

# Library Watch on prevention

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## **An evaluation of National Alcohol Screening Day.**

Aseltine RH; Schilling EA; James A; Murray M; Jacobs DG. *Alcohol and Alcoholism* 43(1): 97-103, 2008. (30 refs.)

**Aims:** Although National Alcohol Screening Day (NASD) became the USAs largest and most visible community-based intervention targeting risky drinking over the past decade, its utility in identifying individuals who are at risk for alcohol problems and in catalyzing behaviour change has not been tested in studies including untreated controls. The purpose of this study was to assess changes in alcohol use three months following NASD participation using a quasi-experimental pretest-posttest control group design. **Methods:** Participants (N = 713) were recruited from 5 NASD sites in Florida, Massachusetts, and New York, USA. Intervention subjects (N = 318) were recruited at the NASD event; control subjects (N = 395) were recruited at the same locations approximately 1 week after NASD. All participants completed brief surveys at the time of enrollment, and then again 3 months later. **Results:** Significant decreases in the typical number of drinks consumed per occasion were observed among at-risk drinkers in the intervention group relative to controls in the 3 months following NASD. At-risk NASD participants averaged approximately 5.6 fewer drinks per week than at-risk controls. **Conclusions:** Findings suggest that exposure to a brief screening program with provision of feedback can result in significant reductions in alcohol consumption among risky drinkers. Copyright 2008, Oxford University Press.

## **Drama-based education to motivate participation in substance abuse prevention.**

Aileen B Stephens-Hernandez, Jonathan N. Livingston, Karen Dacons-Brock, Craft HL; Cameron A; Franklin SO; Howlett AC. *Substance Abuse Treatment, Prevention, and Policy* 2: article 11, 2007. (21 refs.)

**Background:** The substance abuse prevention goal of the theatre production "TUNNELS" was to provide community education on substance abuse to an audience in Durham, NC and surrounding communities. The education effort intended to increase

awareness and understanding of the risk and protective factors associated with alcohol and other drug use, and to promote pro-active behaviors in substance abuse prevention within the adult community. It was hypothesized that community-based education via drama would change attitudes toward alcohol and substance abuse, and increase participation in family and community activities aimed at substance abuse prevention. **Methods:** A focus group comprised of educators, substance abuse researchers and local substance abuse counselors developed "life stories" of users of alcohol and other drugs and a local playwright incorporated these and other experiences into a series of six vignettes. The production was publicized throughout the Durham area, and 700 adults attending the play signed a consent form and completed the pre-play survey. The participant pool was restricted to those adults who completed both the time-1 and time-2 surveys and resided within Durham and surrounding communities. Paired comparisons of mean responses were analyzed using a paired sample two-tailed t-test. A telephone survey three months after the play assessed attitudes toward substance abuse as a disease, and whether the respondents had increased their participation in prevention activities including discussions of the play with others. **Results:** Viewing the play increased the knowledge base of participants regarding substance abuse as a disease, even though the audience demonstrated an appreciation of risk and protective factors prior to attending the performance. In the pre-play survey, participants indicated a strong opinion that parental involvement in teen life was important, and therefore this was not increased as a result of viewing the play. It was found that the drama increased intent to participate in substance abuse prevention activities at home and in the community. Follow-up surveys performed three months after the performance indicated that participants had discussed the play with others and had increased their participation in substance abuse prevention activities, particularly regarding donations of money. **Conclusion:** Drama incorporates a component of emotional response to the informational content, and the combination of emotion and information works together to promote individual intentions to become

more involved in family and community prevention activities. This study demonstrates the efficacy of drama as a mechanism to educate and motivate. Support for this mechanism is warranted at the level of state, local community, school district, and faith-based and community organizations. Copyright 2007, BioMed Central.

#### **Policy implications of teacher perspectives on early intervention for substance misuse.**

Deed C. *Drugs: Education, Prevention and Policy* 14(5): 415-428, 2007. (33 refs.)

**Aims:** Schools have emerged as a key site for prevention and early intervention strategies for antisocial behaviour. This paper examines teacher perspectives of the scope within their day-to-day practice for the implementation of monitoring and management of student risk status for substance misuse. **Methods:** Teacher perspectives of early intervention for young secondary school students aged 12-14 are examined. Case studies are presented of five non-metropolitan Australian schools located in a low socioeconomic area. **Findings:** The study identifies a diverse range of early intervention practice in school settings; reports that teachers are pragmatic in their identification of students at risk, and use an under-theorised construct of engagement to manage risk. A number of tensions centring on the perceived purpose of school emerge when early intervention policy is operationalised in the classroom. **Conclusion:** The student wellbeing policy currently in use in Victorian schools needs to be refined. These revisions should provide schools with a clear and understandable early intervention framework that allows local translation. Any further policy development should be based on teacher understandings and capacity for early intervention. Copyright 2007, Taylor & Francis.

