

Library Watch on prevention

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Education of tobacco use prevention and cessation for dental professionals: A paradigm shift.

Davis JM; Ramseier CA; Mattheos N; Schoonheim-Klein M; Compton S; Al-Hazmi N et al. *International Dental Journal* 60(1): 60-72, 2010. (88 refs.)

The use of tobacco continues to be a substantial risk factor in the development and progression of oral cancer, periodontitis, implant failure and poor wound healing. Dental and dental hygiene education providers have made great advances towards the incorporation of tobacco education into their curricula in recent years. Unfortunately, however, both medical and dental education research has consistently reported schools providing only basic knowledge-based curricula that rarely incorporate more effective, behaviourally-based components affecting long-term change. The limited training of oral healthcare students, at least in part, is reflected in practising dental professionals continuing to report offering incomplete tobacco interventions. In order to prepare the next generation of oral healthcare providers, this paper proposes a paradigm shift in how tobacco use prevention and cessation (TUPAC) may be incorporated into existing curricula. It is suggested that schools should carefully consider: to what level of competency should TUPAC be trained in dental and dental hygiene schools; the importance of establishing rapport through good communication skills; the core knowledge level for TUPAC; suggested instructional and assessment strategies; the importance of continuing professional education for the enhancement of TUPAC. Copyright 2010, F D I World Dental Press.

The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial.

Faggiano F; Vigna-Taglianti F; Burkhart G; Bohrn K; Cuomo L; Gregori D. *Drug and Alcohol Dependence* 108(1-2): 56-64, 2010. (52 refs.)

Aim: To evaluate the effectiveness of a school-based substance abuse prevention program developed in the EU-Dap study (EUropean Drug Addiction Prevention trial). Materials and methods: Cluster Randomized Controlled Trial. Seven European countries participated in the study; 170 schools (7079 pupils 12-14 years of age) were randomly assigned to one of

three experimental conditions or to a control condition during the school year 2004/2005. The program consisted of a 12-h curriculum based on a comprehensive social influence approach. A pre-test survey assessing past and current substance use was conducted before the implementation of the program, while a post-test survey was carried out about 18 months after the pre-test. The association between program condition and change in substance use at post-test was expressed as adjusted prevalence odds ratio (POR), estimated by multilevel regression models. Results: Persisting beneficial program effects were found for episodes of drunkenness (any, POR = 0.80; 0.67-0.97; frequent, FOR = 0.62; 0.47-0.81) and for frequent cannabis use in the past 30 days (POR=0.74; 0.53-1.00), whereas daily cigarette smoking was not affected by the program as it was at the short-term follow-up. Baseline non-smokers that participated in the program progressed in tobacco consumption to a lower extent than those in the control condition, but no difference was detected in the proportion of quitters or reducers among baseline daily smokers. Conclusion: The experimental evaluation of an innovative school curriculum based on a comprehensive social influence approach, indicated persistent positive effects over 18 months for alcohol abuse and for cannabis use, but not for cigarette smoking. Copyright 2010, Elsevier Science.

Project ASPIRE: An interactive, multimedia smoking prevention and cessation curriculum for culturally diverse high school students.

Prokhorov AV; Kelder SH; Shegog R; Conroy JL; Murray N; Peters R et al. *Substance Use & Misuse* 45(6): 983-1006, 2009. (61 refs.)

A Smoking Prevention Interactive Experience (ASPIRE) is an innovative, computer-based smoking prevention and cessation intervention delivered to a culturally diverse population of high school students. Founded in the Transtheoretical Model of Change, five main and two "booster" sessions comprise the interactive intervention. Here we describe the intervention and the baseline characteristics from our study sample of 1,574 10th graders from 16 high schools in Houston, Texas. Environmental and

behavioral smoking risk factors were assessed, and the two intervention groups were comparable with respect to most measured variables. The intervention program holds considerable promise in its ability to reduce smoking among teens. Copyright 2009, Taylor & Francis.

The effects of Project ALERT one year past curriculum completion.

Ringwalt CL; Clark HK; Hanley S; Shamblen SR; Flewelling RL. *Prevention Science* 11(2): 172-184, 2010. (42 refs.)

