

## **What do adolescents exposed to Alcoholics Anonymous think about 12-step groups?**

Kelly JF; Myers MG; Rodolico J. *Substance Abuse* 29(2): 53-62, 2008

**OBJECTIVES:** Referral to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) is a common continuing care recommendation. Evidence suggests some youth benefit, yet, despite referrals, youth participation is low. Little is known about adolescents' experiences of AA/NA. Greater knowledge would inform and help tailor aftercare recommendations. **METHOD:** Two clinical samples of youth (N = 74 and N= 377) were asked about their perceptions of, and experiences with, AA/NA with responses categorized by content into domains assessed for face validity and reliability. **RESULTS:** The aspects of AA/NA youth liked best were general group dynamic processes related to universality, support, and instillation of hope. The most common reason for discontinuing was boredom/lack of fit. **CONCLUSIONS:** General group-therapeutic, and not 12-step-specific, factors are most valued by youth during early stages of recovery and/or degree of AA/NA exposure. Many youth discontinue due to a perceived lack of fit, suggesting a mismatch between some youth and aspects of AA/NA. Copyright 2008, Association for Medical Education & Research in Substance Abuse.

## **"A magnet for curious adolescents": The perceived dangers of an open drug scene.**

Sandberg S; Pedersen W. *International Journal of Drug Policy* 19(6): 459-466, 2008. (41 refs.)

During the summer of 2004 the police closed Plata, an open drug scene in the midst of Oslo. The most important argument for the closure was that the drug scene made it easier for curious, city-dwelling adolescents to start using drugs. This research sought to assess this assumption. Ethnographic research methods including twenty

2-hr field observations and qualitative semi-structures interviews were employed. Interviews were conducted with 30 adolescents in the centre of Oslo, as well as with 10 former drug users, three police officers and three field workers. We were also given access to police statistics and authorised to do Our own analysis of the material. The most important result was that adolescents seemed rather to avoid than to be attracted to this open drug scene in Oslo. Based on the presentation of qualitative data we suggest that this was due to the social definition of the drug scene. Because they experienced a great social distance between themselves and the regulars at the open drug scene, adolescents seemed to avoid Plata. Moreover, the scene was symbolically associated with heroin and injection as the route of administration, which had low prestige among the adolescents. Despite these findings, adolescents' recruitment to drug use was the key issue in the political debate following the closure. We point to the shared rhetorical interest among important institutional actors in framing the issue in this way. The argument was also embedded in widely shared public representations of adolescents and drug users as passive and irrational. Copyright 2008, Elsevier Science.

## **Reducing at-risk adolescents' display of risk behavior on a social networking web site: A randomized controlled pilot intervention trial.**

Moreno MA; VanderStoep A; Parks MR; Zimmerman FJ; Kurth A; Christakis DA. *Archives of Pediatrics & Adolescent Medicine* 163(1): 35-41, 2009. (43 refs.)

**Objective:** To determine whether an online intervention reduces references to sex and substance abuse on social networking Web sites among at-risk adolescents. **Design:** Randomized controlled intervention trial. **Setting:** www.MySpace.com. **Participants:** Self-described 18- to 20-year-olds with public MySpace profiles

who met our criteria for being at risk (N=190). Intervention: Single physician e-mail. Main Outcome Measures: Web profiles were evaluated for references to sex and substance use and for security settings before and 3 months after the intervention. Results: Of 190 subjects, 58.4% were male. At baseline, 54.2% of subjects referenced sex and 85.3% referenced substance use on their social networking site profiles. The proportion of profiles in which references decreased to 0 was 13.7% in the intervention group vs 5.3% in the control group for sex (P=.05) and 26.0% vs 22% for substance use (P=.61). The proportion of profiles set to "private" at follow-up was 10.5% in the intervention group and 7.4% in the control group (P=.45). The proportion of profiles in which any of these 3 protective changes were made was 42.1% in the intervention group and 29.5% in the control group (P=.07). Conclusions: A brief e-mail intervention using social networking sites shows promise in reducing sexual references in the online profiles of at-risk adolescents. Further study should assess how adolescents view different risk behavior disclosures to promote safe use of the Internet. Copyright 2009, American Medical Association.

