

Library Watch on prevention

www.projectcork.org

fall 2010

Investing in health: The long-term impact of Head Start on smoking.

Anderson KH; Foster JE; Frisvold DE. *Economic Inquiry* 48(3): 587-602, 2010. (58 refs.)

Head Start is a comprehensive, early childhood development program designed to augment the human capital and health capital levels of disadvantaged children. Evaluations of Head Start have tended to focus on cognitive outcomes; however, there is increasing recognition that other important outcomes can be influenced by participation. This article evaluates the long-term impact of Head Start participation on smoking behavior in young adulthood by comparing the behavior of adults who attended Head Start with those of siblings who did not. We find that participation in Head Start reduces the probability that an individual smokes cigarettes as a young adult. Copyright 2010, Wiley-Blackwell.

Mass media interventions to reduce youth smoking prevalence.

Flynn BS; Worden JK; Bunn JY; Solomon LJ; Ashikaga T; Connolly SW et al. *American Journal of Preventive Medicine* 39(1): 53-62, 2010. (33 refs.)

Background: Mass media interventions for reduction of youth cigarette smoking have been recommended based on a broad array of evidence, although few randomized community trials have been reported. Design: Four matched pairs of independent media markets were identified; one member of each pair was randomized to receive the intervention. School surveys were conducted in all markets, in 2001 before ($n = 19,966$) and in 2005 after ($n = 23,246$) the interventions were completed. Setting/participants: Grade 7-12 students from public schools in these eight medium-sized metropolitan areas participated in the summative evaluations; Grades 4-12 students were targeted to receive mass media interventions in four of these markets. Intervention: Four simultaneous campaigns consisting of specially developed messages based on behavioral theory and targeted to defined age groups of racially and ethnically diverse young people were placed in popular TV, cable, and radio programming using purchased time for 4 years. Main outcome measures: Prevalence of youth smoking and

psychosocial mediators of smoking. Results: No significant impacts of these interventions on smoking behaviors or mediators were found for the overall samples. A positive effect was found for one mediator in subgroups. Among Hispanic participants a marginally favorable effect on smoking prevalence and significant effects on mediators were found. General awareness of smoking prevention TV messages was slightly higher over time in the intervention areas. Conclusions: Mass media interventions alone were unable to induce an incremental difference in youth smoking prevalence, probably because of a relatively strong tobacco control environment that included a substantial national smoking prevention media campaign. Copyright 2010, Elsevier Science.

School disrepair and substance use among regular and alternative high school students.

Grana RA; Black D; Sun P; Rohrbach LA; Gunning M; Sussman S. *Journal of School Health* 80(8): 387-393, 2010. (44 refs.)

METHODS: Data were collected from students ($N = 7058$) participating in 2 randomized controlled trials of a school-based substance abuse prevention program implemented across the United States. Students provided substance use and demographic information on a self-reported survey. Data for the physical disrepair of schools were collected from individual rater observations of each school environment. We hypothesized that school disrepair would be positively associated with substance use controlling for individual characteristics and a socioeconomic status proxy. Multilevel mixed modeling was used to test the hypothesized association and accounted for students nested within schools. RESULTS: Findings indicated that students attending an alternative HS with greater school disrepair were more likely to report the use of marijuana and other illicit drugs (ie, cocaine, heroin). Students attending regular HS with greater school disrepair were less likely to report smoking cigarettes. CONCLUSIONS: Differences in findings between regular HS and alternative HS students are discussed, and implications for substance use prevention programming are offered. Students attending

alternative HS with greater school disrepair may require more substance abuse prevention programming, particularly to prevent illicit substance use. Copyright 2010, Wiley-Blackwell.

Evidence-based interventions for preventing substance use disorders in adolescents.

Griffin KW; Botvin GJ. *Child and Adolescent Psychiatric Clinics of North America* 19(3): 505-+, 2010. (19 refs.)

Substantial progress has been made in developing prevention programs for adolescent drug abuse. The most effective interventions target salient risk and protective factors at the individual, family, and community levels and are guided by relevant psychosocial theories regarding the etiology of substance use and abuse. This article reviews the epidemiology, etiologic risk and protective factors, and evidence-based approaches that have been found to be most effective in preventing adolescent substance use and abuse. Exemplary school- and family-based prevention programs for universal (everyone in population), selected (members of at-risk groups), and indicated (at-risk individuals) target populations are reviewed, along with model community-based prevention approaches. Challenges remain in widely disseminating evidence-based prevention programs into schools, families, and communities. Copyright 2010, W B Saunders/Elsevier Science.

Controlling teenagers' drinking: Effects of a community-based prevention project.

Holmila M; Karlsson T; Warpenius K. *Journal of Substance Use* 15(3): 201-214, 2010. (45 refs.)