School-based drug prevention curricula constitute the nation's most prevalent strategy to prevent adolescent drug use. We evaluated the effects of one such curriculum, Project ALERT, on adolescent substance use. In particular, we sought to determine if a single effect on 30-day alcohol use, noted shortly following the completion of the 2-year program, could be detected 1 year later. We also looked for delayed effects on other outcomes of interest, namely lifetime alcohol use, and 30-day and lifetime use of cigarettes, marijuana, and inhalants. We employed a randomized controlled trial that used school as the unit of assignment. Thirty-four schools with grades 6-8 from 11 states completed the study. Seventy-one Project ALERT instructors taught 11 core lessons to sixth graders and 3 booster lessons to seventh graders. Students were assessed prior to the onset of the intervention, as sixth graders, after the completion of the 2-year curriculum, as seventh graders, and again 1 year later as eighth graders. This paper examines data from the pretest and final posttest. Using hierarchical nonlinear modeling, we found that our earlier effect on 30-day alcohol use did not persist. Further, we continued to find no effects for lifetime alcohol use and both the lifetime and 30-day use of cigarettes, marijuana, and inhalants. Our findings do not support the long-term effectiveness of Project ALERT, when delivered to sixth graders. Copyright 2010, Springer.

Internet-based prevention for alcohol and cannabis use: Final results of the Climate Schools course

Newton NC; Teesson M; Vogl LE; Andrews G. *Addiction* 105(4): 749-759, 2010. (45 refs.)

Aims: To establish the long-term efficacy of a universal internet-based alcohol and cannabis prevention programme in schools. Methods: A cluster-randomized controlled trial was conducted to assess the effectiveness of the Climate Schools: Alcohol and Cannabis Course. The evidence-based course, aimed at reducing alcohol and cannabis use, is facilitated by the internet and consists of 12 novel and curriculum consistent lessons delivered over 6 months. Participants: A total of 764 year 8 students (13 years

from 10 Australian secondary schools were allocated randomly to the internet-based prevention programme (n = 397, five schools), or to their usual health classes (n = 367, five schools). Measures: Participants were assessed at baseline, immediately post, and 6 and 12 months following completion of the intervention, on measures of alcohol and cannabis knowledge, attitudes, use and related harms. Results: This paper reports the final results of the intervention trial, 12 months following the completion of the Climate Schools: Alcohol and Cannabis Course. The effectiveness of the course 6 months following the intervention has been reported previously. At the 12-month follow-up, compared to the control group, students in the intervention group showed significant improvements in alcohol and cannabis knowledge, a reduction in average weekly alcohol consumption and a reduction in frequency of drinking to excess. No differences between groups were found on alcohol expectancies, cannabis attitudes or alcohol- and cannabis-related harms. The course was found to be acceptable by teachers and students as a means of delivering drug education in schools. Conclusions: Internet-based prevention programs for school-age children can improve student's knowledge about alcohol and cannabis, and may also reduce alcohol use twelve months after completion. Copyright 2010, Society for the Study of Addiction to Alcohol and Other Drugs.

Tobacco industry manipulation messages in anti-smoking public service announcements: The effect of explicitly versus implicitly delivering messages.

Shadel WG; Fryer CS; Tharp-Taylor S. *Addictive Behaviors* 35(5): 526-529, 2010. (20 refs.)

Message content in anti-smoking public service announcements (PSAs) can be delivered explicitly (directly with concrete statements) or implicitly (indirectly via metaphor), and the method of delivery may affect the efficacy of those PSAs. The purpose of this study was to conduct an initial test of this idea using tobacco industry manipulation PSAs in adolescents. A 2 (age: 11-14 years old; 15-17 years old) x 2 (message delivery: implicit, explicit) mixed model design was used. There was a significant main effect of message delivery: Tobacco industry manipulation PSAs that delivered their messages explicitly were associated with stronger levels of smoking resistance self-efficacy compared to tobacco industry manipulation PSAs that delivered their messages implicitly. No significant main effects of age were found nor were any interactions between age and message delivery. These results suggest that message delivery factors should be taken into account when designing anti-smoking PSAs. Copyright 2010, Elsevier. .

