

Library Watch on prevention

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The impact of education and school-based counseling on children's and adolescents' views of substance abuse.

Anderson SW; Moore PA. *Journal of Child & Adolescent Substance Abuse* 18(1): 16-23, 2009. (7 refs.)

The purpose of this study was to investigate if a school-based education and counseling program (Life Skills Training Program) would have an impact on school-aged children/adolescents' views of substance abuse. The study also investigated the degree and direction of change. Participants were 338 elementary or middle-school students in the metro Houston, Texas, area. Results indicated that preexisting views significantly differed from post-intervention views, and that the Life Skills Training Program provided participants with a more accurate view of substance abuse. Findings support formulated hypotheses and effectiveness of the Life Skills Training Program with the sampled population. Copyright 2009, Haworth Press.

The NARCONON (TM) drug education curriculum for high school students: A non-randomized, controlled prevention trial.

Lennox RD; Cecchini MA. *Substance Abuse Treatment, Prevention and Policy* 3: e-article 8, 2008. (51 refs.)

Background: An estimated 13 million youths aged 12 to 17 become involved with alcohol, tobacco and other drugs annually. The number of 12- to 17-year olds abusing controlled prescription drugs increased an alarming 212 percent between 1992 and 2003. For many youths, substance abuse precedes academic and health problems including lower grades, higher truancy, drop out decisions, delayed or damaged physical, cognitive, and emotional development, or a variety of other costly consequences. For thirty years the Narconon program has worked with schools and community groups providing single educational modules aimed at supplementing existing classroom-based prevention activities. In 2004, Narconon International developed a multimodule, universal prevention curriculum for high school ages based on drug abuse etiology, program quality management data, prevention theory and best practices. We review the curriculum and its rationale and test its ability to change drug use behavior, perceptions of risk/benefits,

and general knowledge. Methods: After informed parental consent, approximately 1000 Oklahoma and Hawai'i high school students completed a modified Center for Substance Abuse Prevention (CSAP) Participant Outcome Measures for Discretionary Programs survey at three testing points: baseline, one month later, and six month follow-up. Schools assigned to experimental conditions scheduled the Narconon curriculum between the baseline and one-month follow-up test; schools in control conditions received drug education after the six-month follow-up. Student responses were analyzed controlling for baseline differences using analysis of covariance. Results: At six month follow-up, youths who received the Narconon drug education curriculum showed reduced drug use compared with controls across all drug categories tested. The strongest effects were seen in all tobacco products and cigarette frequency followed by marijuana. There were also significant reductions measured for alcohol and amphetamines. The program also produced changes in knowledge, attitudes and perception of risk. Conclusion: The eight-module Narconon curriculum has thorough grounding in substance abuse etiology and prevention theory. Incorporating several historically successful prevention strategies this curriculum reduced drug use among youths. Copyright 2008, BioMed Central Ltd.

The cumulative advantage of religiosity in preventing drug use.

Jang SJ; Bader CD; Johnson BR. *Journal of Drug Issues* 38(3): 771-798, 2008. (40 refs.)

Although previous studies tend to find that religiosity is negatively associated with drug use, their findings are mostly nondevelopmental, whether based on cross-sectional or longitudinal data. Taking a life course perspective, we examine the effects of childhood religious socialization as well as involvement on drug use during later years. Based on the concept of cumulative advantage, it is hypothesized that religious upbringing decreases the probability of using drugs during adolescent years and into the early 20s indirectly not only via childhood religiosity but also through the protective and risk factors of drug use. To test this hypothesis, we conducted OLS regression analyses of three-wave panel data from the National Survey of Children. Results show that survey

respondents raised by parents who believe religious training as well as service attendance to be important for children are less likely to use drugs during adolescence and early adulthood than those who were not raised by such parents. Copyright 2008, Journal of Drug Issues, Inc.

CLIMATE Schools. Alcohol module: Cross-validation of a school-based prevention programme for alcohol misuse.

