

# Library Watch

substance abuse  
& adolescents

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## **Family interventions and their effect on adolescent alcohol use in general populations; a meta-analysis of randomized controlled trials. (review).**

Smit E; Verdurmen J; Monshouwer K; Smit F. *Drug and Alcohol Dependence* 97(3): 195-206, 2008. (51 refs.)

**Aims:** In order to quantify the effectiveness of family interventions in reducing adolescent drinking, we conducted a meta-analysis of randomized controlled trials. **Methods:** We searched the Cochrane Database of Systematic Reviews, ERIC (Educational Research Information Center), Medline and PsycInfo for studies published between 1995 and September 2006. Summary estimates (OR and Cohen's d) were derived from the difference in changed alcohol consumption between family intervention and control group. Random effect models were used to estimate the overall effect and heterogeneity among studies. Eighteen papers describing nine independent trials were eligible for inclusion in this meta-analysis. **Results:** The overall effect of family interventions in reducing alcohol initiation (OR: 0.71; 95% CI: 0.54, 0.94) and frequency of alcohol use (d: -0.25; 95% CI: -0.37, -0.12) show the success of these programs. There was heterogeneity between studies reporting on alcohol initiation (p-heterogeneity: < 0.001; I<sup>2</sup>: 78.6%). Yet, the most successful interventions continued to be effective in reducing alcohol initiation even at 48 months follow-up (pooled estimate (OR): 0.53; 95% CI: 0.38, 0.75). **Conclusion:** The results from this meta-analysis suggest that the overall effect of family interventions on adolescent alcohol use is small, yet consistent and effective even at 48 months. Copyright 2008, Elsevier Science.

## **Use and misuse of drugs and alcohol in adolescence. (review).**

McArdle P. *British Medical Journal* 337(7660): 46-50, 2008. (24 refs.)

Substance misuse is one of a group of linked behaviours that has recently become more common among young people in western societies. This rise has paralleled increasing rates of anxiety and depressive symptoms and of deaths related to substance misuse. Substance use disorders are potentially treatable and should be managed as chronic, relapsing diseases of

complex origin. This review examines the scale of these disorders among young people and how healthcare practitioners can intervene. It covers definitions of substance misuse/abuse/dependence, evidence for a neurological basis, apparent changes in rates of substance use problems, associated morbidity and mortality, and protocols for management, with discussion of the issues of toxicology testing, confidentiality, motivational interviewing, and advice to parents. In summary the author notes that (1) Substance misuse or dependence is a form of chronic, relapsing, debilitating illness; (2) International survey findings from a range of countries found that parental knowledge of their child's whereabouts protected against substance use, though this may be the result of a confiding parent-child relationship. (3) Without always consciously doing so, healthcare staff can exert substantial psychological "healing" and stabilisation, which can be valuable to troubled young people; (4) Healthcare organisations should actively engage young people through alliances with youth services, outreach, and continuity of care. Tips provided the non-specialist note that a good history may constitute an effective brief intervention; it may often uncover neglect or mistreatment, depression, or school failure; health practitioners should meet parents or carers when possible and doing so may amplify the effect of intervention; and young people in difficulties should be referred to substance misuse or mental health services. Copyright 2008, B M J Publishing Group.

## **Trajectories of childhood aggression and inattention/hyperactivity: Differential effects on substance abuse in adolescence.**

Jester JM; Nigg JT; Buu A; Puttler LI; Glass JM; Heitzeg MM et al. *Journal of the American Academy of Child and Adolescent Psychiatry* 47(10): 1158-1165, 2008. (53 refs.)

**Objective:** Aggression and hyperactivity/inattention each are linked to risk of alcohol use disorder (AUD), but their unique contributions remain ambiguous. The present study disaggregated these two domains developmentally and examined the relation between childhood behavior trajectories and adolescent substance use. **Method:** A total of 335 children of alcoholic and nonalcoholic fathers were studied

