

A Review of the Professional and Scientific Literature on Prevention Strategies Targeting
Adults

Draft Copy

Harlan Wolfe
Susan Moore
UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE
TREATMENT AND PREVENTION EVALUATION GROUP (TPEG)
August 2007

Foreword: The Organization of this Report

This report reviews modern peer-reviewed literature directed toward the prevention of substance abuse by adults. For the most part, it has focused on research of prevention *strategies* and *programs*, though some other supportive material is included. Those who have become accustomed to visiting The National Registry of Evidence-based Programs and Practices (NREPP) to find programs will find few for adult substance abuse there. Nor are there other registries with packaged and manualized programs ready to be taken down from the shelf and implemented for adult substance abuse prevention. That which has been done for substance abuse prevention for youth challenges prevention specialists to move forward with similar programming suitable for adult populations.

The Table of Contents shows that the information has been organized by adult groups—those that go to medical facilities, those that go to college, those who work, etc. Each group has a brief introductory section (pages 4-24). After the sections are a series of appendices (pages 25-66) which cite literature for each group, plus other relevant articles.

The sections and appendices contain more than 500 literature citations plus references to Internet sites that provide more information. Except in the case of some classic works, most of the references are from the past few years.

We believe that the reader will come away with a feeling that a great amount has been done, but also, that there is much more to do. Clearly, the vast amount of research that has been reported in professional journals has not been organized and disseminated in a way as to make it easily accessible and usable at the community level; however, some remarkable steps have been taken.

Local providers of prevention services will greatly benefit by going to the CSAP Prevention Platform and to the Prevention Pathway Courses on the web (the addresses are given in Section Six on Community/Environmental Protection). At these sites, prevention professionals and leaders can review current state-of-the-art prevention know-how.

Table of Contents

Foreword: The Organization of this Report.....	2
Table of Contents.....	3
Introduction of Prevention of Substance Abuse for Adults.....	4
A Natural History of Substance Abuse.....	5
Natural history-- Emerging Adulthood.....	5
Natural History--Transitions.....	6
▶Prevention in Medical & Service Facilities—Brief Interventions.....	8
Young Adults.....	10
▶Young Adults in College.....	12
Programs for College Students :.....	12
▶Young Adults not in College.....	15
▶The Workplace.....	16
▶The Military.....	18
▶Older Adults.....	20
Programs for Older Adults:.....	21
▶The Community/Environmental.....	23
Appendix One -- Brief Interventions.....	25
General Brief Interventions.....	25
Brief Interventions for Special Populations.....	32
Appendix Two – Young Adults in College.....	35
Brief Interventions for College Students.....	35
A Review of University Policies to Control Substance Abuse on Campuses.....	37
Community-based or Environmental Programs for College Students.....	38
Prevention Programming with NORMS on College Campuses.....	39
Other Programs and Strategies for College Campuses.....	40
Other College Programs and College Reference Materials.....	41
Web-based Prevention Programs for College Students.....	46
Appendix Four – The Workplace.....	48
Programs for Substance Abuse Prevention in the Workplace.....	48
Readings on Employee Assistance Programs (EAP).....	50
Readings on Health Promotion in the Workplace.....	50
Readings on Workplace Policies.....	50
Topics in Workplace Substance Abuse Prevention.....	51
Appendix Five -- Older Adults.....	52
Programs for Substance Abuse Prevention for Older Adults.....	52
Readings in Substance Abuse Prevention for Older Adults.....	52
Appendix Six -- The Community.....	54
Community and Environmental Programs.....	54
Media Programs.....	56
Web-based programs.....	56
Other Readings on Community and Environmental Programs.....	57
Appendix Seven -- Other Programs for Adults.....	57
Appendix Eight -- Readings in Harm Reduction.....	60
Appendix Nine--Prevention for other Professionals.....	61
Appendix Ten--Demography of Substance Abuse.....	62
Appendix Eleven--Readings to Plan for Prevention.....	64

Introduction of Prevention of Substance Abuse for Adults

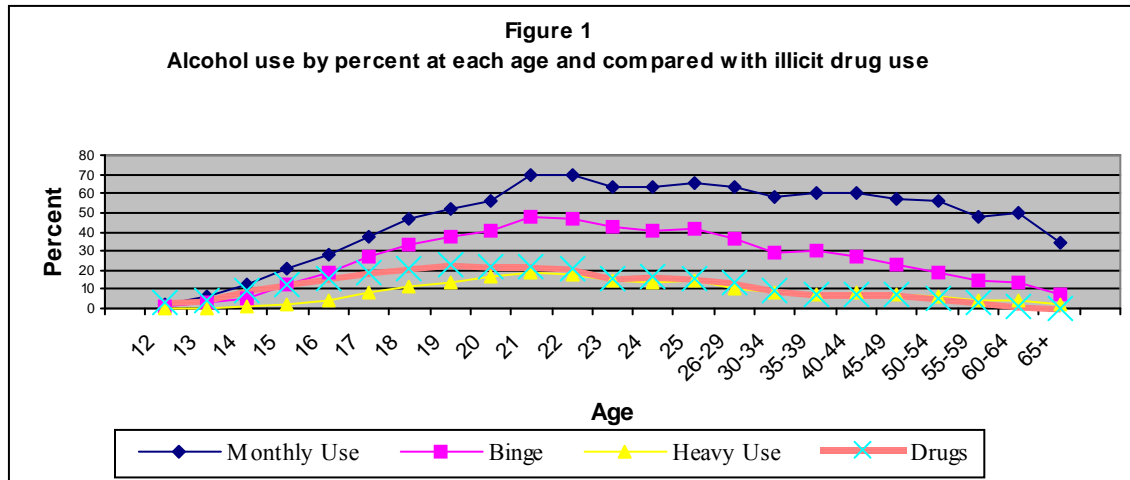
Much attention has been given to the prevention of substance abuse among youth. This has been appropriate because most substance abuse begins before adulthood. This interest in prevention among youth has resulted in a rich cache of science-based programs allowing prevention providers to match the demographics and needs of their target populations with programs that have been shown effective in similar youth populations with similar risks. Those who have worked within this milieu who wish to address adult prevention will find different challenges in planning programming for adults. Post-high school populations are no longer 'captive' in class rooms. Even college students are not captive in the same way. Most of those who are going to abuse substances have already started some level of use with some substances. In adulthood access to alcohol is easier, and for most, legal. Emphasis has shifted away from *primary* prevention (for those who have not used) to *secondary* prevention to "identify and treat asymptomatic persons who have already developed risk factors or preclinical disease (addiction) but in whom the condition is not clinically apparent;"¹ and to *tertiary* prevention activities which involves early detection and treatment of those who appear to be nearing or in the early stages of diagnosable addiction.² Universal programming for adults may be seen largely as a public health function. Community organizations may support universal public health initiatives, promote selective programs (secondary prevention) targeting high risk populations, and support indicated programs (tertiary prevention) for individualized services for those within their populations who need some degree of treatment to avoid progression into more serious problems. Though there is considerable discussion regarding when *prevention* becomes *treatment*, this discussion is more relevant to funding streams and division of labor than it is to providing comprehensive substance abuse services to the community. It is important that there be an uninterrupted continuum of service from primary prevention through residential treatment for substance abuse to prevent anyone from being excluded from the services because his/her needs appear at an inconvenient point on the continuum. To have the broadest range of influence in reducing the effects of substance abuse, the prevention provider may consider a *harm reduction*³ approach of moderating alcohol use, prevention of transitioning from alcohol to other substances, and prevention of increased use of drugs or 'harder drugs.' At the same time, it is important not to overlook the seriousness of alcohol and marijuana mis-use. At any given time, in the United States, alcohol will adversely affect more lives than all the illicit substances put together. Even within the drug use population, alcohol works as an independent factor to increase the risks associated with drug use. According to the World Health Report 2002, 8.9% of global disease burden expressed in disability adjusted life years lost (DALYs) is attributed to psychoactive substance use. Tobacco and alcohol are responsible for a major part (8.1%) of the disease burden, with alcohol being the top risk factor for health in low mortality developing countries. Tobacco, alcohol and illicit drugs are responsible for 12.4% of all deaths worldwide.⁴

¹ U.S. Preventative Services Task Force (1996) Guide to clinical preventative services (2nd edition) Baltimore: Williams & Wilkins.

² Munoz RF, Mrazek PJ, Haggerty RJ. (1996). Institute of Medicine report on prevention of mental disorders: Summary and commentary. *American Psychologist*, 51, 1116-1122.

³ An Appendix is provided for readings in Harm Reduction.

⁴ WHO. World Health Report-2002: Risks, Promoting Healthy Life. World Health Organization. Report is accessible on line at: <http://www.who.int/whr/2002/en/>



A Natural History of Substance Abuse

In order to understand and plan for adult substance abuse prevention it is helpful to see it as it appears overall in American culture. Few people initiate substance abuse past the age of 30, except as discussed later in this report addressing Older Adults. In the US, substance abuse starts just before the early teens, climbs yearly through the early twenties, when it begins a decline into the early 30's, at which times it levels off at below the high school rate of usage followed by a very gradual decline over subsequent years. This is graphically shown in Figure 1 which is

Figure 2
Average age of first use (NSDUH--2005)

Inhalants	16.1
PCP	16.5
Marijuana	17.4
LSD	18.3
Cocaine	19.7
Stimulants	20.1
Ecstasy	20.7
Pain Relievers	21.2
Heroin	22.2
Sedatives	22.9
Tranquilizers	25.7

constructed from the 2005 National Survey on Drug Use and Health.⁵ (Binge drinking was measured by at least one day in the past 30 in which the drinker had 5 or more drinks. Heavy drinking included persons who 'binged' five or more times during the past month.) Figure 2 from the same survey shows the average age of first use, again indicating that most substance use begins in the teen years with the exceptions of heroin and prescription types of drugs.

Natural history-- Emerging Adulthood

Arnett has developed the concept of *emerging adulthood* as a part of the phenomena seen in associations between substance abuse and age.⁶ Compared with previous generations, persons now spend more time getting an education and are more likely to delay marriage and having children to a later age.⁷ These types of things that are now delayed are often protective factors against substance abuse; thus the protection they afford are delayed, resulting in a longer period of risk than perhaps experienced in earlier generations.

⁵ SAMHSA--Results from the 2005 National Survey on Drug Use and Health: National Findings. SAMHSA, Office of Applied Studies. Rockville, MD 20857. September 2006

⁶ Arnett JJ. (2005) The Developmental Context Of Substance Use In Emerging Adulthood. Journal of Drug Issues: Spring: 235-253.

⁷ Arnett JJ. (2005) The Developmental Context Of Substance Use In Emerging Adulthood. Journal of Drug Issues: Spring: 235-253.

This transitional period from youth to adulthood has been even more dramatic for women who once were coached toward marriage at the end of high school. They now outnumber men in college and may be thinking of education and a career before marriage and child-rearing.⁸ For both young men and young women, roles have become less defined in the last two generations and emerging adulthood allows choices and allows experimentation which may include substances. Briefly stated, adult prevention services should recognize that there is a stage of life between adolescence and the traditional concept of adulthood that may present special risks for substance abuse.

Natural History--Transitions

In their work identifying risk and protective factors in adolescents and young adults, Hawkins and Catalano identified 'transitions and mobility'⁹ as risk factors for the use of substances. With more than two-thirds of high-school graduates entering college after graduation, and with most of their peers (the other third) entering employment, military service, or other endeavors, nearly all are moving through transitions and movement within or from their communities, their schools, their friends, and their families—the domains in which the risk and protective factors reside. Whatever the balance between risk and protection prior to this new age, this balance is changed after high school and often without a guidebook on how to navigate the changes. These young adults are often out from under parental oversight, their legal status has changed, they are developing new relationships, and are preparing for the future. By age 30, the transition is largely achieved, and illicit drug use has declined to about the same rate as 14 year-olds (9.4% compared to 9.0%) and heavy drinking has declined to that of 17 year-olds (8.3% as compared to 8.1%).¹⁰ Almost no adults initiate use of any legal or illegal drug after the age of 29.¹¹ Most have settled into adulthood, and their next great transition is that into retirement which, in terms of substance abuse, introduces a new set of challenges discussed later in this paper. Most of those who remain with substance abuse problems are those who initiated use during their early teen years. While it was once believed that substance abuse was a behavior that emanated from adult life-styles to younger people, now adult substance abuse is more likely to be a behavior that is brought from youth into adulthood. It has been rightly argued that the prevention of adult substance abuse begins many years before adulthood.

As post-18 year olds, the populations are dispersed and transitioned into new risks. Most have entered colleges, training schools, or jobs. Some are in the military. Some are in jail. This report will review the literature on much of the prevention work that has been done with these various groups. This review will show the contrast between youth substance abuse prevention and adult substance abuse prevention in that there are few truly validated prevention programs for adults, few manuals, and few box-on-the-shelf programs. Instead, adult prevention must often be discussed in terms of (1) identifying populations and persons at risk and (2) strategies as opposed to programs. Most of all this report will point toward a need for continued research and program development for adult substance abuse prevention.

⁸ Modell, J. (1989) *Into one's own: From youth to adulthood in the United States, 1920-1975*. Berkeley: University of California Press.

⁹ Hawkins JD, Catalano RF, Miller JY (1992), Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychol Bull* 112(1):64-105.

¹⁰ SAMHSA--Results from the 2005 National Survey on Drug Use and Health: National Findings. SAMHSA, Office of Applied Studies. Rockville, MD 20857. September 2006

¹¹ Chen, K., & Kandel, D.B. (1995) The natural history of drug use from adolescence to the mid-thirties in a general population sample. *American Journal of Public Health*, 85, 41-47

In addition to the transitions of age, cultures of the world are also transitioning. Historically, wherever in the world substance use has been measured, men use more than women and experience more problems from it. Most societies tend to socially control women's use, perceive greater harm in it, and the severity of the restrictions seem to correlate roughly to women's relative power in their given society. As women move toward equity, however, there is a tendency toward a convergence in substance use with that of men's.¹² Still in most societies, men's substance use receives more positive support in that it reinforces concepts of masculinity.¹³ Even though the psychosocial environments of substance use greatly differ between men and women and are continuously changing, the prevention implications are barely touched in the literature. Likewise, ethnic differences in respect to substance abuse have been noted¹⁴ but the implications for prevention remain underdeveloped. Further troubling is that immigration (extreme transition and mobility) is the greatest source of population growth in many part of the United States, but North American studies have shown that the more immigrants become acculturated to North American culture, the greater the risk for substance abuse.¹⁵ ¹⁶ The literature has little to suggest how to protect immigrants from 'acculturating' into substance abuse.

These areas of transition need further study with subsequent program and strategy development, but the rest of this report will focus on that which has been done.

¹² Wilsnack RW, Vogeltanz ND, Wilsnack SC, Harrie TR. (2000) Gender differences in alcohol consumption and adverse drinking consequences: cross-cultural patters. *Addiction* 95(2) 251-265.

¹³ Driessen H. (1992) Drinking on masculinity: alcohol and gender in Andalusia, in: Gefou-Madianou, (Ed.) *Alcohol, Gender and Culture*, pp. 71-79 (London, Routledge).1994

¹⁴ Gillmore MR, Catalano RF, Morrison DM, Wells EA, Iritani B, Hawkins JD. (1990) Racial differences in acceptability and availability of drugs and early initiation of substance use. *American Journal of Drug and Alcohol Abuse*, Sept-Dec, 1990.

¹⁵ Chien L-Y, George MA, Armstrong RW. (2002). Country of birth and language spoken at home in relation to substance use. *Canadian Journal of Public Health*, 93(3):188-192.

¹⁶ Amaro H, de la Torre A. (2002) Public health needs and scientific opportunities in research on Latinas. *Am J Public Health*. Apr;92(4):525-9.

► **Prevention in Medical & Service Facilities—Brief Interventions**

Brief intervention in the offices of health providers is recognized as one of the most effective and economical ways to prevent more serious problems with substance use.^{17 18 19} Approximately 20% of the patients seen by a doctor have some problem with alcohol or other drugs.²⁰ The National Institute of Alcohol Abuse and Alcoholism (NIAAA) recommends that (1) all patients be screened for alcohol use, (2) all users be screened with the CAGE questionnaire, and (3) all nondependent problem drinkers be counseled (while dependent users would be referred to specialty services). Unfortunately, in a study of physicians, only 64.9% of the respondents reported screening 80% to 100% of their patients for alcohol abuse or dependence during the initial visit; even less (34.4%) screened that many patients during an annual visit.²¹

Though effective, there are a number of reasons why doctors do not screen and provide brief intervention to their patients. These include a lack of training of the physician,²² the time required for screening, the time required for providing the intervention, and the fear of offending the patient.

British and American studies typify the effectiveness of brief intervention. Fleming and colleagues in Wisconsin²³ replicated a study done in the United Kingdom.²⁴ In both studies, patients in primary care practices were screened. If they were drinking more than safe limits (more than two drinks per day, on average), appointments were made for two 10- to 15-minute intervention visits with a family physician, plus two telephone contacts by an office nurse. One year later, approximately 40 percent of the patients in the intervention groups had moderated their drinking to safe levels, compared with 20 percent in the control groups. In the Wisconsin trial, the differences between intervention and control groups were still present four years later. Outcomes such as length of hospital stays were significantly reduced in the intervention group. For every \$1 spent on brief interventions, \$4.30 was saved.²⁵

¹⁷ National Institute on Alcohol Abuse and Alcoholism. Eighth Special Report of the US Congress on Alcohol and Health. Rockville, Md: National Institutes of Health; 1993.

¹⁸ Miller WR, Wilbourne PL. (2002) Mesa grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*. 97:265-77.