Newton NC; Vogl LE; Teesson M; Andrews G. *Australian and New Zealand Journal of Psychiatry* 43(3): 201-207, 2009. (36 refs.)

Objective: The aim of the present study was to conduct a cross-validation trial of the efficacy of a computerized school-based intervention for alcohol misuse in adolescents. Method: A cluster randomized control trial was carried out. Intervention and control groups were assessed at baseline, immediately after and 6 months after the intervention. A total of 764 Year 8 students from 10 independent secondary schools in Sydney, Australia participated in the study. Half of the schools were randomly allocated to the computerized prevention programme (n=397), and half to their usual classes (n=367). The six-lesson computerized intervention was evidence and curriculum based while having a focus on harm-minimization. Knowledge, expectancies, alcohol consumption (frequency, quantity and bingeing), patterns of use, and harms associated with one's own use of alcohol were assessed. Results: There were significant improvements in knowledge regarding alcohol use at immediate and 6 month follow up. Average weekly alcohol consumption was reduced immediately after the intervention. No differences between groups were found on alcohol expectancies, frequency of drinking to excess and harms related to alcohol use over time. Conclusions: The present results support the Climate Management and Treatment Education (CLIMATE) Schools: alcohol module as an effective intervention in increasing alcohol knowledge and reducing alcohol use in the short term. Copyright 2009, Informa Healthcare.

Comparisons of prevention programs for homeless youth.

Arnold EM; Rotheram-Borus MJ. *Prevention Science* 10(1): 76-86, 2009. (52 refs.)

There are six HIV prevention programs for homeless youth whose efficacy has been or is currently being evaluated: STRIVE, the Community Reinforcement Approach, Strengths-Based Case Management, Ecologically-Based Family Therapy, Street Smart, and AESOP (street outreach access to resources).

Programs vary in their underlying framework and theoretical models for understanding homelessness. All programs presume that the youths' families lack the ability to support their adolescent child. Some programs deemphasize family involvement while others focus on rebuilding connections among family members. The programs either normalize current family conflicts or, alternatively, provide education about the importance of parental monitoring. All programs aim to reduce HIV-related sexual and drug use acts. A coping skills approach is common across programs: Problem-solving skills are specifically addressed in four of the six programs; alternatively, parents in other programs are encouraged to contingently reward their children. Each program also engineers ongoing social support for the families and the youth, either by providing access to needed resources or by substituting a new, supportive relationship for the existing family caretaker. All of the interventions provide access to health and mental health services as basic program resources. A comparison of HIV prevention programs for homeless youth identifies the robust components of each and suggests which programs providers may choose to replicate. Copyright 2009, Springer.

Implementing the LifeSkills Training drug prevention program: Factors related to implementation fidelity.

Mihalic SF; Fagan AA; Argamaso S. *Implementation Science* 3: e-article 5, 2008. (56 refs.)

Background: Widespread replication of effective prevention programs is unlikely to affect the incidence of adolescent delinquency, violent crime, and substance use until the quality of implementation of these programs by community-based organizations can be assured. Methods: This paper presents the results of a process evaluation employing qualitative and quantitative methods to assess the extent to which 432 schools in 105 sites implemented the LifeSkills Training (LST) drug prevention program with fidelity. Regression analysis was used to examine factors influencing four dimensions of fidelity: adherence, dosage, quality of delivery, and student responsiveness. Results: Although most sites faced common barriers, such as finding room in the school schedule for the program, gaining full support from key participants (i.e., site coordinators, principals, and LST teachers), ensuring teacher participation in training workshops, and classroom management difficulties, most schools involved in the project implemented LST with very high levels of fidelity. Across sites, 86% of program objectives and activities required in the three-year curriculum were delivered to