prospectively. Parallel process latent trajectory class analysis was developed with behavioral ratings by parents and teachers of aggression and inattention/hyperactivity across ages 7 to 16. Membership in the four latent classes was used as a predictor for problem adolescence alcohol use and substance onset. Results: Youths in the four latent trajectory classes differed in number of alcohol problems at age 16: healthy class (39% of sample, mean 2.1 alcohol-related problems), inattentive/hyperactive but not aggressive (33%; mean 2.7 problems), aggressive but not inattentive/hyperactive (4%, mean 5.0 problems), and comorbid (24%; mean 4.0 problems). Survival analysis revealed that the aggressive, comorbid, and inattentive/hyperactive classes had significantly earlier onsets of drinking, drunkenness, and marijuana use than the healthy class. Illicit drug use was also significantly increased in the comorbid, aggressive, and inattentive/hyperactive classes compared to the healthy class. Conclusions: Three levels of behavioral risk of substance abuse exist, the highest having trajectories of increased aggressive and inattentive/hyperactive problems throughout childhood, the next involving only an increased inattentive/hyperactive behavioral trajectory, and the lowest involving those with neither type of problem. Children with both inattention/hyperactivity and aggression have the greatest need for childhood intervention to prevent substance abuse in adolescence. Copyright 2008, Lippincott, Williams & Wilkins.

**Childhood or adolescent parental divorce/separation, parental history of alcohol problems, and offspring lifetime alcohol dependence.**

Thompson RG; Lizardi D; Keyes KM; Hasin DS. *Drug and Alcohol Dependence* 98(3): 264-269, 2008. (41 refs.)

Background: This study examined whether the experiences of childhood or adolescent parental divorce/separation and parental alcohol problems affected the likelihood of offspring DSM-IV lifetime alcohol dependence, controlling for parental history of drug, depression, and antisocial behavior problems. Method: Data were drawn from the 2001-2002 National Epidemiological Survey on Alcohol and Related Conditions (NESARC), a nationally representative United States survey of 43,093 civilian non-institutionalized participants aged 18 and older, interviewed in person. Logistic regression models were used to calculate the main and interaction effects of childhood or adolescent parental divorce/separation and parental history of alcohol problems on offspring lifetime alcohol dependence, after adjusting for

parental history of drug, depression, and antisocial behavior problems. Results: Childhood or adolescent parental divorce/separation and parental history of alcohol problems were significantly related to offspring lifetime alcohol dependence, after adjusting for parental history of drug, depression, and antisocial behavior problems. Experiencing parental divorce/separation during childhood, even in the absence of parental history of alcohol problems, remained a significant predictor of lifetime alcohol dependence. Experiencing both childhood or adolescent parental divorce/separation and parental alcohol problems had a significantly stronger impact on the risk for DSM-IV alcohol dependence than the risk incurred by either parental risk factor alone. Conclusions: Further research is needed to better identify the factors that increase the risk for lifetime alcohol dependence among those who experience childhood or adolescent parental divorce/separation. Copyright 2008, Elsevier Science.

**Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behavior therapy.**

Liddle HA; Dakof GA; Turner RM; Henderson CE; Greenbaum PE. *Addiction* 103(10): 1660-1670, 2008. (47 refs.)

Aim: To examine the efficacy of two adolescent drug abuse treatments: individual cognitive behavioral therapy (CBT) and multidimensional family therapy (MDFT). Design A 2 (treatment condition) x 4 (time) repeated-measures intent-to-treat randomized design. Data were gathered at baseline, termination, 6 and 12 months post-termination. Analyses used latent growth curve modeling. Setting: Community-based drug abuse clinic in the northeastern United States. Participants: A total of 224 youth, primarily male (81%), African American (72%), from low-income single-parent homes (58%) with an average age of 15 years were recruited into the study. All youth were drug users, with 75% meeting DSM-IV criteria for cannabis dependence and 13% meeting criteria for abuse. Measurements: Five outcomes were measured: (i) substance use problem severity; (ii) 30-day frequency of cannabis use; (iii) 30-day frequency of alcohol use; (iv) 30-day frequency of other drug use; and (v) 30-day abstinence. Findings: Both treatments produced significant decreases in cannabis consumption and slightly significant reductions in alcohol use, but there were no treatment differences in reducing frequency of cannabis and alcohol use. Significant treatment effects were found favoring MDFT on substance use problem severity, other drug use and minimal use (zero or one occasion of use) of

all substances, and these effects continued to 12 months following treatment termination. Conclusion: Both interventions are promising treatments. Consistent with previous controlled trials, MDFT is distinguished by the sustainability of treatment effects. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

**An experimental test of a craving management technique for adolescents in substance-abuse treatment.**

Florsheim P; Heavin S; Tiffany S; Colvin P; Hiraoka R. *Journal of Youth and Adolescence* 37(10): 1205-1215, 2008. (66 refs.)