¹⁹ Bertholet N, Daepfen J, Wietlisbach V, Fleming M; Burnand B. (2005) Reduction of Alcohol Consumption by Brief Alcohol Intervention in Primary Care: Systematic Review and Meta-analysis *Arch Intern Med*. 165:986-995.

²⁰ Bradley KA. (1994) The primary care practitioner's role in the prevention and management of alcohol problems. *Alcohol Health & Research World* 18:97-104.

²¹ Spandorfer JM, Israel Y, Turner BJ. (1999) Primary care physicians' views on screening and management of alcohol abuse: inconsistencies with national guidelines. *J Fam Pract*. Nov;48(11):899-902.

²² D'Amico EJ, Paddock SM, Burnam A, Kung FY. (2005) Identification of and guidance for problem drinking by general medical providers: results from a national survey. *Med Care*. Mar;43(3):229-36.

²³ Fleming MF, Barry KL, Manwell LB, Johnson K, London R. (1997) Brief physician advice for problem alcohol drinkers. *JAMA*;277:1039-45.

²⁴ Wallace P, Cutler S, Haines A. (1988) Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *BMJ* 297:663-8.

²⁵ Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. (2002) Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alcohol Clin Exp Res* 26:36-43.

The US Preventative Services Taskforce has prepared materials for physicians giving practical guidelines for routine screening in primary care offices,²⁶ and a “one-question screen” has been validated a short-cut to more thorough screening:²⁷ “When was the last time you had more than X drinks in one day?” where X = 4 for women and 5 for men.⁹ A positive screen would be within the preceding three months.

Substantial reductions in substance use and abuse could be achieved if brief interventions were institutionalized in public and private medical facilities. There are many resources for brief interventions. Several approaches are effective, including a straightforward physicians' guide (available online at www.niaaa.nih.gov/publications/physicn.htm), patient handout (www.niaaa.nih.gov/publications/handout.htm), and more involved, yet still readily learned motivational-enhancement techniques.²⁸ Many of these are listed in the Appendix on Brief Interventions, including those for special populations.

These brief interventions demonstrate the need for community coordinated prevention services. For busy medical offices to seriously deal with persons with substance abuse problems, there needs to be community resources to provide any services needed beyond the brief interventions.

²⁶ Screening for problem drinking. In: Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2d ed. Baltimore: Williams & Wilkins, 1996:567-82.

²⁷ Williams R, Vinson DC. (2001) Validation of a single screening question for problem drinking. *J Fam Pract* 50:307-12.

²⁸ Rollnick S, Mason P, Butler C. (1999) Health behavior change: a guide for practitioners. Edinburgh, N.Y.: Churchill Livingstone.

Young Adults

The highest use of substances is between the ages of 18 and 25—those years just after high school. To target this group requires understanding where they are. Based on 2006 statistics, about two-thirds (65.8%) of those graduating from high school go to college. Of those going to college, 92.3% do so as full-time students and 35% of those students also enter the workforce. About 15% of the current cohort of adolescents will have dropped out of high school. A little more than three-fourths (76.4%) of high school graduates not entering college will be employed while on 43.9% of the dropouts will be employed.²⁹

According to the 2004 Monitoring the Future Survey, the rank order for annual prevalence of using *any illicit drug* was 12th graders (39%), college students (36%), 19- to 28-year-olds (34%), 10th graders (31%), and 8th graders (15%). With respect to using *any illicit drug other than marijuana* in the past 12 months, the rank order was: 12th graders (21%), college students and 19- to 28-year-olds (both at 19%), 10th graders (14%), and finally 8th graders (8%).³⁰ Substance abuse among adolescents in school has declined in the past few years due in part to the effectiveness of the youth prevention programming. We know that these programs were strengthened through ‘booster’ programs throughout the years,³¹ but past the 12th grade there are no boosters. And rarely in scientific studies of adolescent prevention programs in schools are there follow-up evaluations upon those 12th grade students because they are dispersed and expensive to follow, making it difficult to know the continuing effect of earlier prevention programs or what additional programming may help in the oncoming years. Thus just as substance use reaches its greatest use, prevention programming is likely to disappear and too little study is available to help us understand what would be effective to preserve gains made during the school years.

In 2004, college students were not significantly different from non-student age peers in prevalence of lifetime or annual use of alcohol but were significantly higher than their age peers in monthly use of (68% versus 59%). College students also had a significantly higher prevalence of occasions of heavy drinking (five or more drinks in a row in the past two weeks)—42% versus 34% among their age peers—but they reported significantly lower rates of daily drinking than their age peers (3.7% versus 5.8%). It is noteworthy that in high school, college-bound students, especially in earlier grades, were far less likely to drink alcohol at any level compared to their noncollege-bound peers; thus the relative and absolute increases in alcohol use in the first few years following high school are striking for college students. In 2004, annual prevalence for the use of any illicit drug among college students stood at 36%, compared to 39% among those high

²⁹ Bureau of Labor Statistics (2003) College enrollment and work activity of 2002 high school graduates. Retrieved March 20, 2007, from <http://www.bls.gov/news.release/hsgsec.nr0.htm>

³⁰ Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring The Future National Survey Results On Drug Use, 1975-2004. Volume II College Students and Adults Ages 19-45. National Institute on Drug Abuse, 6001 Executive Boulevard, Bethesda, Maryland 20892 U.S. Department Of Health And Human Services. 2005

³¹ Botvin GJ, Baker E, Dusenbury L, Botvin EM, Diaz T. (1995) Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population JAMA, Apr 1995; 273: 1106 - 1112.

school graduates not in college—a rather modest difference. A larger proportional difference exists for the annual prevalence of any illicit drug other than marijuana (19% versus 24%).³²

³² Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring The Future National Survey Results On Drug Use, 1975-2004. Volume II College Students and Adults Ages 19-45. National Institute on Drug Abuse, 6001 Executive Boulevard, Bethesda, Maryland 20892
U.S. Department Of Health And Human Services. 2005

► **Young Adults in College**

Universities have sent mixed messages regarding substance use and it has been difficult for them to speak forth with a single message, either on the local campus or nationally—with the exception, perhaps, of some church-based schools. Binge drinking in particular is recognized as a problem on campuses across the nation and Greek houses particularly are notorious for a robust use of alcohol. DeJong and Langenbahn in a guide for college administrators in handling substance use on campus outline the *Sources of Ambivalence about Alcohol and Other Drug Policies* on the college campuses as:

"Drinking Is a Long-Standing Tradition"

"Drinking Is an Innocent Rite of Passage"

"Drinking Patterns Are Already Set"

"Tougher Policies Will Not Work"

"Being Strict Means Invading Students' Privacy"

Dartmouth College is a good example of a school where binge drinking has long been a part of student life. Dartmouth was founded as a school for Native Americans by Eleazar Wheelock in 1769. Until recently, Dartmouth's freshman orientation book included the lyrics to a song, "Eleazar Wheelock," which glorified the mythical role of alcohol in the school's early years. The song concludes: "Eleazar was the faculty, and the whole curriculum was five hundred gallons of New England rum."³³

Programs for College Students :

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) sponsors a website: *College Drinking: Changing the Culture* found at <http://www.collegedrinkingprevention.gov/>. This site lists resources for on-campus substance abuse problems and is a starting point for planning prevention services.

The Department of Education publishes a list of 'model programs' for college campuses.³⁴ This consists of a compendium of prevention activities taking place on 19 American college campuses. However, none of the programs have been manualized and evaluated to the extent that they could be said to be validated as replicable programs with known likelihood of success for reducing alcohol or other drug use in the universities. George Mason University publishes a similar compendium,³⁵ but again, these are not programs that have been proven with rigorous research, but rather a collection of narratives of what different universities are doing.

The Drug Free Action Alliance³⁶ of over 30 Ohio colleges and universities offers on-line resources for planning prevention services to adolescence and young adults (mostly college students). It has developed the BASICS (Brief Alcohol Screening and Intervention for College

³³ The Freshman Book 1973. Hanover, New Hampshire: Dartmouth College, 1973

³⁴ Department of Education (2002) Alcohol and Other Drug Prevention on College Campuses :Model Programs. Accessed on 1/17/07 at: <http://www.higheredcenter.org/pubs/model.pdf>

³⁵ George Mason University (2001) Promising Practices: Campus Alcohol Strategies. Accessed at: <http://www.promprac.gmu.edu/2005/SBindex.htm> on 12/19/06.

³⁶ See: http://www.drugfreeactionalliance.org/programs/college_coaldev.php

Students) program as a model program with considerable research³⁷ and the Alliance has also developed guidelines for a campus coalition to combat substance abuse.³⁸

Universal substance abuse prevention efforts for college students have largely utilized ‘social norms’ strategies. The Inter-Association Task Force on Alcohol and Other Substance Abuse Issues (ITAF)³⁹ brings together more than 20 education-related professional organizations in its efforts and has collaborative relationships with manufacturers of alcoholic beverages. Many colleges across the country have joined in evaluating the outcomes of this national social norms effort, but no quantitative outcomes have been published to date. Their largest activity is the National Collegiate Alcohol Awareness Week (NCAAW) which takes place on more than 3,000 campuses across the United States. ITAF states as a part of its mission: *to inspire students to review their lifestyles and make informed decisions regarding these substances. The Task Force supports teaching college students life skills that will enable them to be successful in college and afterwards.* This program attempts to teach students how to use alcohol responsibly.

Social Norms Marketing Research Project (SNMRP) is a national, multi-site study to test the effectiveness of a social norms marketing campaign, *Just the Facts* (JTF), in reducing high-risk drinking among college students. This research study, funded by the National Institute on Alcohol Abuse and Alcoholism and the U.S. Department of Education, is being conducted by Education Development Center, Inc. (EDC), in Newton, Massachusetts, in conjunction with the Golden Key National Honor Society (Golden Key) in Atlanta, Georgia.⁴⁰

The Century Council was created by and is funded by the nation’s leading distillers to discourage underage drinking and to promote responsible drinking.⁴¹ Some of their programs include:
Alcohol 101 <http://www.alcohol101plus.org/main/virtual.cfm>
Point of Sale <http://www.centurycouncil.org/underage/point.html>
NCAA Speak UP! <http://www.centurycouncil.org/underage/ncaa.html>

Bacchus is a national organization that has been around since 1985,⁴² which coordinates peer-led activities for responsible alcohol use. Though it lists a number of ‘model’ programs on its website, these programs have not undergone rigorous evaluation.

Brief and individualized interventions for students showing some early signs of troublesome substance use have been proven effective. For example, Carey and colleagues conducted meta-analysis of 62 studies, published between 1985 to early 2007, with 13750 participants and 98 interventions. Follow-up intervals lasting up to 6 months show that participants in risk reduction interventions drank significantly less relative to controls. Students receiving interventions also reported fewer alcohol-related problems over longer intervals. Analyses suggest that individual, face-to-face interventions using motivational interviewing and personalized normative feedback predict greater reductions in alcohol-related problems.⁴³

³⁷ Dimeff, LA, Baer JS, Kivlahan DR, Marlatt GA. (1999). Brief alcohol screening and intervention for college students (BASICS). New York, NY: Guilford Press.

³⁸ See http://www.drugfreeactionalliance.org/programs/college_coaldev.php

³⁹ See <http://www.iatf.org/>

⁴⁰ See <http://www2.edc.org/snmrp/>

⁴¹ See: <http://www.centurycouncil.org/>

⁴² <http://www.bacchusgamma.org/>

⁴³ Carey KB, Scott-Sheldon LAJ, Carey MP, DeMartini KS. (2007) Individual-level interventions to reduce college student drinking: A meta-analytic review. Addictive Behaviors, In Press, Corrected Proof, Available online 17 May 2007.

Larimer et al., in 2005 conducted an exhaustive literature review for *Drug Prevention* programs focused on college students and could find none with adequate research to promote as ‘evidence-based’ programs.⁴⁴

The National Registry of Evidence-based Programs and Practices (NREPP) lists *Challenging College Alcohol Abuse* as a model program.⁴⁵ It lists no college programs for illicit drug use.

Appendix Two lists programs that have received some research and provides additional references on substance abuse prevention among college students.

⁴⁴ Larimer ME, Kilmer JR, Lee CM (2005) College Student Drug Prevention: A Review of Individually Oriented Prevention Strategies. *Journal of Drug Issues*:Spring: 2005

⁴⁵ See www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=96

► **Young Adults not in College**

The NREPP lists three evidence-based programs for young adults in general:

Border Binge-Drinking Reduction Program for underage persons who cross the border into Mexican locales for binge-drinking.

(http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=85)

Communities Mobilizing for Change on Alcohol (CMCA) which is a community organization plan to reduce underage drinking and driving through changes in laws, policies, and practices;

(http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=116) and

DARE to be You which is a family intervention plan for families with preschool children.

http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=79 Research outcomes do not note changes in substance use.

For other adult prevention programs, please see sections on Military, Workplace, and Brief Intervention programs.

► **The Workplace**

More than 10 years ago, as study by Cook, Back and Trudeau found that alcohol misuse was costing \$27 billion in lost productivity annually in the United States.⁴⁶ A study of the working population from the 2002 through 2004 from the National Surveys on Drug Use and Health (NSDUH) indicates that that most drug and heavy alcohol users are in the workforce fulltime (57.5% of the drug users and 67.3% of the heavy alcohol users). Alcohol abuse or dependence was found among 9.2% of the full-time workers while 8.8% of the workforce admitted to illicit substance abuse or dependence. Uses of both illicit drugs and alcohol were most prevalent with younger workers and with lesser-educated workers—and use declined as age or education increased. The highest rates of current illicit drug use were among food service workers (17.4 percent) and construction workers (15.1 percent). Highest rates of current heavy alcohol use were found among construction, mining, excavation and drilling workers (17.8 percent), and installation, maintenance, and repair workers (14.7 percent).^{47 48}

At times, employment may be a risk factor for substance abuse. *Cultural theories* hypothesize that workplace culture supports or permits drinking on or off the job; *job design theories* hypothesize that certain jobs that are stressful or dehumanizing exacerbate or create drinking problems; and *psychosocial theories* hypothesize an individual who is predisposed for alcohol abuse selects jobs where alcohol abuse is least likely to be detected.⁴⁹

SAMHSA maintains a website to help employers assist their employees in maintaining good health, including the provision of services for alcohol and drug abuse, (<http://www.workplace.samhsa.gov/Prevention/PreventionResearchHome.aspx>) as well as providing 1-800-Workplace (1-800-967-5752), a helpline for employees and businesses dealing with problems related to substance abuse. The helpline provides advice on programs that can “make a dramatic difference to everyone in the workplace – programs such as substance abuse policy development, supervisor and employee substance abuse education, employee assistance, and drug testing.”

The Department of Labor maintains a website as a resource for substance abuse prevention, primarily to promote its Drug Free Workplaces program:
<http://www.dol.gov/dol/topic/hiring/drugfree.htm>

Substance abuse prevention for worksites are often embedded in broader health promotion (e.g. the Johnson and Johnson *Live for Life* Program)⁵⁰ and Employee Assistance Programs (EPAs) and Drug testing⁵¹

⁴⁶ Cook RF, Back A, Trudeau J. (1996) Substance abuse prevention in the workplace. Recent findings and an expanded conceptual model. *The Journal of Primary Prevention*.16: 319-339.

⁴⁷ SAMHSA News Release 7/16/07 <http://www.samhsa.gov/newsroom/advisories/070713survey0610.aspx>

⁴⁸ Larson S, Eyerman J, Foster MS, Gfroerer JC. (2007) Worker Substance Use and Workplace Policies and Programs. Department Of Health And Human Services Substance Abuse and Mental Health Services Administration Office of Applied Studies. June 2007. Available on the web at: <http://oas.samhsa.gov/work2k7/work.pdf>

⁴⁹ Walsh E, Rudd R, Biener L, Mangione T. (1993). Research and prevention alcohol problems at work: Toward an integrative model. *American Journal of Health Promotion* 7(4):289-295.

⁵⁰ Breslow L, Fielding J, Herrman AA, Wilbur CS. (1990) Work site health promotion: Its evolution and the Johnson and Johnson experience. *Preventive Medicine*, 19, 13-21.

Through a literature review, Dusenberry found common themes recurring as recommendations for workplace substance abuse prevention programs: Key elements that may be important in prevention programming in the workplace include:

- Program content based on proven prevention theory and research;
- Comprehensive approaches that address multiple risk and protective factors, and generalize across settings;
- Material that is relevant during important transitions in an employee's career;
- Sensitivity to the culture and community;
- Sufficient dosage and follow-up;
- Use of interactive teaching techniques;
- Training for prevention program providers; and
- Evaluation to know that the intervention had the desired effect on behavior.

In addition, an issue with major implications for prevention in the workplace is how to reach the broadest possible audience or those who may best benefit from prevention services.⁵²

Unfortunately, there has been too little research conducted on EAP, Health Promotion, and psychosocial programs in general for the workplace to declare any of them as meeting rigors of scientific evaluation and validation.⁵³

⁵¹ Blum TC, Fields D, Milne S, Spell C. (1992). Workplace drug testing programs: A review of research and a survey of worksites. *Journal of Employee Assistance Research*. 315-349.

⁵² Dusenbury L (1999). Workplace drug abuse prevention initiatives: A review. *Journal of Primary Prevention* 20(2): 145-156.