students. Moreover, teachers were observed using all four recommended teaching practices, and 71% of instructors taught all the required LST lessons. Multivariate analyses found that highly rated LST program characteristics and better student behavior were significantly related to a greater proportion of material taught by teachers (adherence). Instructors who rated the LST program characteristics as ideal were more likely to teach all lessons (dosage). Student behavior and use of interactive teaching techniques (quality of delivery) were positively related. No variables were related to student participation (student responsiveness). Conclusion: Although difficult, high implementation fidelity by community-based organizations can be achieved. This study suggests some important factors that organizations should consider to ensure fidelity, such as selecting programs with features that minimize complexity while maximizing flexibility. Time constraints in the classroom should be considered when choosing a program. Student behavior also influences program delivery, so schools should train teachers in the use of classroom management skills. This project involved comprehensive program monitoring and technical assistance that likely facilitated the identification and resolution of problems and contributed to the overall high quality of implementation. Schools should recognize the importance of training and technical assistance to ensure quality program delivery. Copyright 2008, BioMed Central Ltd.

Low alcohol alternatives: A promising strategy for reducing alcohol related harm.

Segal DS; Stockwell T. *International Journal of Drug Policy* 20(2): 183-187, 2009. (18 refs.)

Background: Less than 1% of the beer market in British Columbia comprises beers with an alcohol content below 4%, despite the success of low alcohol beers in other countries, e.g. Australia. A small experimental study is described in which male students were given either unmarked low alcohol beer (3.8%) or regular strength beer (5.3%) to investigate their enjoyment and subjective intoxication. Methods: Thirty-four male students who reported drinking 5 or more beers in 1 day at least once in the last month volunteered for the study. In each drinking session, small groups of between 6 and 10 students consumed two servings of beer while playing dominoes. Each subject was his own control in the experiment by attending two group-drinking sessions, drinking a different beverage each time. The different beers were given in balanced order with half the subjects in each group drinking each type of beer. Standard measures of subjective intoxication and enjoyment were used.

Blood alcohol levels were tested before, during and after drinking. Results: Although significantly higher blood alcohol levels were obtained with the higher strength beer (means of 0.026 versus 0.033 mg/100 ml at the end of the study, $p < 0.001$), (i) most participants reported enjoying the two sessions equally or preferred the low alcohol beer session, (ii) most did not report feeling different between the two sessions and (iii) only about half correctly guessed which was the higher alcohol content beer. There was a preference, however, for the taste of the stronger beer. Conclusion: We conclude beer drinkers cannot readily distinguish low and regular strength beers and can enjoy socializing equally with either. We recommend taxation strategies to create incentives for the manufacture, marketing and consumption of low alcohol alternatives. Copyright 2009, Elsevier Science.

Pilot evaluation of an early intervention programme for children at risk.

Gwynne K; Blick BA; Duffy GM. *Journal of Paediatrics and Child Health* 45(3): 118-124, 2009. (51 refs.)

Aim: Children from vulnerable families, where there is social disadvantage, parental mental health problems, substance abuse or domestic violence, are at risk of attention, language, learning and behaviour problems because of poor attachment and lack of stimulation in the early years. Three primary modes of early intervention have been shown to produce sustained improvements in children's health, education and well-being despite these risk factors. This pilot aimed to evaluate the Spilstead Model (SM) of early intervention in Australia, which provides a uniquely integrated model of centre-based care, incorporating all three best-practice approaches. Method: The study targeted all new clients who attended the SM programme over a 12-month period. A battery of standardised clinician and parent-rated measures assessed parent, child and family functioning via pre-post test research design. Results: Results indicated large effect size changes ($P < 0.01$) in parent/child interaction; reduced parent stress; parental satisfaction; parent confidence; parental capacity; family interactions; child well-being; and total family functioning. A total of 71% of children who presented on initial developmental screening with delays in the clinical range were found to be within the normal range on post-testing; 41% moved from the below average range to scores within the normal range in language development. Parents noted improvements in externalising behaviours of large effect size (1.46). Conclusions: (i) Results were highly positive for both

children and parents; (ii) the synergistic nature of the SM may have the potential to maximise outcomes for families via a cumulative programme effect; and (iii) implications for further research were established. Copyright 2009, Wiley-Blackwell.

Perceived priorities for prevention: Change between 1996 and 2006 in a general population survey.