This paper describes an experiment designed to test an imagery-based craving management technique with a sample of adolescents diagnosed with substance-use disorders. Seventy adolescents between the ages of 14 and 18 (41 males) were recruited through two substance-abuse treatment programs. The experimental procedure involved stimulating craving using a previously tested imagery technique and then administering a newly developed procedure for reducing craving. Participants were randomly assigned to one of three conditions: an "interpersonal help" craving reduction condition; an "interpersonal distracter" craving reduction condition; and a control condition in which craving was stimulated and allowed to attenuate naturally, without intervention. Results: indicated that following exposure to imagery-based drug cues, the "interpersonal distracter" condition effectively interrupted craving, compared to the control condition. The "interpersonal help condition" did not attenuate participant's craving response relative to the control condition. This study illustrates how experimental methods can be used to test and refine the efficacy of clinical interventions. Copyright 2008, Springer Press.

**Cannabis withdrawal is common among treatment-seeking adolescents with cannabis dependence and major depression, and is associated with rapid relapse to dependence.**

Cornelius JR; Chung T; Martin C; Wood DS; Clark DB. *Addictive Behaviors* 33(11): 1500-1505, 2008. (24 refs.)

Recently, reports have suggested that cannabis withdrawal occurs commonly in adults with cannabis dependence, though it is unclear whether this extends to those with comorbid depression or to comorbid adolescents. We hypothesized that cannabis withdrawal would be common among our sample of comorbid adolescents and young adults, and that the presence of cannabis withdrawal symptoms would be

associated with a self-reported past history of rapid reinstatement of cannabis dependence symptoms (rapid relapse). The participants in this study included 170 adolescents and young adults, including 104 with cannabis dependence, 32 with cannabis abuse, and 34 with cannabis use without dependence or abuse. All of these subjects demonstrated current depressive symptoms and cannabis use, and most demonstrated current DSM-IV major depressive disorder and current comorbid cannabis dependence. These subjects had presented for treatment for either of two double-blind, placebo-controlled trials involving fluoxetine. Cannabis withdrawal was the most commonly reported cannabis dependence criterion among the 104 subjects in our sample with cannabis dependence, being noted in 92% of subjects, using a two-symptom cutoff for determination of cannabis withdrawal. The most common withdrawal symptoms among those with cannabis dependence were craving (82%), irritability (76%), restlessness (58%), anxiety (55%), and depression (52%). Cannabis withdrawal symptoms (in the N= 170 sample) were reported to have been associated with rapid reinstatement of cannabis dependence symptoms (rapid relapse). These findings suggest that cannabis withdrawal should be included as a diagnosis in the upcoming DSM-V, and should be listed in the upcoming criteria list for the DSM-V diagnostic category of cannabis dependence. Copyright 2008, Elsevier Science.

**"Just Say NO" to pro-drug and alcohol student speech: The constitutionality of school prohibitions of student speech promoting drug and alcohol use.**

Reise ST. *Emory Law Journal* 57: 1259-1299, 2008. (361 refs.)

SUMMARY: ... In applying *Tinker*, the court held that the school violated Frederick's constitutional rights because his speech did not cause a substantial disruption. ... Therefore, allowing schools to prohibit vulgar, lewd, obscene, or offensive speech only when it causes a substantial disruption or occurs during school-sponsored activities frustrates the larger goal of protecting children from inappropriate speech. ... The court attempted to limit its holding to speech that disapproves of substance abuse, finding that Guiles' shirt conveyed drug and alcohol use in a negative light. ... The Hazelwood dissent, discussing this broad reading of *Fraser*, argued, "If mere incompatibility with the school's pedagogical message were a constitutionally sufficient justification for the suppression of student speech, school officials could censor any student speech ... , converting our public schools into "enclaves of totalitarianism." ... Similarly, prohibiting pro-drug and alcohol student speech will