⁵³ Roman PM, Blum TC. (2002) The Workplace and Alcohol Problem Prevention. NIAAA Prepared: August 2002 published at: <http://pubs.niaaa.nih.gov/publications/arh26-1/49-57.htm>

► **The Military**

The US Government provides substance abuse services to the armed forces as exemplified in the Army Substance Abuse Program (ASAP)^{54 55} for military personnel and their families. For civilian personnel, they provide EAP services which include substance abuse services. They offer counseling and treatment, involving the families when possible. They run substance abuse awareness campaigns. The military is a drug free workplace with zero tolerance (violators discharged) and tests for drug use.⁵⁶ Briefly stated the ASAP is as follows:

- Educate and train soldiers about drugs and alcohol, and the potential impact/consequences of use and/or abuse to the Army and unit readiness, to their health and career, and to their relationships with subordinates, family and friends.
- Deter substance abuse through an aggressive urinalysis program.
- Identify soldiers with substance abuse problems as early as possible.
- Return to full duty those soldiers identified as having substance abuse problems, who demonstrate the ability to be substance free and have the potential for continued military service.

The ASAP is split into two major components: the clinical and non-clinical ASAP or Command ASAP. The Command ASAP works under the installation/garrison commander and is responsible for drug and alcohol prevention and training programs, urinalysis specimen collection, shipping and handling, risk reduction and all other non-clinical functions within the ASAP. The proponent for the Command ASAP is the Army Center for Substance Abuse Programs (ACSAP) which falls under the Human Resources Directorate of the G1. The clinical ASAP handles the treatment and rehabilitation of soldiers that are identified as having substance abuse problems. USA Medical Command has oversight responsibility for the clinical ASAP.

In the year 2000, prior to the current armed conflicts, about 21% of military personnel admitted to heavy drinking. The cost of alcohol use to the military both in services lost and treatment was about \$132 million. In the 90's about 1 in 20 military personnel (men and women) admitted use of illegal drugs.⁵⁷

Current estimates are not available but studies from the Vietnam era may help in anticipating the fallout from Iraq and Afghanistan in that combat related stress may increase risk for substance abuse. Exposure to traumatic stressors has been strongly implicated in the elevated rates of substance abuse veterans of that war⁵⁸ and substance abuse has been found to be highly comorbid with post-traumatic stress disorder. Even peace time surveys of military personnel indicate high stress levels associated with deployment, being away from family, changes in

⁵⁴ The ASAP may be found at <http://www.jackson.army.mil/Directorates/Asap.htm>

⁵⁵ This program was formerly known as: Alcohol and Drug Abuse Prevention and Control Program

⁵⁶ Department of Defense, Alcohol and Drug Abuse by DoD Personnel (Directive No. 1010.4), Author, Washington, D.C., August 25, 1980; revised September 3, 1997.

⁵⁷ Bray RM, Fairbank JA, Marsden ME. (1999) Stress and Substance Use Among Military Women and Men, American Journal of Drug and Alcohol Abuse, May, 1999.

⁵⁸ McFall, M. E., Mackay, P. W., and Donovan, D., Combat-related posttraumatic stress disorder and severity of substance abuse in Vietnam veterans, J. Stud. Alcohol, 53:357-363

family, and financial stresses.⁵⁹ A large study found a highly significant ($p < 0.0002$) relationship between combat exposure and problems with drugs or drinking too much following discharge from the Armed Forces among a large ($n = 1,176$) national random probability sample of Vietnam veterans. Exposure to heavy combat more than doubled a typical Vietnam veteran's risk of reporting a post-discharge substance abuse problem, as compared to what would have been expected had he served, but seen no combat,⁶⁰ in Vietnam, which in turn was higher than non-military persons. In a study of military personnel from Iraq and Afghanistan in the current conflicts, there are indications of increased substance abuse risk for those who are serving in those countries. The prevalence of reporting a mental health problem was 19.1% among service members returning from Iraq compared with 11.3% after returning from Afghanistan and 8.5% after returning from other locations.⁶¹ Because both alcohol and drugs are difficult to obtain in battle zones, veterans may encounter greater risk when they return to their communities where alcohol and drugs are more readily available.

This section of the report is included to urge more attention to those veterans returning from conflict. Given the recent exposé at Walter Reed Hospital and other sites indicating the poor quality of care sometimes given to those who have suffered in our wars, it is vital that the high rate of substance abuse problem be addressed.

For instance, the National Coalition of Homeless Veteran's⁶² estimates that at sometime during each year 400,000 veterans are homeless and at any given more than 200,000 are. Homelessness is a high risk factor for substance abuse, and studies have indicated that 60% to 85% of these homeless veterans may have substance abuse problems.^{63 64} While some of the veterans have no Veterans Administration Hospital Benefits for services due to unfavorable discharge status, this probably represents less than 15% of the homeless veterans who simply are not well connected with theoretically available services.⁶⁵

Since veterans are distributed throughout our population, the programs discussed in other parts of this report can be utilized for identifying and helping those who need help with substance abuse, but ideally specific programs targeting veterans will be developed.

⁵⁹ Kulka, R. A., Schlenger, W. E., Fairbank, J. A., et al., *Trauma and the Vietnam War Generation*, Brunner/Mazel, New York, 1990.

⁶⁰ Fischer VJ Combat exposure and the etiology of post discharge substance abuse problems among Vietnam veterans. *Journal of Traumatic Stress* Volume 4, Number 2 / April, 1991

⁶¹ Hoge CW, Auchterlonie JL, Milliken CS. Mental Health Problems, Use of Mental Health Services, and Attrition From Military Service After Returning From Deployment to Iraq or Afghanistan. *JAMA*, March 1, 2006—Vol 295, No. 9 1023

⁶² See: <http://www.nchv.org/background.cfm>

⁶³ Baum, A. S., Burns, D.W. (1993). *A Nation in Denial: The Truth About Homelessness*. Boulder, CO: Westview Press Inc.

⁶⁴ Gamache G. Military discharge status of homeless veterans with mental illness. *Military Medicine*, Nov 2000

⁶⁵ IBID.

► Older Adults

It is estimated that the number of older adults needing treatment for substance abuse will grow from 1.7 million to 4.4 million during the first two decades of the 21st century,⁶⁶ pointing to a clear need for substance abuse prevention focused on the aging. However, much more study is needed regarding what constitutes substance abuse for adults and the causes for it.

Transitions, as has been noted earlier in the paper, can place persons at risk for substance abuse because protective factors may be lost in the transition. There are multiple transitions in aging: from work to leisure, from robust health to frailty, from social support to isolation, all with potential to promote the use of alcohol or other substances. Freeman and Guelzow⁶⁷ cite Blow⁶⁸ regarding this changes that may carry risk for substance abuse.

Emotional and Social Problems

Bereavement and sadness

Loss of friends, family members, social status, occupation/sense of professional identity, hopes for the future, and/or ability to function

Resulting sense of being a 'non-person'

Social isolation and loneliness

Reduced self-regard or self-esteem

Family conflict and estrangement

Problems in managing leisure time/boredom

Loss of physical attractiveness (especially important for women)

Medical Problems

Physical distress

Chronic pain

Physical disabilities and handicapping conditions

Insomnia

Sensory deficits: hearing, sight

Reduced mobility

Cognitive impairment and change

Practical Problems

Impaired self-care

Reduced coping skills

Decreased economic security or new poverty status due to loss of income or increased health care costs

Dislocation related to: move to new housing or family moving away; homelessness; or inadequate housing

Because older adults are prescribed more medications than younger people, they are susceptible to becoming dependent on some drugs. Additionally, even small amounts of alcohol or other

⁶⁶ Gfroerer J, Penne M, Pemberton M, Folsom R. Substance abuse treatment need among older adults in 2020: the impact of the aging baby-boom cohort. *Drug Alcohol Depend.* Mar 1 2003;69(2):127-135.

⁶⁷ Freeman RH, Guelzow LE. Research for the Development of a Science-Based Prevention Program for the Older Adult. Hanley Center 5200 East Avenue West Palm Beach, FL 33407-2374. December 2002.

⁶⁸ Blow, F.C., Barry, K.L. (2002). Substance Abuse and Older Adults. CSAP's Prevention Pathways. See: http://pathwayscourses.samhsa.gov/aaap/aaap_resources.cfm.

substances may react unfavorably with necessary prescription drugs. At times, alcohol may be used to self-medicate for pain or other conditions.⁶⁹ Older persons may have lost much of their tolerance, meaning that even much less alcohol may represent too much alcohol because of the body's condition or the interaction with prescribed substances. Because of these complicating factors, substance abuse measurement and early detection may be difficult. Additional assessment instruments have been developed for use among older persons since some measures do not distinguish between past and current use; may not detect dangerous use with prescribed drugs, or are not sensitive to the danger of smaller amounts of substances with the aged. The ARPS and shARPS tests are examples to newer, more sensitive instruments.^{70 71}

Programs for Older Adults:

Studies among older problem drinkers in primary care settings have shown that brief advice works to reduce heavy drinking^{72 73} In the Appendix for older persons, there are several citations for brief interventions.

In Florida, the Hanley Center through its prevention services has developed the Aging to Perfection Program for substance abuse prevention for older adults. For information on this program contact Lynn Guelzow at Hanley Center 5200 East Avenue West Palm Beach, FL 33407-2374. LGuelzow@hanleycenter.org

Substance abuse prevention for older persons may be found at: Technical Assistance Older Americans Substance Abuse and Mental Health Technical Assistance Center <http://www.samhsa.gov/OlderAdultsTAC/index.aspx>

The SAMHSA Pathways site offers three courses for prevention for older persons:

Alcohol, Medication and Older Adults: *For Those Who Care About or Care for an Older Adult* found at http://pathwayscourses.samhsa.gov/aaap/aaap_resources.cfm and
Out of the Shadows: *Uncovering Substance Use and Elder Abuse* found at:
http://pathwayscourses.samhsa.gov/elab/elab_intro_pg1.htm
At Any Age, It Does Matter found at: http://pathwayscourses.samhsa.gov/aaap/aaap_intro.htm

⁶⁹ Brennan PL, Schutte KK, Moos RH. Pain and use of alcohol to manage pain: prevalence and 3-year outcomes among older problem and non-problem drinkers. *Addiction*, 100, 777-786

⁷⁰ Fink A, Elliott MN, Tsai M, Beck JC. (2005) An evaluation of an intervention to assist primary care physicians in screening and educating older patients who use alcohol. *J Am Geriatr Soc.* 2005 Nov;53(11):1937-43.

Fink A, Elliott MN, Tsai M, Beck JC. (2005) An evaluation of an intervention to assist primary care physicians in screening and educating older patients who use alcohol. *J Am Geriatr Soc.* Nov;53(11):1937-43.

⁷¹ Culbertson JW. (2006) Alcohol use in the elderly: beyond the CAGE. Part 2: Screening instruments and treatment strategies. *Geriatrics.* 2006 61(11):20-6.

⁷² Bary KL, And Blow FC. (1999) Screening and assessment of alcohol problems in older adults. In: Lichtenberg, P.A. (Ed.) *Handbook of Assessment in Clinical Gerontology*, New York: John Wiley & Sons, pp. 243-269.

⁷³ Fleming MF, Manwell LB, Barry KL, Adams W, Stauffacher EA. (1999) Brief physician advice for alcohol problems in older adults: a randomized community-based trial. *J Fam Pract.* May;48(5):378-84

PROJECT GOAL

CSAP lists the following programs as “promising” for substance abuse prevention among older adults, meaning that these programs have not had sufficient evaluation to determine their effectiveness among different populations, but appear to be effective where implemented.

Senior Helping Hands is an outreach program that addresses the needs of older adults with chemical dependency or mental illness. It also uses reminiscence to communicate with and support individuals who are depressed. Individuals write an autobiography and then reminisce with a trained volunteer based on their writings. Contact Information: St. Cloud Hospital, 1406 6th Avenue North, St. Cloud, MN 56303, 612-255-5732

Project MEDS (Medication Education Designed for Seniors) is an awareness project designed to train senior volunteers to give presentations on alcohol and other drugs to senior groups. The emphasis is on prevention.

This program includes an intensive instructional session attended by potential volunteer presenters. These trained peer presenters then give a 25-minute talk about the dangers of medication and alcohol misuse. Contact Information: County of Bucks Area Agency on Aging, 30 E. Oakland Avenue, Doylestown, PA 18901, 215-348-0510.

The Elder-Health Program is a consumer drug education program for older adults and their caregivers. Resources include Elder-Care brochures, speaker guidelines, and sample talks for community education programs. Pharmacy practitioners and students present community drug education programs locally and nationally. Contact Information: Elder Health Program, School of Pharmacy, University of Maryland at Baltimore, 20 North Pine Street, Baltimore, MD 21201, 410-706-3011.

Senior Sense Speaks: An awareness program that trains seniors in safe medication practices and warns them of their risk for alcohol abuse. The focus is on healthy aging. Skits and workbooks are used to involve facilitators and participants in an interactive and fun way. See: <http://www.compdrug.org/seniorsense.htm>

FURTHER RECOMMENDATIONS:

For planning prevention services for older persons, SAMHA’s Prevention Platform and Pathway Courses are frequently updated to provide up to date information on prevention services.

<http://www.preventionplatform.samhsa.gov/> and
http://pathwayscourses.samhsa.gov/aaap/aaap_resources.cfm

Also see the Appendix Five – Older Adults

► **The Community/Environmental**

Typically in prevention much attention has been given to strengthening the individual against the risks of substance abuse. It is recognized, though, that it is difficult for a person to be whole in a community, a country, or a world that is broken. As a result, the federal government has increasingly focused on community level programs.

Over the past several years there has been a great emphasis placed on the creation of coalitions to assist communities and larger areas to develop effective substance abuse prevention strategies and programs. To date, there has been little scientific data collected to indicate the effectiveness of coalitions,^{74 75 76} however, if coalitions become more effective, publication showing their effectiveness will, by nature, follow considerably later. That is to say that there may be efficient coalitions working now that lack published data to show their effectiveness.

Typically, coalitions work toward building community capacity (readiness), increasing service integration, influencing policy change, conducting community needs assessments, and developing community programs. Past failures to document strong positive impact of coalition work may stem from design failures, lack of clear strategic plans, and/or the absence of logic models that chart clear and certain steps toward goals with measurable outcomes.⁷⁷ Lacking clear, published models, there may be little understanding of what it takes to make community efforts work.⁷⁸ Clearly, all sectors of a community must come together to effectively address substance abuse. The key is to find effective ways to achieve that.

The local prevention coalition serves to provide resources the institutions, organizations, and citizens of the community need to develop a continuum of services for prevention, early detection, and treatment in respect to the misuse of substances. The Center for Substance Abuse Prevention (CSAP) provides a growing list of resources to help community organize and to develop prevention strategies and services. It lists as a model program *Communities Mobilizing for Change on Alcohol* (CMCA) which is a community organization plan to reduce underage drinking and driving though changes in laws, policies, and practices:
http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=116

The on-line course of CSAP's Prevention Pathways, *Environment Strategies for Prevention: A Guide To Helping the Prevention Professional Work Effectively in the Community* at http://pathwayscourses.samhsa.gov/ev/ev_intro_pg1.htm provides a pathway for organization in the community. Further, CSAP makes available the Communities that Care Program with previous copyright restrictions removed (<http://ncadi.samhsa.gov/features/ctc/resources.aspx>) as a part of its on-line Prevention Platform <http://preventionplatform.samhsa.gov/>

⁷⁴ Berkowitz B. (2001). Studying the outcomes of community-based coalitions. *American Journal of Community Psychology*, 29(2), 213–227.

⁷⁵ Kreuter MW, Lezin NA, Young LA. (2000). Evaluating community-based collaborative mechanisms: Implications for practitioners. *Health Promotion Practice*, 1(1), 49–63.

⁷⁶ Roussos ST, Fawcett SB. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 369–402.

⁷⁷ Stevenson, John F.; Mitchell, Roger E. Community-Level Collaboration for Substance Abuse Prevention. *Journal of Primary Prevention*, v23 n3 p371-404 Spr 2003

⁷⁸ Zakocs RC, Guckenburg S. (2007) What Coalition Factors Foster Community Capacity? Lessons Learned From the Fighting Back Initiative *Health Educ Behav*, 34(2): 354-375.

to provide further help with organization. The Pathways course connects the user with community-wide and environment programs to help strengthen the community citizens against illicit drugs and misuse of substances.

In Appendix Six—Community/Environmental Programs is a review of other literature regarding programs and supplemental material on community organization for prevention, as well as specific community programs

Appendix One -- Brief Interventions

General Brief Interventions

- Aalto M, Seppä K, Mattila P, Mustonen H, Ruuth K, Hyvärinen H, et al. (2001) Brief intervention for male heavy drinkers in routine general practice: a three-year randomized controlled study. *Alcohol Alcohol* 36: 224-30.
- Aalto M, Saksanen R, Laine P, Forsström R, Raikaa M, Kiviluoto M, Seppä K. and Sillanaukea P. (2000) Brief intervention for female heavy drinkers in routine general practice: A 3-year randomized, controlled study. *Alcoholism: Clinical and Experimental Research* 24, 1680–1686
- Altisent R, Cordoba R, Delgado MT, et al. (1997) Multicenter study on the efficacy of advice for the prevention of alcoholism in primary health care [in Spanish]. *Med Clin (Barc)*. 109:121-124.
- Anderson P, Scott E. (1992) "The Effect of General Practitioners' Advice to Heavy Drinking Men;" *British Journal of Addiction*, 87, 891-900.
- Antti-Poika I, Karaharju E, Roine R, Salaspuro M. (1988) Intervention of heavy drinking--a prospective and controlled study of 438 consecutive injured male patients. *Alcohol Alcohol*. 23(2):115-21.
- Babor TF, Higgins-Biddle JC. (2000) Alcohol screening and brief intervention: dissemination strategies for medical practice and public health. *Addiction*, 95(5): 677-686.
- Babor TF, Higgins-Biddle JC. (2001) Brief intervention for hazardous and harmful drinking - a manual for use in primary care. Geneva: World Health Organization.
- Babor TF, Ritson EB, Hodgson RJ (1996) Alcohol-Related Problems in the Primary Health Care Setting: a review of early intervention strategies. *British Journal of Addictions*, 81:23-46.
- Ball SA, Todd M, Tennen H, Armeli S, Mohr C, Affleck G, Kranzler HR. (2007) Brief motivational enhancement and coping skills interventions for heavy drinking. *Addictive Behaviors*, Volume 32, Pages 1105-1118.
- Ballesteros J, Gonzales-Pinto A, Querejeta I, Arino. (2004) Brief Interventions for hazardous drinkers delivered in primary care are equally effective in men and women. *Addiction*, 99:103-108.
- Bashir K, King M, Ashworth M. (1994) Controlled evaluation of brief intervention by general practitioners to reduce chronic use of benzodiazepines. *Br J Gen Pract*. Sep;44(386):408-12.
- Beich A, Thorsen T, Rollnick S. (2003) Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis. *BMJ*: 327(7414): 536 - 542.