Etter JF. *Journal of Public Health* 31(1): 113-118, 2009. (16 refs.)

We assessed change between 1996 and 2006 in the opinions of the general public on priorities for the prevention of health problems. Postal questionnaire surveys in 1996 and 2006, in representative samples of the general population of Geneva, Switzerland. Participants indicated, for each of 13 health problems, a priority rating for the spending of prevention resources. There were 742 participants in 1996 (response rate 75%) and 1487 in 2006 (response rate 76%). According to participants, in 2006, resources should be spent, with priority, for: the prevention of sexual abuse of children (67% answered 'high priority'), illegal drugs (58%), AIDS (55%), tobacco smoking (45%), road traffic accidents (43%), alcoholism (42%), family violence (42%), suicide in young people (39%), mammography screening for breast cancer (37%), abuse of medications (27%), cannabis use (24%), poor diet (22%) and lack of physical activity (20%). Between 1996 and 2006, the largest change was observed for tobacco smoking (+18.6% answered 'high priority'), poor diet (+11.4%), lack of physical activity (+10.8%) and AIDS (-10.8%, $P < 0.001$ for all change scores). Smoking, poor diet and lack of physical activity were more likely to be perceived as priorities in 2006 than in 1996, whereas priority ratings decreased for AIDS. The prevention of sexual abuse of children was perceived as the highest priority by all. Copyright 2009, Oxford University Press.

Preventing death among the recently incarcerated: An argument for naloxone prescription before release.

Wakeman SE; Bowman SE; McKenzie M; Jeronimo A; Rich JD. *Journal of Addictive Diseases* 28(2): 124-129, 2009. (29 refs.)

Death from opiate overdose is a tremendous source of mortality, with a heightened risk in the weeks following incarceration. This study assessed overdose experience and response among long-term opiate users involved in the criminal justice system. One hundred thirty-seven subjects from a project linking opiate-dependent individuals being released from prison with methadone maintenance programs were asked 73

questions regarding overdose. Most had experienced and witnessed multiple overdoses; 911 was often not called. The majority of personal overdoses occurred within 1 month of having been institutionalized. Nearly all participants expressed an interest in being trained in overdose prevention with Naloxone. The risk of death from overdose is greatly increased in the weeks following release from prison. A pre-release program of overdose prevention education, including Naloxone prescription, for inmates with a history of opiate addiction would likely prevent many overdose deaths. Copyright 2009, Haworth Press.

The impact of a parent-directed intervention on parent-child communication about tobacco and alcohol.

Beatty SE; Cross DS; Shaw TM. *Drug and Alcohol Review* 27(6): 591-601, 2008. (67 refs.)

Introduction. Given the likelihood of engaging in the hazardous use of tobacco and alcohol increases during teenage years, pre-adolescence is a critical time to implement prevention programs. While social factors other than those associated with parenting play a role in determining a child's risk for initiation of tobacco and alcohol use, parents can have a significant influence on their children's decisions about these issues. The aim of this study was to assess the impact of an in-home parent-directed drug education intervention on parent-child communication about tobacco and alcohol. Design/Methods. A group randomised intervention trial was conducted in Perth, Western Australia. Schools were selected using stratified random sampling and randomised to three study conditions. A total of 1201 parents of 10-11-year-old children were recruited from 20 schools. The impact of a self-help intervention, comprised of five communication sheets containing information and activities designed to encourage parents to talk with their 10-11-year-old child about issues related to smoking cigarettes and drinking alcohol, was assessed. Results. Intervention-group parents were more likely to have spoken with their children, to have spoken more recently, to have engaged the child during the discussion and to have addressed the topics identified as being protective of children's involvement in tobacco and alcohol. In addition, the duration of talks about alcohol was longer than for parents in the comparison group. Discussion/Conclusions. Parents of 10-11-year-old children appear receptive to participating in a home-based drug-related educational intervention and the parent-directed intervention seems to have enhanced parent-child tobacco- and alcohol-related communication. Copyright 2008, Taylor & Francis.