Psychosocial interventions for reducing injection and sexual risk behaviour for preventing HIV in drug users. (review).

Meader N; Li R; Des Jarlais DC; Pilling S. *Cochrane Database of Systematic Reviews* 1: CD007192, 2010. (67 refs.)

Background: Drug users (including both injection drug users and crack cocaine users), are at high levels of risk for contracting HIV. Therefore it is important to reduce the injection and/or sexual risk behaviours of these groups both for the benefit of themselves and for society as a whole. Objectives: To assess the efficacy of multi-session psychosocial interventions in comparison with standard education and minimal intervention controls for the reduction of injection and sexual risk behaviour. Search strategy: Electronic searches were conducted of a number of bibliographic databases (including Cochrane Library, CINAHL, MEDLINE, PsycINFO). In addition, other methods of locating papers were employed including contacting various authors working in the field of HIV risk reduction and examining reference lists of applicable papers identified in the electronic search. Selection criteria: The inclusion criteria consisted of randomised and quazi-randomised trials assessing the efficacy of psychosocial interventions in the reduction of injection and sexual risk behaviour for people who misused opiates, cocaine, or a combination of these drugs. Data collection and analysis: Two authors independently assessed the eligibility of studies identified by the search strategy, quality assessed these studies and extracted the data. A total of 35 trials met the eligibility criteria of the review providing data on 11,867 participants. Main results: There were minimal differences identified between multi-session psychosocial interventions and standard educational interventions for both injection and sexual risk behaviour. Although it should be noted there were large pre-post changes for both groups suggesting both were effective in reducing risk behaviours. In addition, there was some evidence of benefit for multi-session psychosocial interventions when compared with minimal controls. Subgroup analyses suggest that people in formal treatment are likely to respond to multi-session psychosocial interventions. It also appears single-gender groups may be associated with greater benefit. Authors' conclusions: There is limited support for the widespread use of formal multi-session psychosocial interventions for reducing injection and sexual risk behaviour. Brief standard education interventions appear to be a more cost-effective option. Further research is required to assess if there are particular groups of drug users more likely to

respond to such interventions. Copyright 2010, John Wiley & Sons.

Does successful school-based prevention of bullying influence substance use among 13-to 16-year-olds?

Amundsen EJ; Ravndal E. *Drugs: Education, Prevention and Policy* 17(1): 42-54, 2010. (23 refs.)

Methods: The Olweus programme was introduced from grades 7 through 9 in four schools and monitored up to grade 10 in Oslo in 2001/02, with two schools serving as controls. Students responded to annual questionnaires about substance use. Three-level analyses were applied to check for increases in substance use over time. Findings: There was no significant difference in the frequency of alcohol use between the experimental schools and the control schools. Alcohol intoxication and cannabis use, and possibly smoking, were higher in the control schools than in the experiment schools. Conclusion: Elements of the Olweus programme characterized by positive interest and engagement on the part of adults, firm boundaries between acceptable/unacceptable behaviour, and the consistent application of non-physical, non-hostile consequences, in addition to the multi-modal and permanence of the approach, may be of interest for further studies of school-based programmes aimed at achieving lower levels of or at delaying the onset of substance use. Copyright 2010, Taylor & Francis.

Use (and Misuse) of the responsible drinking message in public health and alcohol advertising: A review.

Barry AE; Goodson P. *Health Education & Behavior* 37(2): 288-303, 2010. (42 refs.)

