

"Blowing in the wind": a review of teenage smoking. (review).

Lenney W; Enderby B. *Archives of Disease in Childhood* 93(1): 72-75, 2008. (32 refs.)

One quarter of all adults in the UK are regular smokers, the vast majority having started smoking in their teens. Teenage smoking, especially in females, continues to increase both as regards the numbers of cigarettes smoked and the numbers of teenagers who regularly smoke. The main factors influencing teenagers to smoke are peer pressure, family members who smoke and experimentation. Nicotine dependence can develop very quickly and in the UK little attention has been directed towards helping teenagers break the habit. In global terms the figures are frightening. Of the 1.25 billion smokers, 800 million live in developing countries. In the UK, government legislation, restrictions on advertising and educational programmes may improve the situation in the near future but there is still little recognition that smoking is responsible for 4 million deaths each year worldwide and insufficient attention has been paid to children and young families to try to prevent children and teenagers from smoking in the first place. Copyright 2008, B M J Publishing Group.

Adolescent non-involvement in multiple risk behaviors: An indicator of successful development?

Willoughby T; Chalmers H; Busseri MA; Bosacki S; Dupont D; Marini Z et al. *Applied Developmental Science* 11(2): 89-103, 2007. (55 refs.)

Based on the conceptualization of successful development as the joint maximization of desirable outcomes and minimization of undesirable outcomes (Baltes, 1997), the present study examined connections between adolescent non-involvement in multiple risk behaviors and positive developmental status. Results from a survey of 7290 high school students were used to define four profiles of risk behavior involvement (complete non-involvement, some involvement, some high-risk involvement, predominantly high-risk involvement) based on self-reported involvement in nine risk behaviors (alcohol, smoking, marijuana, hard drugs, sexual activity, minor and major delinquency, direct and indirect aggression). Groups were compared across intrapersonal (risk

behavior attitudes, temperament, well-being, religiosity, academic orientation), interpersonal (parental relations, parental monitoring, friendship quality, victimization, unstructured activities), and environmental (school climate, neighborhood conditions) domains. Despite some similarities between the complete non-involvement and some involvement groups, the complete non-involvement group had the most positive self-compared to each of the other groups in each developmental domain. At the same time, higher levels of positive development were not exclusive to the complete non-involvement group. Implications for research and theory related to connections between adolescent non-involvement in risk behaviors and successful development are discussed. Copyright 2007, Lawrence Erlbaum.

Adolescents' participation in Alcoholics Anonymous and Narcotics Anonymous: Review, implications and future directions.

Kelly JF; Myers MG. *Journal of Psychoactive Drugs* 39(3): 259-269, 2007. (73 refs.)

Youth treatment programs frequently employ 12-Step concepts and encourage participation in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Since AA/NA groups are easily accessible at no charge and provide flexible support at times of high relapse risk they hold promise as a treatment adjunct in an increasingly cost-constricting economic climate. Yet, due to concerns related to adolescents' developmental status, skepticism exists regarding the utility of AA/NA for youth. This review evaluates the empirical evidence in this regard, identifies and discusses knowledge gaps, and recommends areas for future research. Searches were conducted in PsychINFO, Medline, relevant literature and by personal correspondence. Findings suggest youth may benefit from AA/NA participation following treatment, but conclusions are limited by four important factors: (1) a small number of studies; (2) no studies with outpatients; (3) existing evidence is solely observational; and (4) only partial measurement of the 12-Step construct. While surveys of adolescent SUD treatment programs indicate widespread clinical interest and application of adult-derived 12-Step approaches this level of enthusiasm has not been

reflected in the research community. Qualitative research is needed to improve our understanding of youth-specific AA/NA barriers, and efficacy, comparative effectiveness, and process studies are still needed to inform clinical practice guidelines for youth providers. Copyright 2007, Haight-Ashbury Publishing.

Adolescents' expenditure on alcohol: A pilot study.