Aims: The study presents the evaluation results of the age-limit component of a community-based prevention project called PARKA. The project aimed to reduce alcohol availability among those under 18, which is the legal age for purchasing alcohol. The interventions consisted of law enforcement, community coalitions and community mobilization. Data and methods: The effects of the interventions were measured in a quasi-experimental research-setting with a matched control area before (2004) and after (2006/7) the interventions. The data included under-age purchase trials, a population survey and a school-based survey. Results: According to the purchase trials, the age limit control in the shops improved between the measuring points, and the young people reported in surveys that it had become more difficult to obtain alcohol. However, changes in the intervention and the control areas were similar. This can partly be explained by increased surveillance in addition to spill-over effects of

PAKKA-interventions into the control areas. Conclusions: Local coalitions can be important tools in reducing alcohol availability among minors. The quasi-experimental research-setting has its methodological limitations in assessing the intervention's impact given the overlap in local and national processes seen in the case of the PAKKA project. Copyright 2010, Informa Healthcare.

Update on harm-reduction policy and intervention research.

Marlatt GA; Witkiewitz K. *Annual Review Of Clinical Psychology, Vol 6* 6: 591-606, 2010. (88 refs.)

Harm reduction is a pragmatic approach to reduce the harmful consequences of alcohol and drug use or other high-risk activities by incorporating several strategies that cut across the spectrum from safer use to managed use to abstinence. The primary goal of most harm-reduction approaches is to meet individuals "where they are at" and not to ignore or condemn the harmful behaviors but rather to work with the individual or community to minimize the harmful effects of a given behavior. The current review addresses some of the newest developments with respect to harm-reduction policy, prevention, and treatment. In particular, this review highlights policies and programs that have been evaluated in peer-reviewed journals and shown to be effective at reducing the harms associated with alcohol and drug use. The overall goal of this review is to present some of the most recent developments in the field of harm reduction. Copyright 2010, Annual Reviews.

The behavioral response to personalized genetic information: Will genetic risk profiles motivate individuals and families to choose more healthful behaviors? (review).

McBride CM; Koehly LM; Sanderson SC; Kaphingst KA. *Annual Review of Public Health* 31: 89-103, 2010. (83 refs.)

This report describes the use of information emerging from genetic discovery to motivate risk-reducing health behaviors. Most research to date has evaluated the effects of information related to rare genetic variants on screening behaviors, in which genetic risk feedback has been associated consistently with improved screening adherence. The limited research with common genetic variants suggests that genetic information, when based on single-gene variants with low-risk probabilities, has little impact on behavior. The effect on behavioral outcomes of more realistic testing scenarios in which genetic risk is based on numerous genetic variants is largely unexplored. Little attention has been directed to matching genetic

information to the literacy levels of target audiences. Another promising area for research is consideration of using genetic information to identify risk shared within kinship networks and to expand the influence of behavior change beyond the individual. Copyright 2010, Annual Reviews.

Preventing alcohol use among late adolescent urban youth: 6-year results from a computer-based intervention.

Schwinn TM; Schinke SP. *Journal of Studies on Alcohol and Drugs* 71(4): 535-538, 2010. (25 refs.)

Objective: This study was undertaken to evaluate the efficacy of a skills-based CD-ROM intervention, with and without a parent component, to reduce alcohol use among urban youth at 6-year follow-up. Method: At recruitment, 513 youths with a mean age of 10.8 years were randomly assigned to one of three study arms: youth CD-ROM intervention plus parent component, youth CD-ROM intervention only, or control. All youths completed pretest, posttest, and annual follow-up measures. Youths and parents in their respective arms received the initial intervention program between pretest and posttest measures and received booster interventions between each follow-up measure. Results: With 80% sample retention at 6-year follow-up, youths in both intervention arms reported less past-month alcohol and cigarette use and fewer instances of heavy drinking and negative alcohol-related consequences. Despite having similar numbers of drinking peers as youths in the control arm, youths in both intervention arms reported greater alcohol-refusal skills. Only past-month cigarette use differed between the two intervention arms, with youths in the intervention-plus-parent-component arm smoking less than youths in the CD-ROM intervention-only arm. Conclusions: Six years after initial intervention, youths who received a culturally tailored, skills-based prevention program had reduced alcohol use and lower rates of related risky behaviors than youths in the control arm. Copyright 2010, Alcohol Research Documentation Center.

Preventing college women's sexual victimization through parent based intervention: A randomized controlled trial.

Testa M; Hoffman JH; Livingston JA; Turrisi R. *Prevention Science* 11(3): 308-318, 2010. (47 refs.)

A randomized controlled trial, using parent-based intervention (PBI) was designed to reduce the incidence of alcohol-involved sexual victimization among first-year college students. The PBI, adapted from Turrisi et al. (2001), was designed to increase alcohol-specific and general communication between

mother and daughter. Female graduating high school seniors and their mothers were recruited from the community and randomly assigned to one of four conditions: Alcohol PBI (n = 305), Enhanced Alcohol + Sex PBI (n = 218), Control (n = 288) or Unmeasured Control (n = 167). Mothers in the intervention conditions were provided an informational handbook and encouraged to discuss its contents with their daughters prior to college matriculation. Consistent with hypotheses, PBI, either standard or enhanced, was associated with lower incidence of incapacitated rape in the first year of college relative to controls. Path analysis revealed support for a hypothesized indirect effects model, by which intervention increased mother-daughter communication, which predicted lower frequency of first semester heavy episodic drinking, resulting in lower rates of alcohol-involved sexual victimization in the first year of college. Copyright 2010, Springer Press.