#### **A discrete-time survival analysis of the relationship between truancy and the onset of marijuana use.**

Henry KL; Thornberry TP; Huizinga DH. *Journal of Studies on Alcohol and Drugs* 70(1): 5-15, 2009. (62 refs.)

Objective: Despite truancy being a common behavior among teenagers, little research has assessed its deleterious effects. In this study, the effect of truancy on the initiation of marijuana use was examined. Method: Using data from the Rochester Youth Development Study (a longitudinal sample of predominantly minority youth), discrete-time survival analyses were estimated to assess the effect of truancy on the subsequent initiation of marijuana use. The current analyses used 5 years of panel data collected from youth and their primary caregiver every 6 months throughout adolescence. Results: Truancy was a significant predictor of the initiation of marijuana use during each subsequent 6-month period. The effect was more robust in earlier compared with

later adolescence. These effects persisted after controlling for potential risk factors that are shared by both truancy and drug use, including commitment to school, grade-point average, delinquent values, prior involvement in delinquency, peer reactions to delinquency, parental monitoring, affective ties to the child, and positive parenting. Conclusions: We argue that the effect is, in part, the result of reduced social control (i.e., disengagement from pro-social entities such as school) and, in part, the result of the unsupervised, unmonitored time afforded by truancy. Prevention initiatives aimed at reducing truancy also may have a beneficial impact on preventing the initiation of drug use among adolescents. Copyright 2009, Alcohol Documentation Center.

#### **Age at menarche and weight concerns in relation to smoking trajectory and dependence among adolescent girls enrolled in a smoking cessation trial.**

Jaszyna-Gasior M; Schroeder JR; Thorner ED; Heishman SJ; Collins CC; Lo S; Moolchan ET. *Addictive Behaviors* 34(1): 92-95, 2009. (16 refs.) Many girls adopt dieting and other practices (i.e. cigarette smoking) to control weight during puberty. This analysis explored the relationship between age at menarche and onset of daily smoking, and whether this relationship was influenced by weight concerns among treatment seeking female adolescents. The sample consisted of 71 participants enrolled in a smoking cessation trial (age 15.2 +/- 1.3 years; 74.7% European American, baseline BMI 24.7 +/- 5.4, age at menarche 11.7 +/- 1.3 years, Fagerstrom Test for Nicotine Dependence score 7.0 +/- 1.2). Over 60% of participants reported weight concerns at baseline. based on responses to the Eating Disorders module from the Diagnostic Interview for Children and Adolescents. Linear regression analyses revealed a significant association between age at menarche and age of onset of daily smoking (beta = 0.18 +/- 0.09, p = 0.038). Having weight concerns did not modify the relationships between age at menarche and smoking trajectory/severity or abstinence. Findings support previous research showing that early maturation represents a risk factor for substance use. Further

study in larger samples that include non-treatment-seeking adolescent female smokers is warranted. Copyright 2009, Elsevier Science.

**Effect of stimulants on height and weight: A review of the literature. (review).**

Faraone SV; Biederman J; Morley CP; Spencer TJ. *Journal of the American Academy of Child and Adolescent Psychiatry* 47(9): 994-1009, 2008. (65 refs.)

Objective: Stimulant medications are effective treatments for attention-deficit/hyperactivity disorder, but concerns remain about their effects on growth. Method: We provide a quantitative analysis of longitudinal studies about deficits in expected growth among children with attention-deficit/hyperactivity disorder treated with stimulant medication. Study selection criteria were use of DSM criteria or clear operational definitions for hyperactivity or minimal brain dysfunction; outcome measures including raw, standardized, or percentile measurement of change in height and/or weight; first assessment of effects on growth occurred during childhood; and follow-up for at least 1 year. For issues not suitable for quantitative analyses, we provide a systematic, qualitative review. Results: The quantitative analyses showed that treatment with stimulant medication led to statistically significant delays in height and weight. This review found statistically significant evidence of attenuation of these deficits over time. The qualitative review suggested that growth deficits may be dose dependent, deficits may not differ between methylphenidate and amphetamine, treatment cessation may lead to normalization of growth, and further research should assess the idea that attention-deficit/hyperactivity disorder itself may be associated with dysregulated growth. Conclusions: Treatment with stimulants in childhood modestly reduced expected height and weight. Although these effects attenuate over time and some data suggest that ultimate adult growth parameters are not affected, more work is needed to clarify the effects of continuous treatment from childhood to adulthood. Although physicians should monitor height, deficits in height and weight do not appear to be a clinical concern for

most children treated with stimulants. Copyright 2008, Lippincott, Williams & Wilkins.