- Bertholet N, Daeppen J, Wietlisbach V, Fleming M, Burnand B. (2005) Reduction of Alcohol Consumption by Brief Alcohol Intervention in Primary Care: Systematic Review and Meta-analysis *Arch Intern Med.*165:986-995.
- Bien TH, Miller WR, Tonigan JS. (1993) Brief interventions for alcohol problems: a review. *Addiction.* Mar;88(3):315-35.
- Bien TH, Miller WR, Boroughs J M. (1993) Motivational interviewing with alcohol outpatients. *Behavioural and Cognitive Psychotherapy* 21, 347–356.
- Bradley KA. (1994) The primary care practitioner's role in the prevention and management of alcohol problems. *Alcohol Health & Research World* 1994;18:97-104.
- Breslin FC, Sobell MB, Sobell LC, Cunningham JA, Sdao-Jarvie K, Borsoi D. (1998) Problem drinkers: evaluation of a stepped-care approach. *J Subst Abuse.* 1998;10(3):217-32.
- Brown, JM, Miller WR (1993) Impact of motivational interviewing on participation in residential alcoholism treatment. *Psychology of Addictive Behaviours* 7, 211–218.
- Chang G. (2002) Brief interventions for problem drinking and women. *Journal of Substance Abuse Treatment*, 23, 1–7.
- Chang, G, Wilkins HL, Berman S, Goetz MA. (1999); "Brief Intervention for Alcohol use in Pregnancy, Randomized Trial;" *Addiction.* 94, 1499-1508.
- Chen W, Bosch M. (1987). Comparison of drinking attitudes and behaviors between participating and non-participating students in a voluntary alcohol education program. *Journal of Alcohol and Drug Education*, 32(3), 7-13.
- Chick J, Lloyd G, Crombie E. (1985); "Counseling Problem Drinkers in Medical Wards: A Controlled Study;" *British Medical Journal of Clinical Research Education*, 290, 965 967.
- Cordoba R, Delgado MT, Pico V, Altisent R, Fores D, Monreal A, Frisas O, & Lopez del Val A. (1998); "Effectiveness of Brief Intervention on Non-Dependent Alcohol Drinkers (EBIAL): A Spanish Multi-Centre Study;" *Journal of Family Practice*, 15, 562-568.
- Cuipers P, Riper H, Lemmers L. (2004) The efforts on mortality of brief interventions for problem drinking: a meta-analysis. *Addiction* 99,839-845.
- Curry SJ, Ludman EJ, Grothaus LC, Donovan D, Kim E. (2003) A randomized trial of a brief primary-care-based intervention for reducing at-risk drinking practices. *Health Psychol.*;22:156-65.
- D'Amico EJ, Paddock SM, Burnam A, Kung FY. (2005) Identification of and guidance for problem drinking by general medical providers: results from a national survey. *Med Care.* Mar;43(3):229-36.
- Darkes J, Goldman MS. (1993). Expectancy challenge and drinking reduction: Experimental evidence for a mediational process. *Journal of Consulting and Clinical Psychology*, 61(2), 344-353.

DiGiuseppi C, Goss C, Xu S, Magid D, Graham A. (2006) Telephone screening for hazardous drinking among injured patients seen in acute care clinics: feasibility study. *Alcohol Alcohol.* 2006 Jul-Aug;41(4):438-45.

D'Onofrio G, Pantalon MV, Degutis LC, Fiellin DA, O'Connor PG. (2005) Development and implementation of an emergency practitioner-performed brief intervention for hazardous and harmful drinkers in the emergency department. *Acad Emerg Med.* Mar;12(3):249-56.

Dunn C, Deroo L, Rivara FP. (2001) The use of brief interventions adapted from motivational interviewing across behavior domains: a systematic review. *Addictions.*96:1725-1742

Fernandez San Martin MI, Bermejo Caja CJ, Alonso Perez M, Herreros Taberneros B, Nieto Candenias M, Novoa A, Marcelo MT. (1997) Effectiveness of brief medical counseling to reduce drinkers' alcohol consumption *Aten Primaria.* 19(3):127-32.

Finfgeld-Connett D. (2005) Alcohol brief interventions. *Annu Rev Nurs Res.*;23:363-87.

Fleming MF, Barry KL, Manwell LB, Johnson K, London R. (1997) Brief physician advice for problem alcohol drinkers. A randomized controlled trial in community-based primary care practices. *JAMA.* Apr 2;277(13):1039-45.

Fleming MF, Barry KL, Manwell LB, Johnson K, London R. (1997) Brief physician advice for problem alcohol drinkers. *JAMA* 277:1039-45.

Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. (2002) Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alcohol Clin Exp Res* 26:36-43.

Fleming MF. (1997); "Strategies to Increase Alcohol Screening in Health Care Settings;" *Alcohol Health & Research World*, 21, 340-347.

Fleming MF, Manwell LB. (1999); "Brief Intervention in Primary Care Settings. A Primary Treatment Method for At-Risk, Problem, and Dependent Drinkers;" *Alcohol Research Health*, 23, 128-137.

Fleming, MF., Barry, K.L., Manwell, L.B., Johnson, K., & London, R. (1997); "Brief Physician Advice for Problem Alcohol Drinkers. A Randomized Controlled Trial in Community Based Primary Care Practices;" *Journal of the American Medical Association*, 277, 1039-1045.

Fleming, MF., Mundt, M.P., French, M.T., Manwell, L.B., & Stauffacher, E.A. (2002); "Project TrEAT, A Trial for Early Alcohol Treatment: 4 Year Follow Up;" *Alcohol, Clinical and Experimental Research*, 26, 36-43.

Fleming, MF., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., & Barry, K.L. (2000); "Benefit Cost Analysis of Brief Physician Advice With Problem Drinkers in Primary Care Settings;" *Medical Care*, 38, 7-18.

Freeborn DK, Polen MR, Hollis JF, Senft RA. (2002) Screening and brief intervention for hazardous drinking in an HMO: effects on medical care utilization. *J Behav Health Serv Res.* Nov;27(4):446-53.

Friedmann PD, McCullough D, Chin MH, Saitz R. (2002) Screening and intervention for alcohol problems. A national survey of primary care physicians and psychiatrists. *J Gen Intern Med.* 2000;15:84-91.

Friedmann PD, Rose J, Hayaki J, Ramsey S, Charuvastra A, Dube C, Herman D, Stein MD. (2006) Training primary care clinicians in maintenance care for moderated alcohol use. *J Gen Intern Med.*;21(12):1269-75.

Gentilello, LM, Rivara FP, Donovan DM, Jurkovich GJ, Daranciang E, Dunn CW, Villaveces A, Copass M, Ries RR. (1999); "Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence;" *Annals of Surgery*, 230, 473-480.

Heather N, Champion PD, Neville RG, MaCabe D. (1987) Evaluation of a controlled drinking minimal intervention for problem drinkers in general practice (the DRAMS scheme). *J R Coll Gen Pract* 37: 358-63.

Heather N, Robertson I, MacPherson B, Allsop S, Fulton A. (1987) Effectiveness of a controlled drinking self-help manual: one-year follow-up results. *Br J Clin Psychol.* 26:279-87.

Heather N, Rollnick S, Bell A, et al. (1996) Effects of brief counselling among heavy drinkers identified on general hospital wards. *Drug and Alcohol Review* 15, 29–38.

Hyman Z. (2006) Brief interventions for high-risk drinkers. *J Clin Nurs.* Nov;15(11):1383-96. Review.

Israel Y, Hollander O, Sanchez-Craig M, et al. (1996) Screening for problem drinking and counseling by the primary care physician-nurse team. *Alcohol Clin Exp Res.*;20:1443-1450.
LY, Richman CL. (1995). Increased awareness and self challenge of alcohol expectancies. *Substance Abuse*, 16(2), 77-85.

Kahan, M, Wilson L, Becker L. (1995); "Effectiveness of Physician Based Interventions With Problem Drinkers: A Review;" *Canadian Medical Associate Journal*, 152, 851-859.

Kaner E, Lock C, Heather N, McNamee P, Bond S. (2003) Promoting brief alcohol intervention by nurses in primary care: a cluster randomised controlled trial. *Patient Educ Couns.* Nov 51(3):277-84.

Kunz FM Jr, French MT, Bazargan-Hejazi S. (2004) Cost-effectiveness analysis of a brief intervention delivered to problem drinkers presenting at an inner-city hospital emergency department. *J Stud Alcohol.* May;65(3):363-70.

Lock CA, Kaner E, Heather N, Doughty J, Crawshaw A, McNamee P, Purdy S, Pearson P. (2006) Effectiveness of nurse-led brief alcohol intervention: a cluster randomized controlled trial. *J Adv Nurs.* May;54(4):426-39.

Lock CA, Kaner EF, Heather N, McAvoy BR, Gilvarry E. (1999) A randomized trial of three marketing strategies to disseminate a screening and brief alcohol intervention programme to general practitioners. *Br J Gen Pract* 49: 695-8.[

Longabaugh R, Woolard RE, Nirenberg TD, et al. (2001) Evaluating the effects of a brief motivational intervention for injured drinkers in the emergency department. *Journal of Studies on Alcohol* 62, 806–816.

Lopez-Marina V, Pizarro Romero G, Alcolea Garcia R, Beato Fernandez P, Galindo Montane E, Montella Jordana N (2005) and effectiveness evaluation of a brief intervention in risk drinkers seen in primary health care Aten Primaria. *Sep* 30;36(5):261-8.

Maisto SA, Conigliaro J, McNeil M, Kraemer K, Conigliaro RL, Kelley ME. (2001) Effects of two types of brief intervention and readiness to change on alcohol use in hazardous drinkers. *J Stud Alcohol*. 62:605-14.

Manwell LB, Fleming MF, Mundt MP, Stauffacher EA, Barry KL. (2000) Treatment of problem alcohol use in women of childbearing age: results of a brief intervention trial. *Alcohol Clin Exp Res* 24: 1517-24.

McCambridge J, Strang J. (2004) The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk among young people: results from a multi-site cluster randomized trial. *Addiction*:99:39-52

McIntosh MC, Leigh G, Baldwin NJ, Marmulak J. (1997) Reducing alcohol consumption. Comparing three brief methods in family practice. *Can Fam Physician*. Nov;43:1959-62, 1965-7.

Miller WR, Wilbourne PL. (2002) Mesa grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*;97:265-77.

Miller WR, Benefield RG, Tonigan JS (1993) Enhancing styles, motivation for change in problem drinking: a controlled comparison of two therapies. *Journal of Consulting and Clinical Psychology* 61, 455–461.

Miller, WR, Sovereign RG, and Kreege B. (1988) Motivational Interviewing with problem drinkers: II The Drinker's Check-Up as a preventive intervention. *Behavioural Psychotherapy* 16, 251–268.

Monti PM, Colby SM, Barnett NP, Spirito A, Rohsenow DJ, Myers M, et al. (1999) Brief intervention for harm reduction with alcohol-positive older adolescents in a hospital emergency department. *J Consult Clin Psychol*. 67:989-94.

Moyer A, Finney JW, Swearingen CE, Vergun P(2002) Brief interventions for alcohol problems: a meta-analytical review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction*, 97, 279–292.

Bertholet N, Daeppen JB, Wietlisbach V, Fleming M, Burnand B. (2005) Reduction of Alcohol Consumption by Brief Alcohol Intervention in Primary Care: Systematic Review and Meta-analysis. *Archives of Internal Medicine*. 165(9): 986 - 995.

National Institute on Alcohol Abuse and Alcoholism. Eighth Special Report of the US Congress on Alcohol and Health. (1993) Rockville, Md: National Institutes of Health.

National Institute on Alcohol Abuse and Alcoholism. (1995) *The Physicians' Guide to Helping Patients With Alcohol Problems*. NIH Pub. No. 95–3769. Bethesda, MD: the Institute.

- Nilssen O. (1991); "The Tromso Study: Identification of and a Controlled Intervention on a Population of Early-Stage Risk Drinkers;" *Preventive Medicine*, 20, 518-528.
- Nilssen O. (2004) Long-term effect of brief intervention in at-risk alcohol drinkers: a 9-year follow-up study. *Alcohol Alcohol*. Nov-Dec;39(6):548-51. Epub 2004 Sep 20.
- Ockene JK, Adams A, Hurley TG, Wheeler EV, Hebert JR (1999); "Brief Physician- and Nurse Practitioner-Delivered Counseling for High-Risk Drinkers: Does it Work?" *Archives of Internal Medicine*. 159, 2198-2205.
- Oliansky DM, Wildenhaus KJ, Manlove K, Arnold T, Schoener EP. (1997) Effectiveness of brief interventions in reducing substance use among at-risk primary care patients in three community-based clinics. *Substance Abuse*.
- Oslin DW, Grantham S, Coakley E, Maxwell J, Miles K, Ware J, Blow FC, Krahn DD, Bartels SJ, Zubritsky C, Olsen E, Kirchner JE, Levkoff S. (2006) PRISM-E: comparison of integrated care and enhanced specialty referral in managing at-risk alcohol use. *Psychiatr Serv*. 2006 Jul;57(7):954-8. Erratum in: *Psychiatr Serv*. Oct;57(10):1492.
- Persson J, Magnusson PH. (1989) Early intervention in patients with excessive consumption of alcohol: A controlled study. *Alcohol* 6:403-408, 1989.
- Poikolainen K. (1999) Effectiveness of brief interventions to reduce alcohol intake in primary health care populations: a meta-analysis. *Preventive Medicine*, 28, 503-509.
- Project MATCH Research Group. (1997) Matching alcoholism treatments to client heterogeneity: Project MATCH post treatment drinking outcomes. *Journal of Studies on Alcohol* 58, 7-29.
- Reynolds KD, Coombs DW, Lowe JB, Peterson PL, Gayoso E. (1996) Evaluation of a self-help program to reduce alcohol consumption among pregnant women. *Int J Addict*. Mar;30(4):427-43.
- Richmond R, Heather N, Wodak A, Kehoe L, Webster I. (1995) Controlled evaluation of a general practice-based brief intervention for excessive drinking. *Addiction*. Jan;90(1):119-32.
- Rollnick S, Mason P, Butler C. (1999) *Health behavior change: a guide for practitioners*. Edinburgh, N.Y.: Churchill Livingstone.
- Romelsjo A, Andersson L, Barrner H, Borg S, Granstrand C, Hultman O, Hassler A, Kallqvist A, Magnusson P, Morgell R, et al. (1989) A randomized study of secondary prevention of early stage problem drinkers in primary health care. *Br J Addict*. Nov;84(11):1319-27.
- Saitz R, Horton NJ, Sullivan LM, Moskowitz MA, Samet JH. (2003) Addressing alcohol problems in primary care: a cluster randomized, controlled trial of a systems intervention. The screening and intervention in primary care (SIP) study. *Ann Intern Med*. Mar 4;138(5):372-82.
- Schermer CR. Feasibility of alcohol screening and brief intervention. *J Trauma*. (2005) Sep;59(3 Suppl):S119-23; discussion S124-33.

- Sellman, JD, Sullivan PF, Dore GM, et al. (2001) A randomized controlled trial of motivational enhancement therapy (MET) for mild to moderate alcohol dependence. *Journal of Studies on Alcohol* 62, 389–396.
- Senft RA, Polen MR, Freeborn DK, Hollis JF (1997) Brief intervention in a primary care setting for hazardous drinkers. *American Journal of Preventive Medicine*, 13, 464–470.
- Seppa K. Intervention in alcohol abuse among macrocytic patients in general practice. (1992) *Scand J Prim Health Care*. 10:217-222.
- Spandorfer JM, Israel Y, Turner BJ. (1999) Primary care physicians' views on screening and management of alcohol abuse: inconsistencies with national guidelines. *J Fam Pract*. Nov;48(11):899-902.
- Tomson Y, Romelsjo A, Aberg H. (1998) Excessive drinking--brief intervention by a primary health care nurse. A randomized controlled trial. *Scand J Prim Health Care*. 1998 Sep;16(3):188-92.
- U.S. Preventive Services Task Force (2004) Screening and Behavioral Counseling Interventions in Primary Care To Reduce Alcohol Misuse: Recommendation Statement U.S. Preventive Services Task Force *Annals* 140: 554-556.
- U.S. Preventive Services Task Force. (1996) Screening for problem drinking. In: *Guide to clinical preventive services: report of the U.S. Preventive Services Task Force*. 2d ed. Baltimore: Williams & Wilkins. 567-82.
- Van Meter RA. (1997) Physician advice for problem alcohol drinkers. *J Fam Pract*. Jul;45(1):17-8.
- Vasilaki EI, Hosier SG, Cox WM. (2006) The efficacy of motivational interviewing as a brief intervention for excessive drinking: a meta-analytic review. *Alcohol Alcohol*. May-Jun;41(3):328-35. Epub 2006 Mar 17.
- Vinson DC, Devera-Sales A. (2000) Computer generated written behavioral contracts with problem drinkers in primary medical care. *Subst Abus*. 21:215-222.
- Wallace P, Cutler S, Haines A. (1988) Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *BMJ* 297:663-8.
- Watson HE. (1999) A study of minimal interventions for problem drinkers in acute care settings. *Int J Nurs Stud*. 36:425-34.
- Welte L, Perry P, Longabaugh R, Clifford PR. (1998) An outcome evaluation of a hospital-based early intervention program. *Addiction*: 93(4):573-581.
- Whitlock EP, Polen MR, Green CA, Orleans T, Klein J. (2004) Behavioral Counseling Interventions in Primary Care To Reduce Risky/Harmful Alcohol Use by Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force *Ann Intern Med*. 140(7): 557 - 568.