Hemphill SA; Munro G; Oh S. *Australian Journal of Social Issues* 42(4): 623-636, 2007. (31 refs.)

Minimal research has examined the extent to which underage youth access and purchase alcohol. This pilot study investigated adolescents' expenditure on alcohol, and the circumstances in which underage youth access alcohol. A street intercept survey was used to interview 187 young people aged 13 to 17 years in shopping centres in metropolitan and rural Victoria, Australia. Seventy percent of the sample self-reported that they drink alcohol. Young people were more likely to report that they were drinkers as their income increased. More than one-third of the sample and over half of drinkers purchased alcohol with their own money, spending on average \$22 when they last purchased alcohol. Drinkers obtained their alcohol from a variety of other sources including friends over 18 years old and their parents. This study shows that underage youth have access to and pay for alcohol even if they do not purchase it personally. Further research in this area with a larger sample is clearly warranted to inform both prevention strategies and effective practice. Copyright 2007, Australian Council of Social Services.

Drugs and driving by America high school seniors, 2001-2006.

O'Malley PM; Johnston LD. *Journal of Studies on Alcohol and Drugs* 68(6): 834-842, 2007. (22 refs.)

Objective: The aim of this study was to report trends from 2001 to 2006 in the percentage of all high school seniors who drive after using marijuana, other illicit drugs, or alcohol or who are exposed as passengers to such behaviors. A second objective is to examine demographic and psychosocial correlates of these behaviors. Method: The data were obtained from the Monitoring the Future study, in which nationally representative samples of high school seniors have been surveyed annually since 1975. Results: In 2006, 30% of high school seniors reported exposure to a drugged or drinking driver in the past 2 weeks, down from 35% in 2001. Exposure was demonstrated to be widespread as defined by demographic characteristics (population density, region of the country, socioeconomic status, race/ethnicity, and family

structure). Individual lifestyle factors (religiosity, grade point average, truancy, frequency of evenings out for fun, and hours of work) showed considerable association with the outcome behaviors. Conclusions: Impaired driving by youth remains a problem needing serious attention despite some progress in recent years. Copyright 2007, Alcohol Research Documentation Inc.

Anabolic-androgenic steroids: Use and abuse in pediatric patients.

Kerr JM; Congeni JA. *Pediatric Clinics of North America* 54(4): 771-785, 2007. (94 refs.)

The "win at all costs" mentality fuels athletes to seek performance-enhancing substances, such as anabolic-androgenic steroids (AASs), to gain an advantage over their opponents. Non-athletes espouse this same attitude to "win" the battle of attractiveness. They view AASs as the means to achieving what they believe is a more desirable muscular physique. These beliefs have filtered from professional, Olympic, and collegiate levels into high schools, middle schools, and grade schools. This review covers the history of steroid use, physiology, clinical uses, non-medical use and the related legal issues, sources of steroids by athletes, prevalence of adolescent use, risk factors including demographic and behavioral factors, the dosage and patterns of use by athletes, and adverse effects, presented by body system. Copyright 2007, W B Saunders.

Gender differences in friends' influences on adolescent drinking: A genetic epidemiological study.

Dick DM; Pagan JL; Holliday C; Viken R; Pulkkinen L; Kaprio J et al. *Alcoholism: Clinical and Experimental Research* 31(12): 2012-2019, 2007. (28 refs.)