The objective is to present an analysis of the alcohol industry's and scholarly researchers' use of the concept "responsible drinking." Electronic databases associated with health, education, sociology, psychology, and medicine were the data sources. Results were limited to English, peer-reviewed articles. Search descriptors included responsible, responsibility, drinking, alcohol, brewer, and campaign. Eighteen articles constituted the final sample. The matrix method was utilized to organize and abstract pertinent information. Misunderstanding stemming from the inconsistency and counterintuitive nature of brewer-sponsored "responsible drinking" campaigns is further compounded by researchers' use of the term and concept of "responsible drinking" in their scholarly reports. In articulating the definition of "responsible drinking," researchers employ subjective notions and personal ideas, thus not differentiating the construct's meaning from the one acquired in brewer-sponsored

campaigns. Researchers are consistently inconsistent when identifying specific health measures that promote and/or contradict responsible alcohol consumption. To evade the subjective notions of researchers and restrictive impressions attached by the alcohol industry, the manner in which individuals interpret, perceive, and practice responsible drinking must be systematically explored and examined using theoretically based constructs. Copyright 2010, Sage Pub..

Implementing harm reduction for heroin users in Afghanistan, the worldwide opium supplier.

Maguet O; Majeed M. *International Journal of Drug Policy* 21(2, Special Issue): 119-121, 2010. (12 refs.) Afghanistan has suffered decades of war, occupation and unrest. It is also the world's greatest producer of opium and drug production and trafficking account for a third of the total Afghan economy. Currently alongside the "War on Terrorism", the control and eradication of opium production and related trafficking is a main concern of the international community. However, this focus on supply reduction has meant scant attention has been paid to increasing drug use problems within the country; it is estimated there are up to 25,000 opium users and 20,000 heroin users in Kabul city. Drug use is often a response to war, poverty and under-development, however, street opium and heroin manufactured in the country are widely available, affordable and of high purity. This paper documents the efforts of non-governmental organisations to promote and develop harm reduction and treatment services for problem drug users in Afghanistan in this difficult context. Copyright 2010, Elsevier Science.

The effects of advertising, social influences, and Invited Commentary. National Safe Place: meeting the immediate needs of runaway and homeless youth. (editorial).

Walsh SM; Donaldson RE. *Journal of Youth and Adolescence* 39(5): 437-445, 2010. (23 refs.) An estimated 1.6 million youth run away from home each year. While on the run, these youth are vulnerable to exploitation, victimization, increased dangers and perpetration of criminal behavior. Runaway and homeless youth are far more likely to engage in substance use and delinquent behavior, drop out of school and suffer from sexually transmitted diseases and mental illness at greater rates than the norm. Timely and direct intervention in runaway and

throwaway cases is imperative to protect youth from the high risks of living on the streets. National Safe Place is an outreach and prevention program that is uniquely designed to provide immediate safety and access to services for any youth in need. In partnership with over 360 youth serving agencies and over 10,000 businesses and community organizations across the United States, the Safe Place program educates youth about alternatives to running away and homelessness and provides easily accessible links to service providers. Ongoing data collection indicates that National Safe Place has been successful in reaching endangered youth at risk of abuse, neglect or serious family problems but that expanded program models remain needed. The challenges and successes of current programming and the future of National Safe Place program expansion are discussed. Copyright 2010, Springer.

A brief image-based prevention intervention for adolescents.

Werch CE; Bian H; DiClemente CC; Moore MJ; Thombs D; Ames SC et al. *Psychology of Addictive Behaviors* 24(1): 170-175, 2010. (26 refs.)

The authors evaluated the efficacy of a brief image-based prevention intervention and assessed current drug use as a moderator of intervention effects. In a clinical trial, 416 high school-age adolescents were randomized to either the brief intervention or usual care control, with data collected at baseline and 3-month follow-up. The brief intervention consisted of a tailored in-person communication and a series of parent/guardian print materials based on the behavior-image model. Health behavior goal setting increased for participants receiving the brief intervention, with an effect size in the small range ($d = 0.33$). Overall effect sizes for cigarette smoking frequency and quantity and alcohol use frequency and quantity were small ($ds = 0.16-0.21$) and in favor of the brief intervention. However, adolescents reporting current substance use who received the brief intervention reduced their frequency and heavy use of alcohol, frequency and quantity of cigarette smoking, and reported fewer alcohol/drug problems, with larger effects ranging from small to approaching medium in size ($ds = 0.32-0.43$, $ps < .01$). This study suggests that brief image-based messages may increase health behavior goal setting and reduce substance use, particularly among drug-using older adolescents. Copyright 2010, Educational Publishing Foundation.