Wild TC, Cunningham JA, Roberts AB. (2007) Controlled study of brief personalized assessment-feedback for drinkings interested in self-help. *Addiction*: Feb;102(2):241-50.

Wilk AL, Jensen NM, Havighurst TC (1997); "Meta Analysis of Randomized Control Trials Addressing Brief Interventions in Heavy Alcohol Drinkers;" *Journal of General Internal Medicine*, 12, 274-283.

Williams R, Vinson DC. (2001) Validation of a single screening question for problem drinking. *J Fam Pract* 50:307-12.

World Health Organization Brief Intervention Study Group. (1996); "A Cross-National Trial of Brief Interventions With Heavy Drinkers;" *American Journal of Public Health*, 86, 948-955.

Wutzke SE, Conigrave KM, Saunders JB, Hall WD. (2002) The long-term effectiveness of brief interventions for unsafe alcohol consumption: a 10-year follow-up. *Addiction*. Jun;97(6):665-75.

Brief Interventions for Special Populations

Baker A, Bucci S, Lewin TJ, Kay-Lambkin F, Constable PM, Carr VJ. (2006) Cognitive-behavioural therapy for substance use disorders in people with psychotic disorders: Randomised controlled trial. *Br J Psychiatry*. May;188:439-48.

Baker A, Lee NK, Claire M, Lewin TJ, Grant T, Pohlman S, Saunders JB, Kay-Lambkin F, Constable P, Jenner L, Carr VJ. (2005) Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction. *Addiction*. Mar;100(3):367-78.

Baker A, Lewin T, Reichler H, Clancy R, Carr V, Garrett R, Sly K, Devir H, Terry M. (2002) Evaluation of a motivational interview for substance use within psychiatric in-patient services. *Addiction*. Oct;97(10):1329-37.

Barrowclough C, Haddock G, Tarrier N, Lewis SW, Moring J, O'Brien R, Schofield N, McGovern J. (2001) Randomized controlled trial of motivational interviewing, cognitive behavior therapy, and family intervention for patients with comorbid schizophrenia and substance use disorders. *Am J Psychiatry*. Oct;158(10):1706-13.

Burge SK, Amodei N, Elkin B, Catala S, Andrew SR, Lane PA, Seale JP. (1997) An evaluation of two primary care interventions for alcohol abuse among Mexican American patients. *Addiction* 92(12) 1705-1716.

Chassen L, Pitts SC., DeLucoa C, and Todd M. (1999) A longitudinal study of children of alcoholics: Predicting youth adult substance use disorders, anxieties, and depression. *J. Abnormal Psychology*. 108: 106-119.

Cox WM, Heinemann AW, Miranti SV, Schmidt M, Klinger E, Blount J. (2003) Outcomes of systematic motivational counseling for substance use following traumatic brain injury. *J Addict Dis*. 22(1):93-110.

Curry MA, Durham L, Bullock L, Bloom T, Davis J. (2006) Nurse case management for pregnant women experiencing or at risk for abuse. *J Obstet Gynecol Neonatal Nurs*. Mar-Apr;35(2):181-92.

Ettlinger T. (2000) In Harm's Way: Recognizing and addressing alcohol risk for rural disadvantaged pregnant mothers. *Public Health Nursing* Vol 17 No 3 pp 207-210.

Floyd RL, Sobell M, Velasquez MM, Ingersoll K, Nettleman M, Sobell L, Mullen PD, Ceperich S, von Sternberg K, Bolton B, Skarpness B, Nagaraja J; (2007) Project CHOICES Efficacy Study Group. Preventing alcohol-exposed pregnancies a randomized controlled trial. *Am J Prev Med.* 32(1):1-10.

Goransson M, Magnusson A, Heilig M. (2006) Identifying hazardous alcohol consumption during pregnancy: implementing a research-based model in real life. *Acta Obstet Gynecol Scand.* 85(6):657-62.

Grant TM, Ernst CC, Streissguth A, Stark K. (2005) Preventing alcohol and drug exposed births in Washington state: intervention findings from three parent-child assistance program sites. *Am J Drug Alcohol Abuse.* 31(3):471-90.

Grothues J, Bischof G, Reinhardt S, Hapke U, Meyer C, John U, Rumpf HJ. (2005). Intention to change drinking behaviour in general practice patients with problematic drinking and comorbid depression or anxiety. *Alcohol Alcohol.* Sep-Oct;40(5):394-400.

Haddock G, Barrowclough C, Tarrier N, Moring J, O'Brien R, Schofield N, Quinn J, Palmer S, Davies L, Lowens I, McGovern J, Lewis S. (2003) Cognitive-behavioural therapy and motivational intervention for schizophrenia and substance misuse. 18-month outcomes of a randomised controlled trial. *Br J Psychiatry.* Nov;183:418-26.

Handmaker NS, Miller WR, Manicke M. (1999) Findings of a pilot study of motivational interviewing with pregnant drinkers. *J Stud Alcohol.* Mar;60(2):285-7.

Hecht ML, Marsiglia FF, Elek E, Wagstaff DA, Kulis S, Dustman P, Miller-Day M. (2003) Culturally grounded substance use prevention: an evaluation of the keepin' it R.E.A.L. curriculum. *Prev Sci.* Dec;4(4):233-48.

Hulse GK, Tait RJ. (2003) Five year outcomes of a brief alcohol intervention for adult in-patients with psychiatric disorders. *Addiction*:98:1061-1068.

Ingersoll K, Floyd L, Sobell M, Velasquez MM. (2003) Project CHOICES Intervention Research Group. Reducing the risk of alcohol-exposed pregnancies: a study of a motivational intervention in community settings. *Pediatrics.* May;111(5 Part 2):1131-5.

Ingersoll KS, Ceperich SD, Nettleman MD, Karanda K, Brocksen S, Johnson BA. (2005) Reducing alcohol-exposed pregnancy risk in college women: initial outcomes of a clinical trial of a motivational intervention. *J Subst Abuse Treat.* Oct;29(3):173-80.

Kelly AB, Halford WK, Young RM. (2000) Maritally distressed women with alcohol problems: the impact of a short-term alcohol focused intervention on drinking behavior and marital satisfaction. *Addiction*, 95(10) 1537-1549.

Mengel MB, Searight HR, Cook K. (2006) Preventing alcohol-exposed pregnancies. *J Am Board Fam Med.* 9(5):494-505. Review N/A.

Miller WR, Baca C, Compton WM, Ernst D, Manuel JK, Pringle B, Schermer CR, Weiss RD, Willenbring ML, Zweben A. (2006) Addressing substance abuse in health care settings. *Alcohol Clin Exp Res.* 30(2):292-302. N/A.

Murgraff V, Abraham C, McDermott M. (2007) Reducing Friday alcohol consumption among moderate, women drinkers: evaluation of a brief evidence-based intervention. *Alcohol Alcohol.* 42(1):37-41.

Neumann T, Neuner B, Weiss-Gerlach E, Tonnesen H, Gentilello LM, Wernecke KD, Schmidt K, Schroder T, Wauer H, Heinz A, Mann K, Muller JM, Haas N, Kox WJ, Spies CD. (2006) The

effect of computerized tailored brief advice on at-risk drinking in subcritically injured trauma patients. *J Trauma*. Oct;61(4):805-14.

Rosenblum A, Magura S, Kayman DJ, Fong C. (2005) Motivationally enhanced group counseling for substance users in a soup kitchen: a randomized clinical trial. *Drug Alcohol Depend*. Oct 1;80(1):91-103.

Schermer CR, Moyers TB, Miller WR, Bloomfield LA. (2006) Trauma center brief interventions for alcohol disorders decrease subsequent driving under the influence arrests. *J Trauma*. Jan;60(1):29-34.

Scott E, Anderson P. (1991) Randomized controlled trial of general practitioner intervention in women with excessive alcohol consumption. *Drug and Alcohol Review*, 10, 312–321.

Sitharthan T, Singh S, Kranitis P, Currie J, Freeman P, Murugesan G, Ludowici J. (1999) Integrated drug and alcohol intervention: development of an opportunistic intervention program to reduce alcohol and other substance use among psychiatric patients. *Aust N Z J Psychiatry*. Oct;33(5):676-83.

Smith AJ, Hodgson J, Bridgeman K, Shepherd JP. (2003) A randomized controlled trial of a brief intervention after alcohol-related facial injury. *Addiction*:98-43-52.

Sommers MS, Dyehouse JM, Howe SR, Fleming M, Fargo JD, Schafer JC. (2006) Effectiveness of brief interventions after alcohol-related vehicular injury: A randomized controlled trial. *J Trauma*. Sep;61(3):523-31; discussion 532-3.

Stein MD, Charuvastra A, Maksad J, Anderson BJ. (2002) A randomized trial of a brief alcohol intervention for needle exchangers (BRAINE). *Addictions*: 97:691-700.

Waterson EJ, Murray-Lyon IM. (1990) Preventing fetal alcohol effects: a trial of three methods of giving information in the antenatal clinic. *Health Education Research*. 5:53-61.

Fleming MF, Brown R, Brown D. (2004) The efficacy of a brief alcohol intervention combined with CDT feedback in patients being treated for type 2 diabetes and/or hypertension. *J Stud Alcohol*. Sep;65(5):631-7.

Appendix Two – Young Adults in College

Brief Interventions for College Students

Ametrano IM. (1992). An evaluation of the effectiveness of a substance-abuse prevention program. *Journal of College Student Development*, 33(6), 507-515. (The evaluation did not find the intervention to be effective.)

Baer JS, Kivlahan DR., Blume AW, et al. (2001) Brief intervention for heavy-drinking college students: 4-year follow-up and natural history. *American Journal of Public Health* 91, 1310–1306.

Borsari B. Carey KB (2000) Effects of a brief motivational intervention with college student drinkers. *J. Cons. Clin. Psychol.* 68: 728-733.

Carey KB, Scott-Sheldon LAJ, Carey MP, DeMartini KS. (2007) Individual-level interventions to reduce college student drinking: A meta-analytic review. *Addictive Behaviors*, In Press, Corrected Proof, Available online 17 May 2007.

Dimeff, L. LA, McNeely M. (2000). Computer enhanced primary care practitioner advice for high-risk college drinkers in a student primary health-care setting. *Cognitive and Behavioral Practice*, 7, 82–100.

Dimeff LA, Baer, JS, Kivlahan DR, Marlatt GA. (1999). *Brief alcohol screening and intervention for college students (BASICS)*. New York, NY: Guilford Press.

Dimeff LA (1997); "Brief Intervention for Heavy and Hazardous College Drinkers in a Student Primary Care Setting;" Ph.D. dissertation, Seattle, WA: University of Washington.

Fleming M (2002) *Clinical Protocols To Reduce High Risk Drinking In College Students: The College Drinking Prevention Curriculum For Health Care Providers*. NIAAA Task Force on College Drinking. Accessed on 12/21/06 at <http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/trainingmanual/contents.aspx>

Garvin RB, Alcorn JD, Faulkner KF. (1990). Behavioral strategies for alcohol abuse prevention with high-risk college males. *Journal of Alcohol and Drug Education*, 36(1), 23-34.

LaBrie JW, Pedersen ER, Earleywine M, Olsen H. (2006) Reducing heavy drinking in college males with the decisional balance: analyzing an element of Motivational Interviewing. *Addict Behav.* Feb;31(2):254-63.

Larimer ME, Cronce JM. (2007) Identification, prevention, and treatment revisited: Individual-focused college drinking prevention strategies 1999–2006. *Addictive Behaviors*, In Press, Corrected Proof, Available online 17 May 2007.

Larimer ME, Kilmer JR, Lee CM (2005) *College Student Drug Prevention: A Review of Individually Oriented Prevention Strategies*. *Journal of Drug Issues*: Spring: 2005.

Larimer ME, Turner AP, Anderson BK, Fader JS, Kilmer JR, Palmer RS, Crounce JM. (2001). Evaluating a brief alcohol intervention with fraternities. *Journal of Studies on Alcohol*, 62(3), 370–380.

Marlatt GA, Baer JS, Kivlahan DR, Dimeff LA, Larimer ME, Quigley LA, Somers JM, Williams E. (1998); "Screening and Brief Intervention for High-Risk College Student Drinkers: Results From a 2-Year Follow-Up Assessment;" *Journal Consult Clinical Psychology*, 66, 604–615.

McNally AM, Palfai TP, Kahler CW. (2005) Motivational interventions for heavy drinking college students: examining the role of discrepancy-related psychological processes. *Psychol Addict Behav*. Mar;19(1):79-87.

Miller WR, Toscova RT, Miller JH, Sanchez V. (2000) A theory-based motivational approach for reducing alcohol/drug problems in college. *Health Educ Behav* 27:744–759. .

Murphy JG, Duchnick JJ, Vuchinich RE, Davison JW, Karg RS, Olson AM, Smith AF, Coffey TT. (2001) Relative efficacy of a brief motivational intervention for college student drinkers. *Psychol Addict Behav*. Dec;15(4):373-9.

Murphy JG, Benson TA, Vuchinich RE, Deskins MM, Eakin D, Flood AM, McDevitt-Murphy, ME, Torrealday O. (2004). A comparison of personalized feedback for college student drinkers delivered with and without a motivational interview. *Journal of Studies on Alcohol*, 65(2), 200–203.

Riccelli C. (1985) STOP: an early intervention program for problem drinkers. *J Am Coll Health*. Dec;34(3):134-7.

Roberts LJ, Neal DJ, Kivlahan DR, Baer JS, Marlatt GA. (2000) Individual drinking changes following a brief intervention among college students: clinical significance in an indicated preventive context. *J Consult Clin Psychol*. Jun;68(3):500-5.

Schall M, Kemeny A, Maltzman I. (1991). Drinking by university dorm residents: Its prediction and amelioration. *Journal of Alcohol and Drug Education*,36(3), 75-86.

Walters ST. (2000) In praise of feedback: an effective intervention for college students who are heavy drinkers. *J Am Coll Health*. Mar;48(5):235-8.

Weitzman ER, Nelson TF, Lee H, Wechsler H. (2004) Reducing drinking and related harms in college: evaluation of the "A MATTER OF DEGREE" program. *Am J Prev Med*. Oct;27(3):187-96

White HR; Morgan TJ; Pugh LA; Celinska K; Labouvie EW; Pandina RJ. (2006) Evaluating two brief substance-use interventions for mandated college students. *Journal of Studies on Alcohol* 67(2): 309-317.

Williams FG, Knox R. (1987) Alcohol abuse intervention in a university setting. *J Am Coll Health*. Sep;36(2):97-102.

A Review of University Policies to Control Substance Abuse on Campuses

DeJong W, Langenbahn S. (1996) Setting and improving policies for reducing alcohol and other drug problems on campus: A guide for administrators. Washington, DC: U.S. Department of Education, Higher Education Center for Alcohol and Other Drug Prevention.

George WH, Crowe LC, Abwender D, Skinner JB. (1989) Effects of raising the drinking age to 21 years in New York State on self-reported consumption by college students. *Journal of Applied Social Psychology*, 19, 623-635.

Hirschfeld LM, Edwardson KL, McGovern MP. (2005) A systematic analysis of college substance use policies. *J Am Coll Health*. Nov-Dec;54(3):169-76.

Orr D, Ketcham P, Bloomer B, Buhi E, Carnevale F, Fabiano P.(2006) American College Health Association. American College Health Association-National College Health Assessment (ACHA-NCHA) Spring 2004 Reference Group Data Report (Abridged). *Journal of American College Health* 54(4): 201-211.

Shirazi A, Tricker R. (2005) Current drug education policies in NCAA institutions: perceptions of head athletic trainers. *J Drug Educ.*;35(1):29-46.

Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. (2002). High-Risk Drinking in College: What We Know and What We Need To Learn. Final Report of the Panel on Contexts and Consequences. Accessed on 12/11/06 at: <http://www.collegedrinkingprevention.gov/>

The American College of Health Association. (2005) The American College Health Association National College Health Assessment (ACHA-NCHA), Spring 2003 Reference Group report. *J Am Coll Health*. Mar-Apr;53(5):199-210.

Wechsler H, Kelley K, Weitzman ER, SanGiovanni JP, Seibring M. (2000) What colleges are doing about student binge drinking. A survey of college administrators. *J Am Coll Health*. Mar;48(5):219-26.

Wechsler H, Kuh G, Davenport A (1996), Fraternities, sororities and binge drinking: results from a national study of American colleges. *NASPA Journal* 33(4):260-279.