assist schools in protecting students from the effects of drugs and alcohol. ... Pro-drug and alcohol speech is a clearly defined category of student speech that does not give a school broad authority to censor additional student expression. Part I of this Comment introduces the concept of the "school power continuum" as a way of understanding the Supreme Court's approach to defining the nature of school power and ability to limit or restrict free speech. Part II analyzes the case law relating to student expression, beginning with the trilogy of Supreme Court student-speech cases. This Part contends that, under most interpretations of these cases, schools lack the authority to restrict pro-drug and alcohol student speech. Part III demonstrates the importance of this issue and why schools should have the authority to restrict pro-substance use speech. That Part also describes the current state of drug and alcohol use in schools and illustrates the influence pro-substance use messages have on an adolescent's decision to use drugs or alcohol. Finally, Part IV asserts that the best solution is to create a new category of student speech. This contention is supported by evidence that the Court has increased school power in relation to students' constitutional rights when the issues involved drug and alcohol use. That Part also addresses arguments that schools already wield too much power over student speech. Copyright 2008, Emory University School of Law

**Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behavior therapy.**

Liddle HA; Dakof GA; Turner RM; Henderson CE; Greenbaum PE. *Addiction* 103(10): 1660-1670, 2008. (47 refs.)

Aim: To examine the efficacy of two adolescent drug abuse treatments: individual cognitive behavioral therapy (CBT) and multidimensional family therapy (MDFT). Design A 2 (treatment condition) x 4 (time) repeated-measures intent-to-treat randomized design. Data were gathered at baseline, termination, 6 and 12 months post-termination. Analyses used latent growth curve modeling. Setting: Community-based drug abuse clinic in the northeastern United States. Participants: A total of 224 youth, primarily male (81%), African American (72%), from low-income single-parent homes (58%) with an average age of 15 years were recruited into the study. All youth were drug users, with 75% meeting DSM-IV criteria for cannabis dependence and 13% meeting criteria for abuse. Measurements: Five outcomes were measured: (i) substance use problem severity; (ii) 30-day frequency of cannabis use; (iii) 30-day frequency of

alcohol use; (iv) 30-day frequency of other drug use; and (v) 30-day abstinence. Findings: Both treatments produced significant decreases in cannabis consumption and slightly significant reductions in alcohol use, but there were no treatment differences in reducing frequency of cannabis and alcohol use. Significant treatment effects were found favoring MDFT on substance use problem severity, other drug use and minimal use (zero or one occasion of use) of all substances, and these effects continued to 12 months following treatment termination. Conclusion: Both interventions are promising treatments. Consistent with previous controlled trials, MDFT is distinguished by the sustainability of treatment effects. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

**Concurrent change in alcohol and drug problems among treated adolescents over three years.**

Chung T; Martin CS; Clark DB. *Journal of Studies on Alcohol and Drugs* 69(3): 420-429, 2008. (26 refs.)

Objective: Many adolescents engage in polydrug use; however, little is known about whether alcohol and other drug problems show similar posttreatment trajectories of change. We examined concurrent patterns of change for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, symptoms related to the use of alcohol, marijuana, and other drugs and identified predictors of the most common cross-drug patterns of change. Method: Adolescents (N=542) recruited from addictions treatment were assessed at baseline and at 1- and 3-year follow-up. Latent class mixture modeling identified trajectories for alcohol, marijuana, and other-drug symptoms. Latent class analysis identified cross-drug patterns of change and was used to examine conduct disorder and depression as predictors of cross-drug patterns of change. Results: For alcohol users, three improving groups (72%), stable-low (19%) and stable-high (6%) groups, and groups with increasing trajectories (3%) were identified. For marijuana users, an asymptomatic class (230/6), two improving classes (46%), stable-low (13%) and stable-high (13%) classes, and a class with an increasing trajectory (4%) were found. For users of other drugs, groups with asymptomatic (57%), improving (20%), increasing (12%), and stable-high (11%) trajectories were identified. Latent class analysis of cross-drug patterns of change identified three subtypes representing generally concordant cross-drug patterns of change and one subtype that involved stable-high marijuana problems, decreasing alcohol problems, and increasing other-drug problems. Conduct disorder was associated

with greater persistence of substance problems. Conclusions: The majority of treated adolescents had similar cross-drug patterns of change for alcohol, marijuana, and other drugs; however, exceptions exist. Furthermore, adolescents with co-occurring psychopathology may benefit from continuing intervention, because they tend to report more persistent posttreatment substance-related problems. Copyright 2008, Alcohol Research Documentation.