**Efficacy of outpatient aftercare for adolescents with alcohol use disorders: A randomized controlled study.**

Kaminer Y; Bursleson JA; Burke RH. *Journal of the American Academy of Child and Adolescent Psychiatry* 47(12): 1405-1412, 2008. (44 refs.)

Objective: Relapse rates for treated adolescents with alcohol use disorders (AUDs) amount to approximately 60% at 3 to 6 months after treatment completion. This randomized controlled study tested the hypothesis that active aftercare may maintain treatment gains better than no active aftercare (NA). Method: A total of 177 adolescents, 13 to 18 years of age, diagnosed with DSM-IV AUD, participated in nine weekly outpatient cognitive behavioral therapy group sessions. The 144 treatment completers were randomized into a 5-session in-person, brief telephone, or no active aftercare condition. Three alcohol use variables were the main outcome measures for 130 aftercare completers. Results: At the end of aftercare, the likelihood of relapse increased significantly compared with end of treatment outcomes. The likelihood of relapse for youths in no active aftercare, however, increased significantly more for youths in combined active aftercare conditions ( $p = .008$ ). This effect was driven primarily by a significant sex x active aftercare interaction: girls showed no significant relapse under active aftercare but relapsed significantly in no active aftercare. Youths enrolled in active aftercare also showed significantly fewer drinking days ( $p = .044$ ) and fewer heavy drinking days ( $p = .035$ ) per month relative to no active aftercare. Conclusions: In general, active aftercare interventions showed certain efficacy in slowing the expected posttreatment relapse process for alcohol use, with maintenance of treatment gains only for girls. Frequency of interventions, dose-response, duration of aftercare phase, and mediators of behavior change should be examined further to optimize aftercare for youths with AUD. Copyright 2008, Lippincott, Williams & Wilkins.

### **Gambling, alcohol, and other substance use among youth in the United States.**

Barnes GM; Welte JW; Hoffman JH; Tidwell MCO. *Journal of Studies on Alcohol and Drugs* 70(1): 134-142, 2009. (39 refs.)

Objective: Problem gambling has been linked with substance misuse among youth in a number of regional studies, yet there have been no large representative U.S. surveys of gambling behaviors and substance use among youth. The present study is designed to compare the patterns and co-occurrence of gambling and alcohol and other substance use among youth in the United States. Method: A random telephone survey was conducted with 2,274 youth ages 14-21 years old living in households in every area of the United States. Results: Problem gambling and substance misuse are prevalent among young people. For instance, 17% of youth reported gambling 52 or more times in the past year, and the same percentage of youth drank five or more drinks on 12 or more days in the past year. Ten percent of youth reported having three or more gambling problems in the past year, and 15% of young people reported having three or more alcohol problems. Controlling for gender, age, and socioeconomic status, black youth have a significantly increased probability of frequent gambling compared with other racial/ethnic groups, yet they have a significantly decreased probability of heavy drinking. Alcohol problems and gambling problems show high co-occurrence, especially for male youth and black youth. Conclusions: Population subgroups with a high co-occurrence of alcohol and gambling problems are important for targeted prevention and intervention strategies. Copyright 2009, Alcohol Research Documentation Center.

### **Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial.**

Liddle HA; Rowe CL; Dakof GA; Henderson CE; Greenbaum PE. *Journal of Consulting and Clinical Psychology* 77(1): 12-25, 2009. (84 refs.) Research has established the dangers of early onset substance use for young adolescents and its links to a host of developmental problems. Because critical developmental detours can begin

or be exacerbated during early adolescence, specialized interventions that target known risk and protective factors in this period are needed. This controlled trial (n = 83) provided an experimental test comparing multidimensional family therapy (MDFT) and a peer group intervention with young teens. Participants were clinically referred, were of low income, and were mostly ethnic minority adolescents (average age = 13.73 years). Treatments were manual guided, lasted 4 months, and were delivered by community agency therapists. Adolescents and parents were assessed at intake, at 6-weeks post-intake, at discharge, and at 6 and 12 months following treatment intake. Latent growth curve modeling analyses demonstrated the superior effectiveness of MDFT over the 12-month follow-up in reducing substance use (effect size: substance use frequency,  $d = 0.77$ ; substance use problems,  $d = 0.74$ ), delinquency ( $d = 0.31$ ), and internalized distress ( $d = 0.54$ ), and in reducing risk in family, peer, and school domains ( $d = 0.27$ ,  $0.67$ , and  $0.35$ , respectively) among young adolescents. Copyright 2009, American Psychological Association.