Wechsler H, Lee JE, Kuo M, Seibring M, Nelson TF, Lee H. (2002) Trends in college binge drinking during a period of increased prevention efforts. Findings from 4 Harvard School of Public Health College Alcohol Study surveys: 1993-2001. *J Am Coll Health*. Mar;50(5):203-17. Erratum in: *J Am Coll Health* 2002 Jul;51(1):37.

Wechsler H, Kelly K, Weitzman E, SanGiovanni JP, Seibring M. (2000) What Colleges are Doing about Binge Drinking: A Survey of College Presidents. *Journal of American College Health*, 48, pp. 219-226.

Werch CE, Pappas DM, Castellon-Vogel EA (1996) . Drug use prevention efforts at colleges and universities in the United States. *Subst Use Misuse*. Jan;31(1):65-80.

West SL, Graham CW (2005) A survey of substance abuse prevention efforts at Virginia's colleges and universities. *J Am Coll Health*. Nov-Dec;54(3):185-91.

Community-based or Environmental Programs for College Students

Advocacy Institute. (1994). *RAISING MORE VOICES THAN MUGS: Changing the college alcohol environment through Media Advocacy*. Washington, DC: Department of Education, Department of Health and Human Services.

Clapp JD, Johnson M, Voas RB, Lange JE, Shillington A, Russell C. (2005) Reducing DUI among US college students: results of an environmental prevention trial. *Addiction*, 100, 327-334.

Crosse SB, Ginexi EM, Caudill BD. (2006) Examining the effects of a national alcohol-free fraternity housing policy. *J Prim Prev*. Sep;27(5):477-95.

DeJong W, Vince-Whitman C, Colthurst T, Cretella M, Gilbreath M, Rosati M, Zweig K. (1998). *Environmental Management: A Comprehensive Strategy for Reducing Alcohol and Other Drug Use on College Campuses*. The Higher Education Center for Alcohol and Other Drug Prevention. Accessed on 1/11/07 at: <http://www.higheredcenter.org/pubs/enviro-mgmt.pdf>

Fisher DA. (2002) *Environmental Strategies To Prevent Alcohol Problems on College Campuses*. U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention. Accessed on 1/11/07 at <http://www.higheredcenter.org/pubs/pire-em.pdf>

Gebhardt TL, Kaphingst K, DeJong W. (2000) A campus-community coalition to control alcohol-related problems off campus: an environmental management case study. *J Am Coll Health*. Mar;48(5):211-5.

Glindemann KE, Ehrhart IJ, Drake EA, Geller EG. (2007) Reducing excessive alcohol consumption at university fraternity parties: A cost-effective incentive/reward intervention. *Addictive Behaviors* 32 39–48

Johnsson KO, Berglund M. (2003) Education of key personnel in student pubs leads to a decrease in alcohol consumption among the patrons: a randomized control trial. *Addiction*, 98,627-633

Kaphingst K (1997) *Annotated Bibliography : Focus: Environmental Management Strategies: Higher Education Center for Alcohol and Other Drug Prevention*. Accessed 1/15/07 at <http://www.higheredcenter.org/pubs/annotated-bib.pdf>

Toomey TL, Wagenaar AC (2002), *Environmental policies to reduce college drinking: options and research findings*. *J Stud Alcohol* 14(suppl):193-205.

Prevention Programming with NORMS on College Campuses

- Barnett LA., Far JM, Mauss AL & Miller JA. (1996) Changing perceptions of peer norms as a drinking reduction program for college students. *J. Alcohol Drug Educ.* 41 (2): 39-62.
- DeJong W, Schneider ST, Towvin LG, Murpy MJ, Doerr EE, Simonsen NR, Mason KE. (2006) And Scribner RA., A Multisite Randomized Trial of Social Norms Marketing Campaigns to Reduce College Student Drinking. *Journal of Studies on Alcohol* 67 no6
- Dejong W, Linkenbach J. (1999) Telling it like it is: Using social norms marketing campaigns to reduce student drinking. *Amer. Assoc. Higher Educ. Bull.* 32: 11-16.
- Gries JA, Black DR, Coster DC. (1995) Recruitment to a university alcohol program: evaluation of social marketing theory and stepped approach model. *Prev Med.* Jul;24(4):348-56.
- Hayes MP (1996) A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities. The Higher Education Center for Alcohol and Other Drug Prevention. U.S. Department of Education (Publication No. ED/OPE/96-18). Accessed 2/19/07 at <http://www.higheredcenter.org/pubs/socnorms.pdf>
- Jeffrey LR. (2000) The New Jersey Higher Education Consortium Social Norms Project: Decreasing Binge Drinking in New Jersey Colleges and Universities by Correcting Student Misperceptions of College Drinking Norms, Glassboro, NJ: Center for Addiction Studies, Rowan University.
- Johannessen K, Collins C, Mills-Novoa B, Glider P. (1999) A Practical Guide to Alcohol Abuse Prevention: A Campus Case Study in Implementing Social Norms and Environmental Management Approaches, Tucson, AZ: Campus Health Service, University of Arizona.
- Perkins HW, Craig DW. (2002) A Multifaceted Social Norms Approach to Reduce High-Risk Drinking: Lessons from Hobart and William Smith Colleges. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention and the U.S. Department of Education.
- Perkins HW. (2002) "Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts." *Journal of Studies on Alcohol*, Supplement No. 14, pp. 164-172.
- Steffian G. (1999) Correction of normative misperceptions: An alcohol abuse prevention program. *J. Drug Educ.* 29: 115-138.
- Werch CE, Pappas DM, Carlson JM, DiClemente CC, Chally PS, Sinder JA. (2000) Results of a social norm intervention to prevent binge drinking among first-year residential college students. *J Am Coll Health.* Sep;49(2):85-92.

Other Programs and Strategies for College Campuses

Bormann CA, Stone MH. (2001) The effects of eliminating alcohol in a college stadium: the Folsom Field beer ban. *J Am Coll Health*. Sep;50(2):81-8.

Boyd G (2002) How To Reduce High-Risk College Drinking: Use Proven Strategies, Fill Research Gaps. Final Report of the Panel on Prevention and Treatment. National Institute on Alcohol Abuse and Alcoholism National Advisory Council, Task Force on College Drinking. Access on 12/19/06 at:
http://eric.ed.gov/ERICDocs/data/ericdocs2/content_storage_01/0000000b/80/27/ef/35.pdf

Duitsman DM, Cychosz CM. (1997) The efficacy of a university drug education course on factors that influence alcohol use. *J. Drug Educ.* 27: 223-229.

Flynn CA, Brown WK (1991). The Effects of a Mandatory Alcohol Education Program on College Student Problem Drinkers. *Journal of Alcohol and Drug Education*, 37(1), 15-24.

George Mason University (2001) Promising Practices: Campus Alcohol Strategies. Accessed at: <http://www.promprac.gmu.edu/2005/SBindex.htm> on 12/19/06.

Gleason NA. (1994) Preventing alcohol abuse by college women: a relational perspective 2. *J Am Coll Health*. Jul;43(1):15-24.

Grossman S., Canterbury RJ, Lloyd E, McDowell M. (1994) A model approach to peer-based alcohol and other drug prevention in a college population. *Journal of Alcohol and Drug Education*, 39, 50-61.

Hansson H, Rundberg J, Zetterlind U, Johnsson KO, Berglund M. (2006) An intervention program for university students who have parents with alcohol problems: a randomized controlled trial. *Alcohol Alcohol*. Nov-Dec;41(6):655-63.

Kivlahan DR, Marlatt GA, Fromme K, Coppel DB, Williams, E. (1990). Secondary prevention with college drinkers: Evaluation of an alcohol skills training program. *Journal of Consulting and Clinical Psychology*, 58, 805-810.

Marcello, RJ, Danish SJ, Stolberg AL. (1989). An evaluation of strategies developed to prevent substance abuse among student-athletes. *The Sport Psychologist*, 3, 196-211.

Marlatt, GA, Baer JS, Larimer M. (1995). Preventing alcohol abuse in college students: A harm-reduction approach. In G. M. Boyd, J. Howard, & R. A. Zucker (Eds.), *Alcohol problems among adolescents: Current directions in prevention research* (pp. 147-172). Hillsdale, NJ: Lawrence Erlbaum Associates.

Robert Wood Johnson Foundation (2003) A MATTER OF DEGREE: Advocacy Initiative. Accessed on 1/19/07 at: http://www.ama-assn.org/ama1/pub/upload/mm/388/amod_histories.pdf.

Saltz RF. (2005) Prevention of college student drinking problems: A brief summary of strategies and degree of empirical support for them. In: Galanter M, ed. *Recent Developments in*

Alcoholism. Volume 17: Alcohol Problems in Adolescents and Young Adults -- Epidemiology, Neurobiology, Prevention, Treatment. New York: Kluwer Academic. pp. 255-274.

SAMHSA--Challenging College Alcohol Abuse (model program)
www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=25

Weitzman ER, Nelson TF, Lee H, Wechsler H. (2004) Reducing drinking and related harms in college: evaluation of the "A MATTER OF DEGREE" program. *Am J Prev Med.* Oct;27(3):187-96.

Department of Education (2002) Alcohol and Other Drug Prevention on College Campuses: Model Programs. Accessed on 1/17/07 at: <http://www.higheredcenter.org/pubs/model.pdf>

Other College Programs and College Reference Materials

Bormann CA, Stone MH. (2001) The effects of eliminating alcohol in a college stadium: the Folsom Field beer ban. *J Am Coll Health.* Sep;50(2):81-8.

Boyd G (2002) How To Reduce High-Risk College Drinking: Use Proven Strategies, Fill Research Gaps. Final Report of the Panel on Prevention and Treatment. National Institute on Alcohol Abuse and Alcoholism National Advisory Council, Task Force on College Drinking. Access on 12/19/06 at:
http://eric.ed.gov/ERICDocs/data/ericdocs2/content_storage_01/0000000b/80/27/ef/35.pdf

Burrell LF. (1990) College students' recommendations to combat abusive drinking habits. *J. Coll. Student Devel.* 31: 562-563.

Collins SE, Carey KB. (2005) Lack of effect for decisional balance as a brief motivational intervention for at-risk college drinkers. *Addict Behav.* Aug;30(7):1425-30.

DeJong W. (2001) Finding Common Ground for Effective Campus-Based Prevention, *Psychology of Addictive Behaviors*, 15:4, pp. 292-296, December.

DeJong W, Langenbahn S. (1996) Setting and improving policies for reducing alcohol and other drug problems on campus: A guide for administrators. Washington, DC: U.S. Department of Education, Higher Education Center for Alcohol and Other Drug Prevention.

Delva J, Smith MP, Howell RL, Harrison DF, Wilke D, Jackson DL.(2004) A study of the relationship between protective behaviors and drinking consequences among undergraduate college students. *J Am Coll Health.* Jul-Aug;53(1):19-26.

Department of Education (2002) Alcohol and Other Drug Prevention on College Campuses :Model Programs. Accessed on 1/17/07 at: <http://www.higheredcenter.org/pubs/model.pdf>

Duitsman DM Cychosz CM (1997) The efficacy of a university drug education course on factors that influence alcohol use. *J. Drug Educ.* 27: 223-229.

Flynn CA, Brown WK (1991). The Effects of a Mandatory Alcohol Education Program on College Student Problem Drinkers. *Journal of Alcohol and Drug Education*, 37(1), 15-24.
George Mason University (2001) Promising Practices: Campus Alcohol Strategies. Accessed at: <http://www.promprac.gmu.edu/2005/SBindex.htm> on 12/19/06.

- Gleason NA. Preventing alcohol abuse by college women: a relational perspective 2. *J Am Coll Health*. 1994 Jul;43(1):15-24.
- Graham K, Chandler-Coutts M. (2000) Community action research: who does what to whom and why? Lessons learned from local prevention efforts (international experiences). *Subst Use Misuse*. Jan;35(1-2):87-110.
- Grossman S, Canterbury RJ, Lloyd E, McDowell M.. (1994) A model approach to peer-based alcohol and other drug prevention in a college population. *Journal of Alcohol and Drug Education*, 39, 50-61.
- Hansson H, Rundberg J, Zetterlind U, Johnsson KO, Berglund M. (2006) An intervention program for university students who have parents with alcohol problems: a randomized controlled trial. *Alcohol Alcohol*. Nov-Dec;41(6):655-63.
- Hawkins JD, Catalano RF, Arthur MW. (2002) Promoting science-based prevention in communities. *Addict Behav*. Nov-Dec;27(6):951-76.
- Hickenbottom JP, Bissonette RP, O'Shea RM. (1987) Preventive medicine and college alcohol abuse. *J Am Coll Health*. Sep;36(2):67-72.
- Hingson RW, Howland J. (2002) Comprehensive Community Interventions to promote health: Implications for College-age drinking problems. *Journal of Studies on Alcohol*. Supplement No 14. pp 226-240.
- Hingson RW, Heeren T, Winter M, Weschler H.(2005) Magnitude Of Alcohol-Related mortality and morbidity Among U.S. Collage Students Ages 18–24: Changes from 1998 to 2001. *Annu. Rev. Public Health* 26:259–79.
- Hirschfeld LM, Edwardson KL, McGovern MP. (2005) A systematic analysis of college substance use policies. *J Am Coll Health*. Nov-Dec;54(3):169-76.
- Jennison KM (2004) The short-term effects and unintended long-term consequences of binge drinking in college: a 10-year follow-up study. *Am J Drug Alcohol Abuse*. Aug;30(3):659-84.
- Jessor R; Costa FM; Krueger PM; Turbin MS. (2006) A developmental study of heavy episodic drinking among college students: The role of psychosocial and behavioral protective and risk factors. *Journal of Studies on Alcohol* 67(1): 86-94.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2005) *Monitoring The Future National Survey Results On Drug Use, 1975-2004. Volume II College Students and Adults Ages 19-45*. National Institute on Drug Abuse, 6001 Executive Boulevard, Bethesda, Maryland 20892 U.S. Department Of Health And Human Services.
- Jung JR. (2003) Changing the focus of college alcohol prevention programs. *J Am Coll Health*. Sep-Oct;52(2):92-5.
- Kadison R (2005) . Getting an edge - Use of stimulants and antidepressants in college. (editorial). *New England Journal of Medicine* 353(11): 1089-1091.

- Karwacki SB, Bradley JR. (1996) Coping, drinking motives, goal attainment expectancies and family models in relation to alcohol use among college students. *J. Drug Educ.* 26: 243-255.
- Kilmer JR; Walker DD; Lee CM; Palmer RS; Mallett KA; Fabiano P et al. (2006) Misperceptions of college student marijuana use: implications for prevention. *Journal of Studies on Alcohol* 67(2): 277-281.
- Kinney J, Peltier D. (1986) A model alcohol program for the college health service. *J Am Coll Health.* Apr;34(5):229-33.
- Kivlahan DR, Marlatt GA, Fromme K, Coppel DB, Williams E. (1990). Secondary prevention with college drinkers: Evaluation of an alcohol skills training program. *Journal of Consulting and Clinical Psychology*, 58, 805-810.
- Kraft DP. (1988) The prevention and treatment of alcohol problems on a college campus. *J Alcohol Drug Educ.* 34(1):37-51.
- Laforge RG, Borsari B, Baer JS. (2005) The utility of collateral informant assessment in college alcohol research: results from a longitudinal prevention trial. *J Stud Alcohol.* Jul;66(4):479-87.
- Larimer ME, Anderson BK, Baer JS, Marlatt, GA 2000); "An Individual in Context: Predictors of Alcohol Use and Drinking Problems Among Greek and Residence Hall Students;" *Journal on Substance Abuse*;11, 53-68.
- Leppel K. (2006) College binge drinking: deviant versus mainstream behavior. *Am J Drug Alcohol Abuse.* 32(4):519-25.
- Marcello RJ, Danish SJ, Stolberg AL. (1989). An evaluation of strategies developed to prevent substance abuse among student-athletes. *The Sport Psychologist*, 3, 196-211.
- Marlatt GA, Baer JS, Larimer M. (1995). Preventing alcohol abuse in college students: A harm-reduction approach. In G. M. Boyd, J. Howard, & R. A. Zucker (Eds.), *Alcohol problems among adolescents: Current directions in prevention research* (pp. 147-172). Hillsdale, NJ: Lawrence Erlbaum Associates.
- McCabe SE; Hughes TL; Bostwick W; Boyd CJ. (2005) Assessment of difference in dimensions of sexual orientation: Implications for substance use research in a college-age population. *Journal of Studies on Alcohol* 66(5): 620-629.
- National Institute on Alcohol Abuse and Alcoholism. (2002) A call to action: Changing the culture of drinking at U.S. colleges. NIH Publication No. 02-5010. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
- Neal DJ, Carey KB. (2004). Developing discrepancy within self-regulation theory: Use of personalized normative feedback and personal strivings with heavy-drinking college students. *Addictive Behaviors*, 29(2), 281–297.
- Nelson TF, Wechsler H (2003), School spirits: alcohol and collegiate sports fans. *Addict Behav* 28(1):1-11.

Orr D; Ketcham P; Bloomer B; Buhi E; Carnevale F; Fabiano P; 2006 American College Health Association. American College Health Association-National College Health Assessment (ACHA-NCHA) Spring 2004 Reference Group Data Report (Abridged). *Journal of American College Health* 54(4): 201-211.

Page RM; O'Hegarty M. (2006) Type of student residence as a factor in college students' alcohol consumption and social normative perceptions regarding alcohol use. *Journal of Child & Adolescent Substance Abuse* 15(3): 15-31.

Page MR, Scanlan A. (1999) Perceptions of the prevalence of marijuana use among college students: A comparison between current users and nonusers. *Journal of Child Adolescent Substance Abuse*, 9, 1-13.