#### **The role of schools in combating illicit substance abuse.**

Frankowski B; Gereige R; Grant L; Hyman D; Magalnick H; Mears CJ et al. *Pediatrics* 120(6): 1379-1384, 2007. (45 refs.)

Disturbingly high levels of illicit drug use remain a problem among American teenagers. As the physical, social, and psychological "home away from home" for most youth, schools naturally assume a primary role in substance abuse education, prevention, and early identification. However, the use of random drug testing on students as a component of drug prevention programs requires additional, more rigorous scientific evaluation. Widespread implementation should await the result of ongoing studies to address the

effectiveness of testing and evaluate possible inadvertent harm. If drug testing on students is conducted, it should never be implemented in isolation. A comprehensive assessment and therapeutic management program for the student who tests positive should be in place before any testing is performed. Schools have the opportunity to work with parents, health care professionals, and community officials to use programs with proven effectiveness, to identify students who show behavioral risks for drug-related problems, and to make referrals to a student's medical home. When use of an illicit substance is detected, schools can foster relationships with established health care experts to assist them. A student undergoing individualized intervention for using illicit substances merits privacy. This requires that awareness of the student's situation be limited to parents, the student's physician, and only those designated school health officials with a need to know. For the purposes of this statement, alcohol, tobacco, and inhalants are not addressed. Copyright 2007, American Academy of Pediatrics.

#### **Evaluation results of a 21st birthday card program targeting high-risk drinking.**

Hembroff L; Atkin C; Martell D; McCue C; Greenamyre JT. *Journal of American College Health* 56(3): 325-332, 2007. (6 refs.)

The B.R.A.D. Birthday Card initiative was started on the campus of Michigan State University (MSU) in April 1999. MSU administrators send the safe-drinking 21st birthday card (B.R.A.D.) and laminated wallet card to students shortly before their 21st birthday. **Objective:** To evaluate the effectiveness of the 21st birthday card, MSU and B.R.A.D., Inc, applied for and were awarded a 2-year US Department of Education grant in 2001. **Participants:** The authors surveyed 1,731 students within 2 weeks of their 21st birthday. **Methods:** Of all students turning 21 years old during the study, the authors randomly selected students for each group. A control group received no card. All others received the standard B.R.A.D. card or a gender-tailored message card. **Results:** Key findings include: 74% of students saved part of the card, 65% shared the card with family or friends, 22% reported thinking about the card during their celebration, 12% reported drinking less because of the card, 15% reported learning something new about alcohol poisoning, and 98% believed that MSU and B.R.A.D. should continue sending cards to students. **Conclusions:** Receiving, reading, and recalling the content of the B.R.A.D. card appears to reduce the total number of drinks a celebrant consumes. Copyright 2007, Heldref Publications.

**The use of an evidence-based community action intervention to improve age verification practices for alcohol purchase.**

Huckle T; Greenaway S; Broughton D; Conway K. *Substance Use & Misuse* 42(12-13): 1899-1914, 2007. (15 refs.)

Alcohol purchase surveys were undertaken as part of two New Zealand community action projects (one in a large metropolitan area and one in a small town) that aimed at reducing alcohol consumption-related harm for young people. Baseline surveys in both places indicated poor age verification practices. The two follow-up surveys in the metropolitan area showed a decrease in sales made without age identification between 2002 (60%) and 2003 (46%). However, an increase between 2003 (46%) and 2004 (55%) occurred. In the metropolitan area, regulatory staff in three out of seven jurisdictions increased enforcement due to the 2002 survey and follow-up work; this did not happen following the 2003 survey. In the small town, results indicated positive changes in verification practices over time. In addition, licensee meetings, host responsibility training, and a regional project all occurred following the surveys. The surveys have also had important indirect effects. Closer monitoring and enforcement activity due to the surveys has contributed to the amendment of alcohol legislation in New Zealand. Copyright 2007, Taylor & Francis.

**Examining the effects of school-based drug prevention programs on drug use in rural settings: Methodology and initial findings.**

Brown CH; Guo J; Singer LT; Downes K; Brinales JM. *Journal of Rural Health* 23(Supplement S): 29-36, 2007. (37 refs.)