### **Decrease in adolescent cannabis use from 2002 to 2006 and links to evenings out with friends in 31 European and North American countries and regions.**

Kuntsche E; Simons-Morton B; Fotiou A; ter Bogt T; Kokkevi A. *Archives of Pediatrics & Adolescent Medicine* 163(2): 119-125, 2009. (20 refs.)

Objective: To compare adolescent cannabis use between 2002 and 2006 and to investigate links to the frequency of evenings spent out with friends. Design: The Health Behavior in School-Aged Children study, an international study carried out in collaboration with the World Health Organization/Europe. Setting: A total of 31 mostly European and North American countries and regions. Participants: A total of 93 297 students aged 15 years. Outcome Measure: Cannabis use in the last 12 months in relation to the mean frequency of evenings out with friends per week. Results: A decrease in the prevalence of cannabis use was found in most of the 31

participating countries and regions. The most marked decreases were found in England, Portugal, Switzerland, Slovenia, and Canada. Increases occurred only in Estonia, Lithuania, Malta, and among Russian girls. The more frequently adolescents reported going out with their friends in the evenings, the more likely they were to report using cannabis. This link was consistent for boys and girls and across survey years. Across countries, changes in the mean frequency of evenings spent out were strongly linked to changes in cannabis use. **Conclusions:** The findings are consistent with the hypothesis that by going out less frequently in the evenings with friends, adolescents had fewer opportunities to obtain and use cannabis. Future research is needed to learn more about the nature of evenings out with friends and related factors that might explain changes in adolescent cannabis use over time. Copyright 2009, American Medical Association.

**Screening, brief intervention, and referral to treatment for adolescents. (review).**

Levy S; Knight JR. *Journal of Addiction Medicine* 2(4): 215-221, 2008. (75 refs.)

Drug, alcohol, and tobacco use is highly prevalent among high school students in United States, and adolescents, even those without a substance use disorder, are at high risk of morbidity and mortality related to use of these substances. The primary care setting provides access to adolescents, and the health maintenance visit provides a private, confidential setting in which patients expect to discuss health-related behaviors and receive advice. This article reviews guidelines for identifying and managing adolescent substance use in the primary care setting, including screening, brief intervention, and referral to treatment. Copyright 2008, Lippincott, Williams & Wilkins.

**Stability of comorbid psychiatric diagnosis among youths in treatment and aftercare for alcohol use disorders.**

Hawke JM; Kaminer Y; Burke R; Burlinson JA. *Substance Abuse* 29(2): 33-41, 2008

**OBJECTIVES:** To examine the stability of comorbid psychiatric diagnoses among a sample of 50 adolescents in cognitive-behaviorally-based treatment for alcohol and other substance use

disorders (AOSUD). **METHODS:** A standardized psychiatric interview was administered at baseline and 12 month later to obtain current comorbid psychiatric disorders. Chi square and Wilcoxon sign tests coefficients were used to examine changes in threshold status by type of disorder. Pearson's coefficients were used to identify correlates with improvements in threshold status, include the need for alcohol treatment and alcohol consumption at follow-up. **RESULTS:** Diagnostic status changes considerably over time. Prevalence rates for comorbid disorders overall declined. Only declines in mood and externalizing disorders achieved statistical significance. Improvements were positively correlated with mental health service utilization and negatively correlated with the need for alcohol treatment and consumption at 12 months. **CONCLUSIONS:** Further investigation on the stability and change in diagnostic status of AOSUD. Copyright 2008, Association for Medical Education & Research in Substance Abuse.

**Substance involvement among youths in child welfare: The role of common and unique risk factors.**

Aarons GA; Monn AR; Hazen AL; Connelly CD; Leslie LK; Landsverk JA et al. *American Journal of Orthopsychiatry* 78(3): 340-349, 2008. (85 refs.)