Palfai TP, McNally AM, Roy M. (2002) Volition and alcohol-risk reduction: the role of action orientation in the reduction of alcohol-related harm among college student drinkers. *Addict Behav.* Mar-Apr;27(2):309-17.

Paschall MJ, Freisthler B. (2003) Does heavy drinking affect academic performance in college? Findings from a prospective study of high achievers. *J Stud Alcohol.* Jul;64(4):515-9.

Perkins HW (2002), Surveying the damage: a review of research on consequences of alcohol misuse in college populations. *J Stud Alcohol* 14(suppl): 91-100.

Perkins HW; Haines MP; Rice R. (2005) Misperceiving the college drinking norm and related problems: A nationwide study of exposure to prevention information, perceived norms and student alcohol misuse. *Journal of Studies on Alcohol* 66(4): 470-478.

Perkins HW. (1999) "Stress-Motivated Drinking in Collegiate and Post-Collegiate Young Adulthood: Life Course and Gender Patterns." *Journal of Studies on Alcohol*, Vol. 60, No. 2, pp 219-227.

Perkins HW, Meilman PW, Leichter JS, Cashin JR, Presley CA. (1999) Misperceptions of the norms for the frequency of alcohol and other drug use on college campuses. *Journal of American College of Health*, 47, 253-258.

Polonec LD, Major AM, Atwood LE. (2006) Evaluating the believability and effectiveness of the social norms message "most students drink 0 to 4 drinks when they party." *Health Commun.* 2006;20(1):23-34.

Presley CA, Meilman PW, Cashin JR. (1996) *Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment*, Vol. 4: 1992-1994. Carbondale, IL: Core Institute, Southern Illinois University.

Robert Wood Johnson Foundation (2003) *A MATTER OF DEGREE: Advocacy Initiative*. Accessed on 1/19/07 at: http://www.ama-assn.org/ama1/pub/upload/mm/388/amod_histories.pdf.

Saltz RF.(2005) Prevention of college student drinking problems: A brief summary of strategies and degree of empirical support for them. In: Galanter M, ed. *Recent Developments in Alcoholism. Volume 17: Alcohol Problems in Adolescents and Young Adults -- Epidemiology, Neurobiology, Prevention, Treatment*. New York: Kluwer Academic. pp. 255-274.

Sharma M. Improving interventions for prevention and control of alcohol use in college students. (editorial). 2005 *Journal of Alcohol and Drug Education* 49(2): 3-6.

Sheffield FD; Darkes J; Del Boca FK; Goldman MS. (2005) Binge drinking and alcohol-related problems among community college students: Implications for prevention policy. *Journal of American College Health* 54(3): 137-141.

Shirazi A, Tricker R. (2005) Current drug education policies in NCAA institutions: perceptions of head athletic trainers. *J Drug Educ.*;35(1):29-46.

Simons L; Klichine S; Lantz V; Ascolese L; Deihl S; Schatz B et al. (2005) The relationship between social-contextual factors and alcohol and polydrug use among college freshmen. *Journal of Psychoactive Drugs* 37(4): 415-424.

Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. (2002). High-Risk Drinking in College: What We Know and What We Need To Learn. Final Report of the Panel on Contexts and Consequences. Accessed on 12/11/06 at: <http://www.collegedrinkingprevention.gov/>

The American College of Health Association. (2005) The American College Health Association National College Health Assessment (ACHA-NCHA), Spring 2003 Reference Group report. *J Am Coll Health*. 2005 Mar-Apr;53(5):199-210.

Walters ST, Neighbors C. (2005) Feedback interventions for college alcohol misuse: what, why and for whom? *Addict Behav.* Jul;30(6):1168-82. Epub 2005 Jan 20.

Walters ST, Bennett ME. (2000). Addressing drinking among college students: A review of the literature. *Alcoholism Treatment Quarterly*, 18(1), 61-77.

Wechsler H, Kelley K, Weitzman ER, SanGiovanni JP, Seibring M. (2000) What colleges are doing about student binge drinking. A survey of college administrators. *J Am Coll Health*. Mar;48(5):219-26.

Wechsler H, Kuh G, Davenport A (1996), Fraternities, sororities and binge drinking: results from a national study of American colleges. *NASPA Journal* 33(4):260-279.

Wechsler H, Lee JE, Hall J. (2002) Secondhand effects of student alcohol use reported by neighbors of colleges: the role of alcohol outlets. *Soc Sci Med* 55(3):425-435.

Wechsler H, Lee JE, Kuo M, Seibring M, Nelson TF, Lee H. (2002) Trends in college binge drinking during a period of increased prevention efforts. Findings from 4 Harvard School of Public Health College Alcohol Study surveys: 1993-2001. *J Am Coll Health*. 2002 Mar;50(5):203-17. Erratum in: *J Am Coll Health* Jul;51(1):37.

Wechsler H, Davenport A, Dowdall G, Moeykens B, and Castillo S. (1994) Health and Behavioral Consequences of Binge Drinking in College: A National Survey of Students at 140 Campuses, *Journal of the American Medical Association*, 272, pp. 1672-1677, 1994.

Wechsler H, Nelson TF, Lee JE, Seibring M, Lewis C, Keeling RP. (2003) Perception and Reality: A National Evaluation of Social Norms Marketing Interventions to Reduce College Students' Heavy Alcohol Use, *Journal of Studies on Alcohol*, 64:4, pp. 484-494.

- Weitzman ER, Kawachi I (2000), Giving means receiving: the protective effect of social capital on binge drinking on college campuses. *Am J Public Health* 90(12):1936-1939.
- Weitzman ER, Nelson TF, Wechsler H (2003), Taking up binge drinking in college: the influence of personal, social and environmental factors. *J Adolesc Health* 32(1):26-35.
- Weitzman ER. (2004) Social Developmental Overview of Heavy Episodic or Binge Drinking Among U.S. College Students *Psychiatric Times*; (21): 2.
- Weitzman ER; Chen YY. (2005) The co-occurrence of smoking and drinking among young adults in college: National survey results from the United States. *Drug and Alcohol Dependence* 80(3): 377-386.
- Weitzman ER, Nelson TN. (2004) College Student Binge Drinking And The “Prevention Paradox”: Implications For Prevention And Harm Reduction” *J. Drug Education*, Vol. 34(3) 247-266.
- Werch CE, Pappas DM, Castellon-Vogel EA. (1996) Drug use prevention efforts at colleges and universities in the United States. *Subst Use Misuse*. Jan;31(1):65-80.
- West SL, Graham CW (2005) A survey of substance abuse prevention efforts at Virginia's colleges and universities. *J Am Coll Health*. 2005 Nov-Dec;54(3):185-91.
- White AM; Kraus CL; Swartzwelder HS. (2006) Many college freshmen drink at levels far beyond the binge threshold. *Alcoholism: Clinical and Experimental Research* 30(6): 1006-1010.
- White BP; Becker-Blease KA; Grace-Bishor K. (2006) Stimulant medication use, misuse, and abuse in an undergraduate and graduate student sample. *Journal of American College Health* 54(5): 261-268.
- Williams J, Pacula RL, Chaloupka FJ, Wechsler H. (2006) College students' use of cocaine. *Substance Use & Misuse* 41(4): 489-509.
- Wolfson, S. (2000) Students' estimates of the prevalence of drug use: Evidence for a false consensus effect. *Psychology of Addictive Behaviors*, 14, 295-298.
- Young R; Connor JP, Ricciardelli LA, Saunders JB. (2006) The role of alcohol expectancy and drinking refusal self-efficacy beliefs in university student drinking. *Alcohol and Alcoholism* 41(1): 70-75.
- Ziemelis A, Bucknam RB, Elfessi AM. (2002) Prevention efforts underlying decreases in binge drinking at institutions of higher education. *J Am Coll Health* 50:238–252.

Web-based Prevention Programs for College Students

- Chiauzzi E, Green TC, Lord S, Thum C, Goldstein M. (2005) MY STUDENT BODY: a high-risk drinking prevention web site for college students. *J Am Coll Health*. May-Jun;53(6):263-74.

Moore MJ, Soderquist J, Werch C. (2005) Feasibility and efficacy of a binge drinking prevention intervention for college students delivered via the Internet versus postal mail. *J Am Coll Health*. Jul-Aug;54(1):38-44.

Saitz R, Palfai TP, Freedner N, Winter MR, Macdonald A, Lu J, Ozonoff A, Rosenbloom DL, Dejong W. (2007) Screening and brief intervention online for college students: the ihealth study. *Alcohol Alcohol*. 2007 42(1):28-36.

Appendix Four – The Workplace

Programs for Substance Abuse Prevention in the Workplace

Bacharach SB, Bamberger PA, Sonnenstuhl WJ. (1996) Labor-based peer assistance in the workplace. *Industrial Relations* 35:261–275.

Bacharach SB, Bamberger PA, Sonnenstuhl WJ. (1994) Member Assistance Programs in the workplace: The role of labor in the prevention and treatment of substance abuse. *ILR Bulletin*, No. 69. Ithaca, NY: ILR Press.

Bacharach SB, Sonnenstuhl WJ. (1995) Peer referral networks and utilization of a union-based EAP. *Journal of Drug Issues* 25:291–312.

Becker LR, Hall M, Fisher DA, Miller TR. (2000). Methods for evaluating a mature substance abuse prevention/early intervention program. *Journal of Behavioral Health Services* 27(2): 166-178. (PeerCare; An Early Intervention Employee Assistance Program).

Beattie MC, Longbaugh R, Fava J. (1992) Assessment of alcohol-related workplace activities: Development and testing of “Your Workplace.” *Journal of Studies on Alcohol* 53:469–475.

Bennett JB, Lehman WE. (2001) Workplace substance abuse prevention and help seeking: comparing team-oriented and informational training. *J Occup Health Psychol.* 2001 Jul;6(3):243-54.

Cook RF, Back AS, Trudeau J. (1996) Preventing alcohol use problems among blue-collar workers: a field test of the Working People program. *Subst Use Misuse.* Feb;31(3):255-275.

Drug Free Work Place <http://www.drugfreeworkplace.com/>
<http://www.drugfreeworkplace.org/>

Drug Free Work Place Advisor: <http://www.dol.gov/elaws/drugfree.htm>

Drug Free Work Place Kit: <http://www.workplace.samhsa.gov/WPWorkit/index.html>

Drug Free Work Place Act (Federal)
http://www.law.cornell.edu/uscode/uscode41/usc_sup_01_41_10_10.html

Drug Free Workplace Manual <http://www.usdoj.gov/dea/demand/dfmanual/index.html>

Eggum PR, Keller PJ, Burton WM. (1980) Nurse/health counseling model for a successful alcoholism assistance program. *Journal of Occupational Environmental Medicine* 22:545–548.

Heirich M, Sieck CJ. (2000) Worksite cardiovascular wellness programs as a route to substance abuse prevention. *J Occup Environ Med.* Jan;42(1):47-56.

Howland J, Mangione TW, Lee M. et al. (1996) Employee attitudes toward work-site alcohol testing. *Journal of Occupational Environmental Medicine* 38:1041–1046.

Job Corps Burghardt J, Schochet PZ, McConnell S, Johnson T, Gritz RM, Glazerman S. et al. (2001). Does Job Corps Work? Summary of the National Job Corps Study. Princeton, NJ: Mathematica Policy Research, Inc.

Kishchuk N, Peters C, Towers AM, Sylvestre M, Bourgault C, Richard L. (1994) Formative and effectiveness evaluation of a worksite program promoting healthy alcohol consumption. *Am J Health Promot.* May-Jun;8(5):353-62.

Lapham SC, Chang I, Gregory C. (2000) Substance abuse intervention for health care workers: a preliminary report. *J Behav Health Serv Res.* May;27(2):131-43.

Lapham S, Gregory C, and McMillan G. (2003) Impact of an alcohol misuse intervention for health care workers — 1: frequency of binge drinking and desire to reduce alcohol use. *Alcohol and Alcoholism* 38, 176–182.

Lapham SC, McMillan G, Gregory C. (2003) Impact Of An Alcohol Misuse Intervention For Health Care Workers — 2: Employee Assistance Programme Utilization, On-The-Job Injuries, Job Loss And Health Services Utilization. *Alcohol and Alcoholism* Vol. 38, No. 2, pp. 183-188. (Project WISE)

Matano RA, Futa KT, Wanat SF, Mussman LM, Leung CW. (2000) The Employee Stress and Alcohol Project: the development of a computer-based alcohol abuse prevention program for employees. *J Behav Health Serv Res.* May;27(2):152-65.

Outcomes. Princeton, NJ: Mathematica Policy Research, Inc. U.S. Department of Labor. (n.d.). Job Corps. Retrieved October 2, 2003, from www.jobcorps.org.

Pelletier KR. (1996) A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the work site: 1993-1995 update. *American Journal of Health Promotion*, 10, 380-388.

SAMHSA--Coping with Work and Family Stress (model program)
<http://www.modelprograms.samhsa.gov/pdfs/model/Coping.pdf>

SAMHSA--Healthy Workplace (model program)
www.modelprograms.samhsa.gov/pdfs/model/Healthy.pdf -

SAMHSA--JOBS Program (model program)
www.modelprograms.samhsa.gov/pdfs/model/jobs.pdf

Snow DL, Swan SC, Wilton L. (2003) “A Workplace Coping-Skills Intervention to Prevent Alcohol Abuse.” In *Workplace Substance Abuse Prevention: Beyond Drug Testing to Wellness*, J.B. Bennett and W.E.K. Lehman, eds., pp. 57-96. Washington, DC: American Psychological Association.

Sonnenstuhl W, Trice H. (1987) The social construction of alcohol problems in a union's peer counseling program. *Journal of Drug Issues*, 17, 223-254.

Spicer RS, Miller TR. (2005) Impact of a workplace peer-focused substance abuse prevention and early intervention program. *Alcohol Clinical And Experimental Research*: vol 29, No 4. 609-611.

Stoltzfus JA, Benson PL (1994) The 3M Alcohol and Other Drug prevention Program: Description and Evaluation. *The Journal of Primary Prevention*, 15, 147-159.

University of Michigan. Drinkwise. A Brief Intervention for the workplace. Now being evaluated. Found at: <http://www.med.umich.edu/drinkwise/>

Readings on Employee Assistance Programs (EAP)

Employee Assistance Professionals Association, "What is an Employee Assistance Program (EAP)?" Available at <http://www.eapassn.org/public/pages/index.cfm?pageid=507>

Foote A, Erfurt JC. (1991) Effects of EAP follow-up on prevention of relapse among substance abuse clients. *Journal of Studies on Alcohol* 52:241– 248.

Gam J, Sauser Jr. WI, Evans KL, Lair CV. (1983) The evaluation of an Employee Assistance Program. *Journal of Employment Counseling* 99–106.

Hartwell T, Steele P, French MT, et al. (1996) Aiding troubled employees: The prevalence, cost and characteristics of Employee Assistance Programs in the United States. *American Journal of Public Health* 86: 804–808.

Shain M, Suurvali H, Boutilier M. (1986) *Health Promotion and Employee Assistance Programs*. Lexington, MA: Lexington Books.

Walker K, Shain M. (1983) Employee Assistance Programming: In search of effective interventions for the problem-drinking employee. *British Journal of Addiction to alcohol and other drugs*:78:291-303.

Readings on Health Promotion in the Workplace

Galvin D M. (2000) Workplace managed care: Collaboration for substance abuse prevention. *Journal of Behavioral Health Services & Research* 27(2): 125-130.

Lusk SL. 1997) Health promotion and disease prevention in the work site. In J.J. Fitzpatrick & J. Norbeck (Eds.) *Annual Review of Nursing Research*, Vol 15. New York: Springer Publishing Company, pp. 187-213.

Shain M, Suurvali H, Boutilier M. (1996) *Health Promotion and Employee Assistance Programs*. Lexington, MA: Lexington Books.

Readings on Workplace Policies

American Management Association. (2002) The 1995 AMA Survey: Workplace Drug Testing and Drug Abuse Policies. "Prevention of Substance Abuse in the Workplace: Review of Research on the Delivery of Services." *Journal of Primary Prevention*, vol. 23 p. 122.

Blum TC, Fields, D, Milne S, Spell C. (1992). Workplace drug testing programs: A review of research and a survey of worksites. *Journal of Employee Assistance Research*. 315-349.

Larson S, Eyerman J, Foster MS, Gfroerer JC. (2007) Worker Substance Use and Workplace Policies and Programs. Department Of Health And Human Services Substance Abuse and Mental Health Services Administration Office of Applied Studies. June 2007. Available on the web at: <http://oas.samhsa.gov/work2k7/work.pdf>

Roman PM, Baker SC. (2001) The decline of workplace support for substance abuse programming. Paper presented at the annual meetings of the American Sociological Association, Anaheim, CA.

Macdonald S. (1999) Workplace alcohol and other drug testing: A review of the scientific evidence. *Drug and Alcohol Review* 16:251–259, 1997.

Hoffmann JP, Larison C, Sanderson A. (1997) An analysis of worker drug use and workplace policies and programs. *Workplace Managed Resources Updates*, Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Statistics, A-2 Analytic Series.

Topics in Workplace Substance Abuse Prevention

Bennett JB, Lehman WEK, Reynolds SG. (2000). Team awareness for workplace substance abuse prevention: The empirical and conceptual development of training program. *Prevention Science* 1(3): 157-172.

Normand, J, Salyards SD, Mahoney JJ. (1990) “An Evaluation of preemployment Drug Testing.” *Journal of Applied Psychology* 75(6):629-639.