Context: Although there have been substantial advances in knowledge about drug prevention over the last decade, the majority of school-based drug prevention studies have been conducted in urban settings: There is little knowledge about the effectiveness of such programs when they are implemented in rural populations. Purpose: To examine the prevention effects of school-based drug prevention programs implemented in rural populations. Methods: Mixed model or 2-level meta-analysis of trials based on school-based drug prevention programs that included rural populations. A total of 182 trials were coded for urbanicity of schools and 22 separate trials were selected for the analysis conducted in this paper. A total of 435 distinct analyses were examined from these 22 trials: Findings: We found a modest but consistent beneficial impact of drug prevention programs on later use as well as level

of use. Regarding later drug use, the largest impact was on those who were not using at baseline and those exposed to an interactive program; the results were much larger for marijuana and other drugs compared to alcohol or tobacco, while inhalant use was less affected than other drug categories. Regarding, level of use, the impact was greatest 6 months after the trial ended, with diminishing effects thereafter. Conclusions: Evidence exists for a small but systematic beneficial effect of drug prevention programs in rural settings. It is likely that these programs have produced a mild reduction in new use of substances' but have had little impact on those already using substances. Copyright 2007, Blackwell Publishing.

**Do current government policies sufficiently regulate the interaction between viewing smoking in movies and adolescent smoking behavior?**

Kachroo S; Etzel CJ; Wilkinson AV. *American Journal on Addictions* 16(6): 532-533, 2007. (6 refs.)

The article discusses the significance of government policies of viewing smoking in movies on adolescent smoking behavior in the U.S. The World Health Organization used Smoke Free Film as the theme for the 2003 World No Tobacco Day because of the increasing smoking prevalence rates among adolescents in which smoking movies has been identified as one of the major causes of the increase. It is suggested that governments should make laws that provide benefits to movies that contain anti-tobacco messages. It is also important to impose a global ban on the depiction of smoking in animated movies and cartoons. A research indicated that making policy changes to reduce adolescents's exposure to smoking in movies can have a positive impact on their smoking behavior Copyright 2007, Taylor & Francis.

**Making drug and alcohol prevention relevant: Adapting evidence-based curricula to unique adolescent cultures.**

Steiker LKH. *Family & Community Health* 31(1, Supplement S): S52-S60, 2008. (48 refs.)

There is profound value in involving youth in the cultural adaptation of evidence-based drug prevention curricula. Presently, despite the existence of evidence-based programs, few community settings are aware of, utilizing, and following evidence-based curricula in practice. Therefore, to transfer such programs to practice, systematic adaptation procedures should be further developed, utilized, and evaluated. It is recommended that community settings adapt curricula to meet their youths' unique needs to be effective,

particularly with diverse cultures. Copyright 2008, Lippincott, Williams & Wilkins.

**A preliminary evaluation of the effects of a science education curriculum on changes in knowledge of drugs in youth.**

Holtz KD; Twombly EC. *Journal of Drug Education* 37(3): 317-333, 2007. (51 refs.)

Drug and alcohol use among youth remains at pervasively high levels, but students are receiving less school-based prevention. Infusing health information into core curricula may be a valuable prevention approach. Therefore, behavior change theory was used to develop a science education curriculum on drugs for fourth- and fifth-grade students, which was then evaluated using a pretest/posttest quasi-experimental design. Exposure to the curriculum was associated with a change in knowledge; other characteristics like grade level also played a role. More positive attitudes toward science at pretest predicted greater knowledge change, and students who knew less at the start showed a greater change in knowledge. Results of this evaluation may support the efficacy of the curriculum and the utility of combining behavior change theory with educational approaches. Copyright 2007, Baywood Publishing.

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**Do deaf and hard of hearing youth need antitobacco education.**

Berman BA; Streja L; Bernaards CA; Eckhardt EA; Kleiger HB; Maucere L et al. *American Annals of the Deaf* 152(3): 344-355, 2007. (93 refs.)

Little research has focused on tobacco use among deaf and hard of hearing youth. Findings are reported from a first-ever tobacco-related survey, completed by 226 California middle and high school students using either a written questionnaire or the Interactive Video Questionnaire, an interactive multimedia computer video technology. Rates for current smoking (3.1%), ever smoking (45.1%), and multiple types of tobacco use (10.6%) were found to be lower than among high school students generally; mainstreamed students were likelier to have ever tried smoking than their deaf school peers (57.8% vs. 31.8%). No statistically significant associations were found between ever smoking and race/ethnicity, gender, school performance, or prelingual vs. postlingual deafening; a quarter of the sample experienced occasional peer pressure to use tobacco products. Tobacco use covariates, exposure to cigarette marketing and antismoking programming, and tobacco education needs of deaf and hard of hearing youth are discussed. Copyright 2007, American Annals for the Deaf.