the hospital. Abstinence rates appear similar to other pediatric office-based interventions. Child hospitalization should be considered an important opportunity to provide parents with smoking cessation services, particularly since many smoking parents will not have access to these services elsewhere. Copyright 2008, Wiley-Liss.

AUDIT questionnaire as part of community action against heavy drinking.

Kaariainen J; Aalto M; Kaariainen M; Seppa K. *Alcohol and Alcoholism* 43(4): 442-445, 2008. (13 refs.)

Aims: The purpose of the present study was to find out how well the alcohol questionnaire, AUDIT, as part of a wide community action was noticed, and if it had any effects especially among heavy drinkers. Methods:

As part of local community action campaign ('Booze Weeks'), the AUDIT pamphlet was delivered to all households (90,000) in Tampere, Finland, and 500 randomly selected inhabitants were interviewed on telephone. Results: More than three quarters of those consuming alcohol had noticed the 'Booze Weeks' campaign and considered it necessary. Inhabitants who drank most frequently were also the most likely to have noticed the campaign and the AUDIT pamphlet. Conclusions: As part of a wide community action, home-delivered self-help material is often noticed especially by heavy drinkers. They might come to realize their own heavy drinking and seek professional treatment. Copyright 2008, Oxford University Press.

Coping with youth suicide and overdose - One community's efforts to investigate, intervene, and prevent suicide contagion.

Hacker K; Collins J; Gross-Young L; Almeida S; Burke N. *Crisis. The Journal of Crisis Intervention and Suicide Prevention* 29(2): 86-95, 2008. (40 refs.)

From 2000 - 2005, Somerville, MA, experienced a number of youth overdoses and suicides. The community response followed CDC recommendations for contagion containment. A community coalition, Somerville Cares About Prevention, became a pivotal convener of community partners and a local research organization, the Institute for Community Health, provided needed expertise in surveillance and analysis. Mayoral leadership provided the impetus for action while community activists connected those at risk with mental health resources. Using a variety of data sources (including death certificates, youth risk surveys, 911 call data, and hospital discharges) overdose and suicide activity were monitored. Rates of suicide and overdose for 10-24-year-olds were higher than in previous years. Using case investigation methods, the majority of suicide victims were found to be linked through common peer groups and substance abuse. Subsequent community action steps included: a community-based trauma response team, improved media relationships, focus groups for suicide survivors, and prevention trainings to community stakeholders. Youth suicide and overdose activity subsided in May of 2005. The community partnerships

were critical elements for developing a response to this public health crisis. This collaborative approach to suicide contagion used existing resources and provides important lessons learned for other communities facing similar circumstances. Copyright 2008, Hogreef & Huber.

Keeping them connected: Reducing drug-related harm in Australian schools from a Catholic perspective.

Norden P. *Drug and Alcohol Review* 27(4): 451-458, 2008. (9 refs.)

In this Harm Reduction Digest, Father Peter Norden of Jesuit Social Services (Australia) summarises the findings of a report of a consultation into how Catholic schools in Australia address substance use by school students. The report showed that while in the past the 'zero tolerance' approach had been the norm, more recently there had been a growing awareness in Catholic schools that it is possible to respond to the needs of drug-using students while being respectful of the duty of care to other students. Moreover, harm reduction was accepted as a serious objective for drug policy and practice in Australian Catholic schools. The paper canvases the key issues that emerged from the consultation and suggests what 'good practice' looks like, providing useful guidance for both Catholic and non-Catholic schools alike. For those of us outside the Catholic school system, the paper provides an enlightening read about how substance use can be best addressed within schools. Copyright 2008, Taylor & Francis.

Long-term effects of universal preventive interventions on prescription drug misuse.

Spoth R; Trudeau L; Shin C; Redmond C. *Addiction* 103(7): 1160-1168, 2008. (33 refs.)

Background: This is a supplemental report on tests of the long-term effects of universal preventive interventions conducted during middle school on 17-21-year-olds' prescription drug misuse. Design/setting/participants: Two randomized controlled prevention trials were conducted in public schools in the rural midwestern United States. Study 1 began in 1993, with 667 6th-graders; follow-ups with 12th-graders and 21-year-olds included 457 and 483 participants, respectively. Study 2 began in 1998 with 7th-graders (total sample across waves 2127); follow-ups with 11th- and 12th-graders included 1443 and 1212 participants, respectively. 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 the school-based Life Skills Training

(LST) plus a revised ISFP, called SFP 10-14 (LST + SFP 10-14), LST-only, or a control condition. Measurements: Self reports of lifetime and past-year prescription drug misuse. Findings: In study 1, ISFP 12th-graders' past year narcotic misuse was significantly less than controls, as were ISFP 21-year-olds' life-time narcotic and barbiturate misuse rates. In study 2, LST + SFP 10-14 showed significant effects on life-time prescription drug misuse at the 11th-grade follow-up, while effects at the 12th-grade follow-up were marginally significant. Conclusions: Consistent with intervention effects on other substance use outcomes reported earlier, results suggest that universal interventions have potential for public health impact by reducing some types of prescription drug misuse among adolescents and young adults. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Proscriptive models and evidence in antismoking advertising.