This study examines risk factors for substance involvement for youths involved with the child welfare (CW) system. In addition to common risk factors examined in general population studies; this research examines risk factors unique to youths in the CW system, including age at entry into CW and number of out-of-home placements. Participants included 214 youths ages 13 to 18, randomly sampled from youths active to CW in San Diego County, California. Severity of substance involvement was assessed through structured diagnostic interviews determining lifetime substance use, abuse, and dependence. Hierarchical regression analyses including demographics, psychosocial variables, maltreatment history, CW placement variables, and the interaction of age at entry into CW and number of out-of-home placements revealed that both common and CW-specific risk factors were

associated with the severity of youth substance involvement. Multiple-placement changes, later entry into the CW system, and multiple-placement changes at an older age are associated with higher risk for more serious substance involvement for youths in CW. Copyright 2008, American Psychological Association.

**Transitions from first substance use to substance use disorders in adolescence: Is early onset associated with a rapid escalation?**

Behrendt S; Wittchen HU; Hofler M; Lieb R; Beesdo K. *Drug and Alcohol Dependence* 99(1-3): 68-78, 2009. (57 refs.)

Background: Early substance use (SU) in adolescence is known to be associated with an elevated risk of developing substance use disorders (SUD); it remains unclear though whether early SU is associated with more rapid transitions to SUD. Objective: To examine the risk and speed of transition from first SU (alcohol, nicotine, cannabis) to SUD as a function of age of first use. Methods: N=3021 community subjects aged 14-24 years at baseline were followed-up prospectively over 10-years. SU and SUD were assessed using the DSM-IV/M-CTDI. Results: (1) The conditional probability of substance-specific SU-SUD transition was the greatest for nicotine (36.0%) and the least for cannabis (18.3% for abuse, 6.2% for dependence) with alcohol in between (25.3% for abuse: 11.2% for dependence). (2) In addition to confirming early SU as a risk factor for SUD we find: (3) higher age of onset of my SU to be associated with faster transitions to SUD, except for cannabis dependence. (4) Transitions from first cannabis use (CU) to cannabis use disorders (CUD) Occurred faster than for alcohol and nicotine. (5) Use of other substances co-occured with risk and speed of transitions to specific SUDs. Conclusion: Type of substance and concurrent use of other drugs are of importance for the association between age of first use and the speed of transitions to substance use disorders. Given that further research will identify moderators and mediators affecting these differential associations, these findings may have important implications for designing early and targeted interventions to

prevent disorder progression. Copyright 2009, Elsevier Science.

**Water-pipe tobacco smoking among middle and high school students in Arizona.**

Primack BA; Walsh M; Bryce C; Eissenberg T. *Pediatrics* 123(2): E282-E288, 2009. (31 refs.)

BACKGROUND. Using a water pipe to smoke tobacco is increasing in prevalence among US college students, and it may also be common among younger adolescents. The purpose of this study of Arizona middle and high school students was to examine the prevalence of water-pipe tobacco smoking, compare water-pipe tobacco smoking with other forms of tobacco use, and determine associations between sociodemographic variables and water-pipe tobacco smoking in this population. METHODS. We added items assessing water-pipe tobacco smoking to Arizona's 2005 Youth Tobacco Survey and used them to estimate statewide water-pipe tobacco smoking prevalence among various demographic groups by using survey weights. We also used multiple logistic regression to determine which demographic characteristics had independent relationships with each of 2 outcomes: ever use of water pipe to smoke tobacco and water-pipe tobacco smoking in the previous 30 days. RESULTS. Median age of the sample was 14. Accounting for survey weights, among middle school students, 2.1% had ever smoked water-pipe tobacco and 1.4% had done so within the previous 30 days. Among those in high school, 10.3% had ever smoked from a water pipe and 5.4% had done so in the previous 30 days, making water-pipe tobacco smoking more common than use of smokeless tobacco, pipes, bidis, and kreteks (clove cigarettes). In multivariate analyses that controlled for covariates, ever smoking of water-pipe tobacco was associated with older age, Asian race, white race, charter school attendance, and lack of plans to attend college. CONCLUSIONS. Among Arizona youth, water pipe is the third most common source of tobacco after cigarettes and cigars. Increased national surveillance and additional research will be important for addressing this threat to public health. Copyright 2009, American Academy of Pediatrics.