### **Drink driving and the patterns and context of drinking among New Zealand adolescents.**

Tin ST; Ameratunga S; Robinson E; Crengle S; Schaaf D; Watson P. *Acta Paediatrica* 97(10): 1433-1437, 2008. (30 refs.)

Aim: To examine the association between drink driving and the patterns and locations of usual drinking among New Zealand adolescents. Methods: This is a secondary analysis of data from a nationally representative youth health survey, the sampling frame for which was all New Zealand secondary schools with more than 50 students enrolled in years 9 to 13 (ages 12 to 18 years) in 2001. The analysis was restricted to the 3408 survey respondents aged 15 years or older who were current drinkers and drivers. Results: In total, 17.3% of participants reported drink driving in the previous month. Drink driving was significantly associated with frequent (at least weekly) alcohol use, binge drinking and usually drinking away from home, that is in cars, outdoors, at bars or nightclubs, at parties, at school and at work. Students' perception that parents and schools care about them, parental monitoring, and high academic achievement was associated with a reduced risk of drink driving while having friends who drink alcohol increased this risk. These associations were similar among boys and girls. Conclusion: The findings support calls to address how and where young people drink, and indicate the potential gains to be made with family- and school-based interventions. Copyright 2008, Blackwell Publishing.

### **Is it important to prevent early exposure to drugs and alcohol among adolescents?**

Odgers CL; Caspi A; Nagin DS; Piquero AR; Slutske WS; Milne BJ et al. *Psychological Science* 19(10): 1037-1044, 2008. (40 refs.)

Exposure to alcohol and illicit drugs during early adolescence has been associated with poor outcomes in adulthood. However, many adolescents with exposure to these substances also have a history of conduct problems, which raises the question of whether early exposure to alcohol and drugs leads to poor outcomes only for those adolescents who are

already at risk. In a 30-year prospective study, we tested whether there was evidence that early substance exposure can be a causal factor for adolescents' future lives. After propensity-score matching, early-exposed adolescents remained at an increased risk for a number of poor outcomes. Approximately 50% of adolescents exposed to alcohol and illicit drugs prior to age 15 had no conduct-problem history, yet were still at an increased risk for adult substance dependence, herpes infection, early pregnancy, and crime. Efforts to reduce or delay early substance exposure may prevent a wide range of adult health problems and should not be restricted to adolescents who are already at risk. Copyright 2008, Blackwell Publishing.

### **Juvenile justice and substance use.**

Chassin L. *Future of Children* 18(2): 165-183, 2008. (63 refs.)

This paper focuses on the elevated prevalence of substance use disorders among young offenders in the juvenile justice system and on efforts by the justice system to provide treatment for these disorders. She emphasizes the importance of diagnosing and treating these disorders, which are linked both with continued offending and with a broad range of negative effects, such as smoking, risky sexual behavior, violence, and poor educational, occupational, and psychological outcomes. The high rates of substance use problems among young offenders suggests a large need for treatment. Although young offenders are usually screened for substance use disorders, the author notes the need to improve screening methods and to ensure that screening takes place early enough to allow youths to be diverted out of the justice system into community-based programs when appropriate. Cautioning that no single treatment approach has been proven most effective, Chassin describes current standards of "best practices" in treating substance use disorders, examines the extent to which they are implemented in the juvenile justice system, and describes some promising models of care. The author highlights several treatment challenges, including the need for better methods of engaging adolescents and their families in treatment and the need to better address environmental risk factors, such as family substance use and deviant peer networks, and co-occurring conditions, such as learning disabilities and other mental health disorders. The author advocates policies that encourage wider use of empirically validated therapies and of documented best practices for treating substance use disorders. High relapse rates among youths successfully treated for substance use disorders also point to a greater need for aftercare

services and for managing these disorders as chronic illnesses characterized by relapse and remission. A shortage of aftercare services and a lack of service coordination in the juvenile justice system suggests the need to develop treatment models that integrate and coordinate multiple services for adolescent offenders, particularly community-based approaches, both during and after their justice system involvement. Copyright 2008, Princeton University.