Gold AL; Cohen EL; Shumate M. *Health Communication* 23(3): 259-269, 2008. (66 refs.)

This study assessed the proscriptive models and evidence used in antismoking campaigns. A content analysis of 399 television advertisements cataloged in the Media Campaign Resource Center database was conducted. Findings reveal that the analyzed advertisements fail to use evidence and often reinforce proscriptive models of smoking. In advertisements with images of a smoker (N = 111), 40% showed no graphic visual consequences from smoking, and 2% portrayed the smoker as someone engaged in vigorous activities. In 20% of the advertisements, smoking was portrayed as a rite of passage to adulthood. Most of the advertisements did not provide any evidence to support the claims made, and advertisements aimed at teenagers were significantly less likely to use evidence than were advertisements aimed at adults ($p < .01$). The research identifies several areas of improvement for antismoking campaigns. Copyright 2008, Lawrence Erlbaum.

Receptivity to tobacco advertising and promotions among young adolescents as a predictor of established smoking in young adulthood.

Gilpin EA; White MM; Messer K; Pierce JP. *American Journal of Public Health* 97(8): 1489-1495, 2007. (60 refs.)

Objectives. We investigated whether receptivity to tobacco advertising and promotions during young adolescence predicts young adult smoking 6 years later. Methods. Two longitudinal cohorts of adolescents drawn from the 1993 and 1996 versions of

the California Tobacco Surveys were followed 3 and 6 years later. At baseline, adolescents were aged 12 to 15 years and were not established smokers. The outcome measure was established smoking at final follow-up. Receptivity to cigarette advertising and promotions was included in a multivariate logistic regression analysis along with demographic and other variables. Results. The rate of established smoking at follow-up was significantly greater among members of the 1993 through 1999 cohort (21.0%) than among members of the 1996 through 2002 cohort (15.6%). However, in both cohorts, having a favorite cigarette advertisement and owning or being willing to use a tobacco promotional item showed nearly identical adjusted odds of future adult smoking (1.46 and 1.84, respectively). Conclusions. Despite the success of tobacco control efforts in reducing youth smoking, tobacco marketing remains a potent influence on whether young adolescents become established smokers in young adulthood (18-21 years of age). Copyright 2007, American Public Health Association.

A community-based intervention to reduce alcohol-related accidents and violence in 9th grade students in southern Sweden: The example of the Trelleborg Project.

Stafstrom M; Ostergren PO. *Accident Analysis and Prevention* 40(3): 920-925, 2008. (26 refs.)

The purpose of the present study was to analyse if a community-based intervention has led to a decrease in alcohol-related accidents and violence, and whether this was mediated by a reduction in excessive drinking and frequency of distilled spirits consumption. We applied logistic regression analyses on cross-sectional, non-repeated data, which was collected from a questionnaire distributed in classrooms to all 9th graders from 1999 to 2001, and in 2003 (n = 1376, 724 boys and 652 girls; response rate = 92.3%). All alcohol abstainers (n = 330) were excluded from the analyses, making the sample 1046 individuals. The odds ratio for alcohol-related accidents was significantly lower, comparing the baseline year (1999) with 2003 (OR 0.5, 95% CI 0.27-0.76). There was also an indication that self-reported alcohol-related violence had decreased between 1999 and 2003 (OR 0.7, 95% CI 0.43-1.01). When controlling these estimates for excessive drinking and frequency of distilled spirits consumption, the differences between survey years were substantially reduced or even deleted. In conclusion, the decrease in alcohol-related accidents and violence among 15-16-year-olds in Trelleborg, between 1999 and 2002, is likely to be attributed to the identified reduction in excessive drinking and

frequency of distilled spirits consumption. Copyright 2008, Elsevier Science.

Substance use outcomes 5 1/2 years past baseline for partnership-based, family-school preventive interventions.

Spoth RL; Randall GK; Trudeau L; Shin C; Redmond C. *Drug and Alcohol Dependence* 96(1-2): 57-68, 2008. (69 refs.)