Background: We use data from a population-based twin study to examine the association between characteristics of the friendship group and adolescents' own alcohol use at age 14, with focus on gender differences, both with respect to the adolescent's own gender and the gender composition of his/her friendship group. Methods: (1) We conducted analyses on the full epidemiological sample of individuals to determine the magnitude of association between friendship characteristics and alcohol use, and to test for interaction with gender and gender of friends. (2) We used the twin structure of the dataset to study the extent to which similarity in drinking behaviors between adolescents and their friends was due to shared genetic and/or environmental pathways. Results: Friends' drinking, smoking, and delinquency were more strongly related to alcohol use in girls,

compared to boys, and in adolescents with opposite-sex friends, compared to adolescents with only same-sex friends. Friends' alcohol use showed modest evidence of genetic influence in girls, suggesting peer selection; however, there was no evidence of genetic influence on friends' alcohol use in boys. The correlation between adolescent and friend drinking was largely attributable to shared environmental effects across genders. Conclusion; Gender and gender of friends moderate the associations between friends' behavior and adolescents' alcohol use, with evidence that girls, and those with opposite-sex friends, may be more susceptible to friends' influence. Genetically informative analyses suggest that similarity in alcohol use between adolescents and their friends is mediated, at least partially, through environmental pathways. Copyright 2007, Research Society on Alcoholism.

Parent-child relations and peer associations as mediators of the family structure-substance use relationship.

Crawford LA; Novak KB. *Journal of Family Issues* 29(2): 155-184, 2008. (62 refs.)

Using data from the National Education Longitudinal Survey of 1988, the authors assess the extent to which adolescents' levels of parental attachment and opportunities for participating in delinquent activities mediate the family structure-substance use relationship. A series of hierarchical regressions supported the hypotheses that high levels of substance use among adolescents residing with stepfamilies would be explained by low parental attachment, whereas heightened opportunities for participating in deviant activities would account for the substance use behaviors of individuals living in single-parent households. More generally, the findings suggest that family structure has a moderate effect on youth substance use; that parental and peer relations are better predictors than family structure of levels of alcohol and marijuana consumption; and that variations in parental attachment, parenting style, and peer relations across family types explain some, but not all, of the effects of family structure on adolescents' substance use behaviors. Copyright 2008, Sage Publications.

Receptivity to alcohol marketing predicts initiation of alcohol use.

Henriksen L; Feighery EC; Schleicher NC; Fortmann SP. *Journal of Adolescent Health* 42(1): 28-35, 2008. (40 refs.)

Purpose: This longitudinal study examined the influence of alcohol advertising and promotions on the initiation of alcohol use. A measure of receptivity to

alcohol marketing was developed from research about tobacco marketing. Recall and recognition of alcohol brand names were also examined. Methods: Data were obtained from in-class surveys of sixth, seventh, and eighth graders at baseline and 12-month follow-up. Participants who were classified as never drinkers at baseline (n = 1,080) comprised the analysis sample. Logistic regression models examined the association of advertising receptivity at baseline with any alcohol use and current drinking at follow-up, adjusting for multiple risk factors, including peer alcohol use, school performance, risk taking, and demographics. Results: At baseline, 29% of never drinkers either owned or wanted to use an alcohol branded promotional item (high receptivity), 12% students named the brand of their favorite alcohol ad (moderate receptivity), and 59% were not receptive to alcohol marketing. Approximately 29% of adolescents reported any alcohol use at follow-up; 13% reported drinking at least 1 or 2 days in the past month. Never drinkers who reported high receptivity to alcohol marketing at baseline were 77% more likely to initiate drinking by follow-up than those were not receptive. Smaller increases in the odds of alcohol use at follow-up were associated with better recall and recognition of alcohol brand names at baseline. Conclusions: Alcohol advertising and promotions are associated with the uptake of drinking. Prevention programs may reduce adolescents' receptivity to alcohol marketing by limiting their exposure to alcohol ads and promotions and by increasing their skepticism about the sponsors' marketing tactics. Copyright 2008, Society for Adolescent Medicine.

Replacing ineffective early alcohol/drug education in the United States with age-appropriate adolescent programmes and assistance to problematic users. (review).

Skager R. *Drug and Alcohol Review* 26(6): 577-584, 2007. (47 refs.)