### **Perceived risk of harm and intentions of future inhalant use among adolescent inhalant users.**

Perron BE; Howard MO. *Drug and Alcohol Dependence* 97(1-2): 185-189, 2008. (21 refs.)

Objective: To identify predictors of perceived (a) risk of harm associated with inhalant use and (b) intention to use inhalants among adolescent inhalant users. Method: Participants were 279 lifetime inhalant users (M-age=15.5, 84% male) identified in a statewide survey of 723 adolescents in Missouri Division of Youth Services' residential care for antisocial conduct. Youth completed interviews assessing inhalant and other drug use, psychiatric symptoms, and antisocial traits/behavior. Results: More than one-third (37%) of youth perceived experimental inhalant use as of slight or no risk; one-in-eight ( 11.9%) youth perceived regular inhalant use as of slight or no risk. Risk perceptions of experimental and regular inhalant use were not associated with intentions to use. Youth with friends/siblings who use inhalants were less likely to perceive risks associated with experimental and regular inhalant use compared to youth without friends/sibling users. Adolescents who were younger and those with more extensive substance abuse problems, prior problems with inhalants, greater current psychiatric distress, and friends/siblings who use inhalants were significantly more likely to report intentions of future inhalant use than their counterparts. Conclusions: Assessments of substance use among youth, particularly those in the criminal justice system, should include an assessment of inhalant use. Intervention efforts should focus on developing strategies for managing social network influences. Copyright 2008, Elsevier Science.

### **Risk factors for initiation into drug injection among adolescent street youth.**

Roy E; Haley N; Leclerc P; Boudreau JF; Boivin JF. *Drugs: Education, Prevention and Policy* 14(5): 389-399, 2007. (45 refs.)

Young injectors are a group with high-risk behaviours, particularly with respect to HIV infection and hepatitis C. A leading strategy to prevent these infections could be the prevention of injection, especially among the

youngest individuals. We report analyses on initiation into drug injection from a prospective cohort study of street youth conducted in Montreal, Canada. Among 118 non-injector participants under 18 years of age followed for an average of 1.31 years, we estimated an incidence rate of injection of 22.7 per 100 person-years. Independent predictors of initiation were: a lifetime history of use of  $\geq 4$  types of drugs, recent daily alcohol drinking, a recent episode of homelessness, a lifetime history of rape, and recent involvement in survival sex. The observed high rate of initiation into injection clearly indicates that interventions to prevent injection should target especially adolescent street youth. These interventions should address simultaneously individual and structural factors, such as substance abuse and living conditions. Copyright 2007, Taylor & Francis.

### **Who drinks most of the total alcohol in young men: Risky single occasion drinking as normative behaviour.**

Gmel G; Gaume J; Faouzi M; Kulling JP; Daeppen JB. *Alcohol and Alcoholism* 43(6): 692-697, 2008. (30 refs.)

Aims: The objectives of this study were to analyse (a) the distribution of risky single-occasion drinking (RSOD) among 19-year-old men in Switzerland and (b) to show the percentage of all alcohol consumption in the form of RSOD. Methods: The study was based on a census of Swiss francophone 19-year-old men consecutively reporting for processing. The study was conducted at Army Recruitment Center. The participants were 4116 recruits consecutively enrolling for mandatory army recruitment procedures between 23 January and 29 August in 2007. The measures were alcohol consumption measured in drinks of similar to 10 g of pure alcohol, number of drinking occasions with six or more drinks (RSOD) in the past 12 months and a retrospective 1 week drinking diary. Results: 264 recruits were never seen by the research staff, 3536 of the remaining 3852 conscripts completed a questionnaire which showed that 7.2% abstained from alcohol and 75.5% of those drinking had an RSOD day at least monthly. The typical frequency of drinking was 1-3 days per week on weekends. The average quantity on weekends was about seven drinks, 69.3% of the total weekly consumption was in the form of RSOD days, and of all the alcohol consumed, 96.2% was by drinkers who had RSOD days at least once a month. Conclusion: Among young men, RSOD constitutes the norm. Prevention consequently must address the total population and not only high-risk drinkers. Copyright 2008, Oxford University Press.