This article reports adolescent substance use outcomes of universal family and school preventive interventions 5 1/2 years past baseline. Participants were 1677 7th grade students from schools (N = 36) randomly assigned to the school-based Life Skills Training plus the Strengthening Families Program: For Parents and Youth 10-14 (LST+SFP 10-14), LST-alone, or a control condition. Self-reports were collected at baseline, 6 months later following the interventions, then yearly through the 12th grade. Measures included initiation-alcohol, cigarette, marijuana, and drunkenness, along with a Substance Initiation Index (SII)-and measures of more serious use-frequency of alcohol, cigarette, and marijuana use, drunkenness frequency, monthly poly-substance use, and advanced poly-substance use. Analyses ruled out differential attrition. For all substance initiation outcomes, one or both intervention groups showed significant, positive point-in-time differences at 12th grade and/or significant growth trajectory outcomes when compared with the control group. Although no main effects for the more serious substance use outcomes were observed, a higher-risk subsample demonstrated significant, positive 12th grade point-in-time and/or growth trajectory outcomes for one or both intervention groups on all measures. The observed pattern of results likely reflects a combination of predispositions of the higher-risk subsample, the timing of the interventions, and baseline differences between experimental conditions favoring the control group. Copyright 2008, Elsevier Science.

The at-risk adolescent marijuana nonuser: Expanding the standard distinction.

Crano WD; Siegel JT; Alvaro EM; Lac A; Hemovich V. *Prevention Science* 9(2): 129-137, 2008. (37 refs.)

This research expands the user/nonuser dichotomy commonly used in research on marijuana. By conceptualizing nonusers as homogeneous, vital nuances in susceptibility to risk and protective factors may be overlooked. Research operations tested the predictive validity of a brief measure that divided nonusers into resolute and vulnerable subcategories; determined whether variables that distinguished

nonusers and users were more informative when a tripartite classification was used; and with an eye on future prevention, examined variables on which resolute nonusers were similar to vulnerable nonusers or users, and on which they differed from both. A nationally representative sample of respondents (N = 2,111; ages 12-16 years) from the National Survey of Parents and Youth was used in this secondary analysis. Panel data gathered yearly over four rounds included information on intentions and use of marijuana and other illicit substances, along with social, demographic, intrapersonal, and parental variables. The three groups differed significantly on associates' marijuana use, participants' approval of others' use, and cigarette and alcohol use. Resolute nonusers differed from vulnerable nonusers and users alike on religiosity, delinquency (self and friends'), refusal strength, sensation seeking, parental monitoring and warmth, and adult supervision. Results support the utility of distinguishing vulnerable from resolute nonusers, counsel against considering nonusers as a homogeneous group, and provide insight into variables that might prove useful in future prevention efforts. Copyright 2008, Springer.

DIAL: A telephone brief intervention for high-risk alcohol use with injured emergency department patients.

Mello MJ; Longabaugh R; Baird J; Nirenberg T; Woolard R. *Annals of Emergency Medicine* 51(6): 755-764, 2008. (39 refs.)

Study objective: Brief interventions for high-risk alcohol use for injured emergency department (ED) patients have demonstrated effectiveness and may have a more pronounced effect with motor vehicle crash patients. We report on 3-month outcome data of a randomized controlled trial of injured patients, using a novel model of telephone-delivered brief interventions after ED discharge. Methods: ED research assistants recruited adult injured patients who screened positive for high-risk alcohol use and were to be discharged home. After discharge, participants received by telephone an assessment of alcohol use and impaired driving and then were randomized to

treatment (n=140) or standard care (n=145). Treatment consisted of 2 sessions of brief interventions done by telephone, focusing on risky alcohol use. At 3 months, both groups had an assessment of alcohol use and impaired driving. Results: Two hundred eighty-five patients were randomized and had a baseline mean Alcohol Use Disorders Inventory Test (AUDIT) score of 11.0 (SD=7.4). Three-month follow-up assessments were completed on 273 (95%). Mean AUDIT score decreased in both the treatment (mean change=-3.4; 95% confidence interval [CI] -4.5 to -2.3) and standard care group (mean change=-3.2; 95% CI -4.2 to -2.2). Measures of impaired driving decreased for the treatment group (mean change=-1.4 95%; CI -3.0 to 0.2) compared with standard care group (mean change=1.0; 95% CI -0.9 to 2.9; P=.04; d=0.31). Participants were stratified post hoc into 3 groups by baseline alcohol problem, with the treatment effect only being in the highest-scoring group (d=.30). Conclusion: Telephone brief interventions decreased impaired driving in our treatment group. Telephone brief intervention appears to offer an alternative mechanism to deliver brief intervention for alcohol in this at-risk ED population. Copyright 2008, Mosby-Elsevier.

The effect of cigarette advertising bans on consumption: A meta-analysis.

Capella ML; Taylor CR; Webster C. *Journal of Advertising* 37(2): 7-18, 2008. (75 refs.)

Because previous research and reviews on the effect of cigarette advertising bans on cigarette consumption have reported mixed results, the effectiveness of cigarette advertising bans has been a point of controversy. To ascertain the efficacy of cigarette advertising bans, the current research is a quantitative integration (meta-analysis) of the entire available published cigarette advertising ban research conducted to determine what impact, if any, advertising bans have on cigarette smoking behavior. Results of the meta-analysis show that cigarette advertising bans do not have a significant effect on cigarette consumption. Copyright 2008, M E Sharpe.