Wisdom and influence of elders: Possibilities for health promotion and decreasing tobacco exposure in First Nations communities.

Varcoe C; Bottorff JL; Carey J; Sullivan D; Williams W. *Canadian Journal of Public Health* 101(2): 154-158, 2010. (30 refs.)

Objectives: This community-based project examined the interpersonal and system influences on smoking practices and exposure to cigarette smoke that place young pregnant and parenting First Nations women and their children at risk. The aim was to work with the community using this information to develop meaningful strategies to support tobacco reduction and reduce exposure to second-hand smoke. Method: Ethnographic methods informed by decolonizing approaches were used to study smoking practices and exposure within the context of six First Nations rural reserve villages in the Gitxsan territory in North-Western British Columbia. Data were collected through individual interviews with key community members, individual and group interviews with women, men, youth and older people, including Elders, and participant observation. Findings: Older people, including grandparents and Elders expressed great interest in being more involved in their communities, particularly with youth. Other community members, especially mothers, saw such older people as important in diminishing the tobacco exposure problem, with ideas for their involvement ranging from role modeling non-smoking or respectful smoking to teaching cultural traditions. Conclusion: Elders in First Nations communities represent a culturally-relevant resource for health that is currently

underused. Communities might draw upon their wisdom and influence to decrease tobacco exposure and promote community health in other ways. This offers a concrete, practical strategy in response to widespread calls for supporting the culture of Aboriginal people as part of health promotion. Copyright 2010, Canadian Public Health Association.

Preventing alcohol-related problems through health policy research.

Voas RB; Fell JC. *Alcohol Research & Health* 33(1-2): 18-28, 2010. (113 refs.)

Alcohol-related health policy research is responsible for guiding the implementation of laws and public health policies that have reduced alcohol-related highway injuries and deaths, as well as other alcohol-related problems over the last 40 years. This research, which tests theories about potential policy changes and responds to specific problems, has examined a vast array of prevention programs. This article briefly identifies 10 program categories and highlights four programs to illustrate the scope and complexity of the individual health policy areas within the categories. Copyright 2010, National Institute on Alcohol Abuse and Alcoholism.

Reducing underage and young adult drinking: How to address critical drinking problems during this developmental period.

Windle M; Zucker RA. *Alcohol Research & Health* 33(1-2): 29-44, 2010. (104 refs.)

Forty years ago, when the National Institute on Alcohol Abuse and Alcoholism (NIAAA) was founded, alcoholism was considered an adult disease driven principally by physiological determinants. As NIAAA expanded its research portfolio, new data and insights were obtained that led to an increased focus on underage and young adult drinking. Fostered by interdisciplinary research, etiologic models were developed that recognized the multiplicity of relevant genetic and environmental influences. This shift in conceptualizing alcohol use disorders also was based on findings from large-scale, national studies indicating that late adolescence and early young adulthood were peak periods for the development of alcohol dependence and that early initiation of alcohol use (i.e., before age 15) was associated with a fourfold increase in the probability of subsequently developing alcohol dependence. In recent years, developmental studies and models of the initiation, escalation, and

adverse consequences of underage and early young adult drinking have helped us to understand how alcohol use may influence, and be influenced by, developmental transitions or turning points. Major risk and protective factors are being identified and integrated into screening, prevention, and treatment programs to optimize interventions designed to reduce drinking problems among adolescents and young adults. In addition, regulatory policies, such as the minimum drinking age and zero-tolerance laws, are being implemented and evaluated for their impact on public health. Copyright 2010, National Institute on Alcohol Abuse and Alcoholism.

Effects of a school-based stress prevention programme on adolescents in different phases of behavioural change.

Vierhaus M; Maass A; Fridrici M; Lohaus A. *Educational Psychology* 30(4): 465-480, 2010. (34 refs.)

This study examines whether the assumptions of the Transtheoretical Model (TTM) are useful to evaluate the effectiveness of a school-based stress prevention programme in adolescence to promote appropriate coping behaviour. The TTM assumes three consecutive phases in the adoption of behavioural patterns. Progress throughout the phases is promoted by three developmental determinants. It, therefore, was expected that programme participation is associated with a progression throughout the phases and with a change in the developmental determinants. Of 372 adolescents, aged between 13 and 16 years, 190 participated in a control condition and 182 in a stress prevention programme. Measurements were taken a week before (pre-test), a week after (post-test) and 12 weeks after the training (follow-up-test). Results indicated that adolescents in different phases of behaviour change report different numbers of stress symptoms. Programme participation is associated with a progression in phases which, however, was not stable after the programme had run its course. Besides this, adolescents in different phases benefit from participation differentially as different patterns of changes in the developmental determinants show. A systematic promotion in the different phases of behavioural change by integrating TTM-tailored 'tools' into a stress management programme may improve participants' intention and competence to actually show appropriate coping behaviour. Copyright 2010, Taylor & Francis.