Issues. Despite more than a decade of federal sponsorship of 'evidence-based' alcohol/drug education, there has been no consistent downward trend in overall prevalence among youth over the past 15 years. Reasons underlying this situation are examined. Approach. Published technical critiques of initial research supporting widely used evidence-based programs are reviewed along with replication studies conducted later by independent researchers not associated with initial program development. Social and institutional barriers in the US against changes in AOD policy and practice for young people are also suggested. Key Findings. Emerging use of diverted

pharmaceuticals (now second to cannabis in prevalence) may underlie moderate recent decline in use of alcohol. Early federal certification standards for 'evidence based' prevention education have been seriously compromised. Technical critiques of initial evaluations and negative replication studies of these programs are consistent with lack of impact. Finally, fidelity of implementation in regular school settings is commonly flawed. Implications. Failure of these mainly pre-secondary educational programs may underlie recent federal support for forced random AOD testing of secondary school students. A new approach to drug education for adolescent students seems warranted as a positive alternative to personally intrusive surveillance. Conclusion. An interactive approach at the secondary school level that incorporates an age-appropriate educational process is proposed. While advising abstinence, this approach also facilitates identifying and assisting problematic AOD users. Copyright 2007, Taylor & Francis.

Misuse and diversion of stimulants prescribed for ADHD: A systematic review of the literature. (review).

Wilens TE; Adler LA; Adams J; Sgambati S; Rotrosen J; Sawtelle R et al. *Journal of the American Academy of Child and Adolescent Psychiatry* 47(1): 21-31, 2008. (56 refs.)

Recent studies have provided variable information on the frequency and context of diversion and the use of nonprescribed and prescribed stimulant medications in adolescent and young adult populations. The purpose of this systematic review of the literature is to evaluate the extent and characteristics of stimulant misuse and diversion in attention-deficit/hyperactivity disorder (ADHD) and non-ADHD individuals. Method: We conducted a systematic review of the literature of available studies looking at misuse and diversion of prescription ADHD medications using misuse, diversion, stimulants, illicit use, and ADHD medications as key words for the search. Results: We identified 21 studies representing 113,104 subjects. The studies reported rates of past year nonprescribed stimulant use to range from 5% to 9% in grade school and high school-age children and 5% to 35% in

college-age individuals. Lifetime rates of diversion ranged from 16% to 29% of students with stimulant prescriptions asked to give, sell, or trade their medications. Recent work suggests that whites, members of fraternities and sororities, individuals with lower grade point averages, use of immediate-release compared to extended-release preparations, and individuals who report ADHD symptoms are at highest risk for misusing and diverting stimulants. Reported reasons for use, misuse, and diversion of stimulants include to concentrate, improve alertness, "get high," or to experiment. Conclusions: The literature suggests that individuals both with and without ADHD misuse stimulant medications. Recent work has begun to document the context, motivation, and demographic profile of those most at risk for using, misusing, and diverting stimulants. The literature highlights the need to carefully monitor high-risk individuals for the use of nonprescribed stimulants and educate individuals with ADHD as to the pitfalls of the misuse and diversion of the stimulants. Copyright 2008, Lippincott, Williams & Wilkins.

Relapse contexts for substance abusing adolescents with comorbid psychopathology.

Anderson KG; Frissell KC; Brown SA. *Journal of Child & Adolescent Substance Abuse* 17(1): 65-82, 2007. (34 refs.)

The relationship of diagnosis, developmentally relevant factors (e.g., life stress, peer substance use) and mental health symptoms to contexts of a return to substance use were examined for 103 substance abusing adolescents with Axis I psychopathology (ages 12-17) following inpatient treatment. Proximal psychiatric symptoms and developmentally relevant factors, but not psychiatric diagnosis at treatment entry, predicted contexts in which youth returned to alcohol and drug use in the 6 months following treatment. The findings suggest that comorbid youth are similar to same-aged peers without comorbid psychopathology and adults with comorbid psychopathology in regard to contexts associated with a return to substance involvement. Copyright 2007, Haworth Press.