Cook R, Back A, Trudeau J.(1996) Substance abuse prevention in the workplace: Recent findings and an expanded conceptual model. *Journal of Primary Prevention* 16:319–339.

Hersch RK, Cook R, Deitz DK, Trudeau J V. (2000). Methodological issues in workplace substance abuse prevention research. *Journal of Behavioral Health Services & Research* 27(2): 144-151.

Vicary, J. (1994). Primary prevention and the workplace. *Journal of Primary Prevention*, 15, 99-103.

Walsh E, Rudd R, Biener L, Mangione T. (1993). Research and prevention alcohol problems at work: Toward an integrative model. *American Journal of Health Promotion* 7(4):289-295.

Appendix Five -- Older Adults

Programs for Substance Abuse Prevention for Older Adults

Bartels SJ, Blow FC, Brockmann LM, Van Citters AD. Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults Excerpt: Prevention of Co-Occurring Substance Abuse and Mental Health Problems. Older Americans Substance Abuse and Mental Health Technical Assistance Center. OlderAmericansTAC@westat.com

Bary KL, And Blow FC. (1999) Screening and assessment of alcohol problems in older adults. In: Lichtenberg, P.A. (Ed.) Handbook of Assessment in Clinical Gerontology, New York: John Wiley FC, Barry KL. (2002). Substance Abuse and Older Adults. CSAP's Prevention Pathways. See: http://pathwayscourses.samhsa.gov/aaap/aaap_resources.cfm

Brennan PL, Schutte KK, Moos RH. (2005) Pain and use of alcohol to manage pain: prevalence and 3-year outcomes among older problem and non-problem drinkers. *Addiction*, 100, 777–786.

Burton LC, Paglia MJ, German PS, Shapiro S, Damiano AM. (1995) The effect among older persons of a general preventive visit on three health behaviors: smoking, excessive alcohol drinking, and sedentary lifestyle. The Medicare Preventive Services Research Team. *Preventive Medicine*. 24(5) 492.

Carlson KA. (1994) The Prevention of Substance Abuse And Misuse Among the Elderly: Review of the Literature and Strategies for Prevention. Division of Alcohol and Substance Abuse. Olympia, Washington. September.

Fink A, Elliott MN, Tsai M, Beck JC. (2005) An evaluation of an intervention to assist primary care physicians in screening and educating older patients who use alcohol. *J Am Geriatr Soc*. Nov;53(11):1937-43.

Fleming MF, Manwell LB, Barry KL, Adams W, Stauffacher EA. (1999) Brief physician advice for alcohol problems in older adults: a randomized community-based trial. *J Fam Pract*. May;48(5):378-84. PROJECT GOAL

Freeman RH, Guelzow LE. (2002) Research for the Development of a Science-Based Prevention Program for the Older Adult. Hanley Center 5200 East Avenue West Palm Beach, FL 33407-2374. December 2002.

Moore AA, Beck JC, Babor TF, Hays RD, Reuben DB. (2002) Beyond alcoholism: identifying older, at-risk drinkers in primary care. *Journal of Studies on Alcohol* 63.3 (May 2002): p316(9).

Readings in Substance Abuse Prevention for Older Adults

Dyson J. Alcohol misuse and older people. *Nurs Older People*.(2006) Aug;18(7):32-5. Review.

Finfgeld-Connett DL. (2005) Self-management of alcohol problems among aging adults. *J Gerontol Nurs*. 31(5):51-8. N/A

Gfroerer J, Penne M, Pemberton M, Folsom R. (2003) Substance abuse treatment need among older adults in 2020: the impact of the aging baby-boom cohort. *Drug Alcohol Depend*. 1;69(2):127-135

Lang I, Guralnik J, Wallace RB, (2007) Melzer D. What level of alcohol consumption is hazardous for older people? Functioning and mortality in u.s. And english national cohorts. *J Am Geriatr Soc.* 55(1):49-57.

Pringle KE, Heller DA, Ahern FM, Gold CH, Brown TV. (2006) The role of medication use and health on the decision to quit drinking among older adults. *J Aging Health*, 18(6): 837 - 851.

Sorocco KH, Ferrell SW. (2006) Alcohol use among older adults. *J Gen Psychol.* 133(4):453-67.

Stevenson JS, (2005) Masters JA Predictors of alcohol misuse and abuse in older women. *J Nurs Scholarsh.* ;37(4):329-35.

Appendix Six -- The Community

Community and Environmental Programs

Aguirre-Molina M, Gorman DM. (1996) Community-based approaches for the prevention of alcohol, tobacco, and other drug use. *Annu Rev Public Health*. 17:337-58.

Gliksman L, McKenzie D, Single E, Douglas R, Brunet S, Moffatt K. (1993) The role of alcohol providers in prevention: an evaluation of a server intervention programme. *Addiction*: 88:1195-1203.

Holder HD, Gruenewald PJ, Ponicki WR, et al. (2000) Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *JAMA* 284:2341-7.

Holder HD, Saltz RF, Grube JW, Treno AJ, Reynolds RI, Voas, RB, Gruenewald PJ. (1997) Summing up: Lessons from a comprehensive community prevention trial. *Addiction* 92 (Suppl. No. 2): S293-S301.

Howat P, Sleet D, Elder R, Maycock B. (2004) Preventing alcohol-related traffic injury: a health promotion approach. *Traffic Inj Prev*. Sep;5(3):208-19.

Kypri K, Dean J, Kirby S, Harris J, Kake T. (2005) 'Think before you buy under-18s drink': evaluation of a community alcohol intervention. *Drug Alcohol Rev*. Jan;24(1):13-20.

Lindenberg CS., Solorzano, RM, Krantz MS, Galvis C, Baroni, G; Strickland O. (1998) Risk And Resilience: Building Protective Factors : An intervention for preventing substance abuse and sexual risk-taking and for promoting strength and protection among young, low-income Hispanic women. *MCN, The American Journal of Maternal/Child Nursing* . Volume 23(2), March/April pp 99-104.

Linkenbach J, Perkins HW. (2005) Montana's MOST of Us® Don't Drink and Drive Campaign: A Social Norms Strategy to Reduce Impaired Driving Among 21-to-34Year-Olds. National Highway Traffic Safety Administration (Report No. DOT HS 809 869), Washington, DC. http://www.nhtsa.dot.gov/people/injury/alcohol/SocialNorms_Strategy/index.htm (for downloading entire monograph).

McCurtis WK, Williams RA.(2006) Sisters in support together against substances (SISTAS): an alcohol abuse prevention group for Black women. *J Ethn Subst Abuse*. 5(3):49-60.

Palmer RS, Kilmer JR, Larimer ME. If you feed them, will they come? (2006) The use of social marketing to increase interest in attending a college alcohol program. *J Am Coll Health*. Jul-Aug;55(1):47-52.

SAMHSA--Leadership and Resilience program (Model Program)
www.nvbest.org/models/samsha/programsheets/leadership.pdf

SAMHSA--Nurse Family Partnership (model program)
www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=22

- Olds DL, Kitzman, H, Cole R, Robinson J. (1997). Theoretical foundations of a program of home visitation for pregnant women and parents of young children. *Journal of Community Psychology*, 25, 9-26.
- Shakeshaft AP, Bowman JA, Burrows S, Doran CM, Sanson-Fisher RW. (2002) Community-based alcohol counselling: a randomized clinical trial. *Addiction*: 97:1449-1463.
- Sobell LC, Sobell MB, Leo GI, Agrawal S, Johnson-Young L, Cunningham JA. (2002) Promoting self-change with alcohol abusers: a community-level mail intervention based on natural recovery studies. *Alcohol Clin Exp Res*. Jun;26(6):936-48.
- Spoth RL, Guyll M, Day SX. (2002) Universal family-focused interventions in alcohol-use disorder prevention: cost-effectiveness and cost-benefit analyses of two interventions. *J Stud Alcohol*. Mar;63(2):219-28
- Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, Division of State and Community Systems Development, Preventing Problems Related to Alcohol Availability: Environmental Approaches, Reference Guide, Third in the PEPS Series, DHHS Publication No.: (SMA) 99-3298, Rockville, MD, Department of Health and Human Services, 1999. Now incorporated as a part of the Prevention Pathways training courses by CSAP at: http://pathwayscourses.samhsa.gov/ev/ev_intro_pg1.htm
- Van Hasselt VB, Hersen M, Null JA, Ammerman RT, Bukstein OG, McGillivray J, Hunter A. (1993) Drug abuse prevention for high-risk African American children and their families: a review and model program. *Addict Behav*. Mar-Apr;18(2):213-34.
- Wagenaar AC, Gehan JP, Jones-Webb R, Toomey TL, Forster JL (1999). Communities Mobilizing for Change on Alcohol: Lessons and results from a 15-community randomized trial. *Journal of Community Psychology*, 27, 315-326.
- Wagenaar AC Murray DM, Toomey TL (2000). Communities Mobilizing for Change on Alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. *Addiction*, 95, 209-217.
- Wagenaar AC, Murray DM, Gehan JP, Wolfson M, Forster JL, Toomey, et al. (2000). Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol*, 61, 85-94.
- Wallack L, Dejong, (1995) W. Mass media and public health: Moving the focus from the individual to the environment. In: MARTIN, S.E. (Ed.) with assistance of Patricia Mail. *The Effects of the Mass Media on the Use and Abuse of Alcohol*. NIAAA Research Monograph No.28, NIH Publication No. 95-3743, Bethesda, MD: Department of Health and Human Services, pp. 253-268.
- Wandersman A, Florin P. (2003) Community interventions and effective prevention. *Am Psychol*. Jun-Jul;58(6-7):441-8.
- Werch CE, Pappas DM, Carlson JM, DiClemente CC. (1998) Short- and long-term effects of a pilot prevention program to reduce alcohol consumption. *Subst Use Misuse*. Sep;33(11):2303-21.

Media Programs

Jason LA. (1998) Tobacco, drug, and HIV preventive media interventions. *Am J Community Psychol.* Apr;26(2):151-87.

Karlsson T, Raitasalo K, Holmila M, Koski-Jannes A, Ollikainen H, Simpura J. (2005) The impact of a self-help pamphlet on reducing risk drinking among 30- to 49-year-old men in Helsinki, Finland. *Subst Use Misuse*;40(12):1831-47.

Neighbors C, Spieker CJ, Oster-Aaland L, Lewis MA, Bergstrom RL. (2005) Celebration intoxication: an evaluation of 21st birthday alcohol consumption. : *J Am Coll Health.* Sep-Oct;54(2):76-80.

Sitharthan T, Kavanagh DJ, Sayer G. (1996) Moderating drinking by correspondence: an evaluation of a new method of intervention. *Addiction*:91(3)345-355.

Smith BH; Bogle KE; Talbott L; Gant R; Castillo H. (2006) A randomized study of four cards designed to prevent problems during college students' 21st birthday celebrations. *Journal of Studies on Alcohol* 67(4): 607-615.

Zimmerman R (1997) *Social Marketing Strategies for Campus Prevention of Alcohol and Other Drug Problems.* The Higher Education Center for Alcohol and Other Drug Prevention, Education Development Center, Inc. 55 Chapel Street, Newton, Massachusetts 02158-1060. Accessed on 1/19/06 at <http://www.majorityspeaks.iastate.edu/>

Web-based programs

Cloud RN, Peacock PL. (2001). Internet screening and interventions for problem drinking: Results from the www.carebetter.com pilot study. *Alcoholism Treatment Quarterly*, 19(2), 23-44.

Cunningham JA, Humphreys K, Koski-Jannes A. (2000) Providing personalized assessment feedback for problem drinking on the Internet: a pilot project. *J Stud Alcohol.* Nov;61(6):794-8.

Finfgeld-Connett D. (2006) Web-based treatment for problem drinking. *J Psychosoc Nurs Ment Health Serv.*44(9):20-7.

Haack MR, Burda-Cohee C, Alemi F, Harge A, Nemes S. (2005). Facilitating self-management of substance use disorders with online counseling: The intervention and study design. *Journal of Addictions Nursing*, 16, 41-46.

Hester, RK, Delaney, HD. (1997). Behavioral self-control program for Windows: Results of a controlled clinical trial. *Journal of Consulting and Clinical Psychology*, 65, 686-693.

Hester RK, Squires, DD, Delaney HD. (2005). The drinker's check-up: 12-month outcomes of a controlled clinical trial of a stand-alone software program for problem drinkers. *Journal of Substance Abuse Treatment*, 28, 159-169.

Kypri K, Saunders JB, Williams SM, McGee RO, Langley JD, Cashell-Smith ML. et al. (2004). Web-based screening and brief intervention for hazardous drinking: A double-blind randomized controlled trial. *Addiction*, 99, 1410-1417

Linke S, Brown A, Wallace P. (2004). Down your drink: A web-based intervention for people with excessive alcohol consumption. *Alcohol & Alcoholism*, 39, 29-32.

McPherson TL, Cook RF, Back AS, Hersch RK, Hendrickson A. (2006) A field test of a Web-based substance abuse prevention training program for health promotion professionals. *Am J Health Promot.* Jul-Aug;20(6):396-400.

Neighbors C, Larimer ME, Lewis MA. (2004). Targeting misperceptions of descriptive drinking norms: Efficacy of a computer-delivered personalized normative feedback intervention. *Journal of Consulting and Clinical Psychology*, 72(3), 434-447.

Saitz R, Helmuth ED, Aromaa SE, Guard A, Belanger M, Rosenbloom DL. (2004) Web-based screening and brief intervention for the spectrum of alcohol problems. *Prev Med.* Nov;39(5):969-75.

Saitz R, Helmuth ED, Aromaa SE, Guard A, Belanger M, Rosenbloom DL. (2004). Web-based screening and brief intervention for the spectrum of alcohol problems. *Preventive Medicine*, 39, 969-975.

Other Readings on Community and Environmental Programs

Berkowitz B. (2001) Studying the outcomes of community-based coalitions. *Am J Community Psychol* ;29:213-27.

Buka SL, Birdthistle IJ.(1999) Long-term effects of a community-wide alcohol server training intervention. *J Stud Alcohol.* Jan;60(1):27-36.

Holder HD. (2002) Prevention of alcohol and drug "abuse" problems at the community level: what research tells us. *Subst Use Misuse.* Jun-Aug;37(8-10):901-21.

Jonas S. (1994) A public health approach to reducing harm from drug use. *Am J Health Promot.* Mar-Apr;8(4):247-51.

Perry CL. (1986) Community-wide health promotion and drug abuse prevention. *J Sch Health.* Nov;56(9): 521-44.

Appendix Seven -- Other Programs for Adults

Bachman JG, O'Malley PM, Johnston LD. (1984) Drug use among young adults: the impacts of role status and social environment. *J Pers Soc Psychol* 47(3):629-645.

Bachman JG, Wadsworth KN, O'Malley PM, Johnston LD, Schulenberg J. . (1997) Smoking, drinking and drug use in young adulthood: The impacts of new freedoms and responsibilities. Mahwah, NJ: Lawrence Erlbaum Associates.

Baer JS, Marlatt A, Kivlahan DR, Fromme K, Larimer ME, Williams E. (1992). An experimental test of three methods of alcohol risk reduction with young adults. *Journal of Consulting and Clinical Psychology*, 60, 974-979.

- Cunningham JA, Wild TC, Bondy SJ, Lin E. (2001) Impact of normative feedback on problem drinkers: a small-area population study. *J Stud Alcohol*. Mar;62(2):228-33.
- Dinh-Zarr T, Diguiseppi C, Heitman E, Roberts I. (1999) Preventing injuries through interventions for problem drinking: a systematic review of randomized controlled trials. *Alcohol Alcohol*. 1999;34:609-21.
- Edwards J, Elkins K, Hinton M, Harrigan SM, Donovan K, Athanasopoulos O, McGorry PD. (2006) Randomized controlled trial of a cannabis-focused intervention for young people with first-episode psychosis. *Acta Psychiatr Scand*. Aug;114(2):109-17.
- Eisen M, Keyser-Smith J, Dampeer J, Sambrano S. (2000) Evaluation of substance use outcomes in demonstration projects for pregnant and postpartum women and their infants: findings from a quasi-experiment. *Addict Behav*. Jan-Feb;25(1):123-9.
- Finfgeld, D.L. (2002). Alcohol treatment for women in rural areas. *Journal of the American Psychiatric Nurses Association*, 8(2), 37-43.
- Kaplan CD, Husch JA, Bieleman B. (1994) The prevention of stimulant misuse. *Addiction*:89:1517-1521.
- Kavanagh DJ, Sitharthan G, Young RM, Sitharthan T, Saunders JB, Shockley N, Giannopoulos V. (2006) Addition of cue exposure to cognitive-behaviour therapy for alcohol misuse: a randomized trial with dysphoric drinkers. *Addiction*. Aug;101(8):1106-16.
- Kristenson H, Hood B, Peterson B, Trelle E. (1985) Prevention of alcohol-related problems in urban middle-aged males. *Alcohol*. May-Jun;2(3):545-9.
- Kristenson H, Ohlin H, Hulten-Nosslin MB, Trelle E, Hood B. (1983) Identification and intervention of heavy drinking in middle-aged men: results and follow-up of 24-60 months of long-term study with randomized controls. *Alcohol Clin Exp Res*. Spring;7(2):203-9.
- Lange JE, Reed MB, Johnson MB, Voas RB. (2006) The efficacy of experimental interventions designed to reduce drinking among designated drivers. *J Stud Alcohol*. Mar;67(2):261-8.
- Marsden J, Stillwell G, Barlow H, Boys A, Taylor C, Hunt N, Farrell M. (2006) An evaluation of a brief motivational intervention among young ecstasy and cocaine users: no effect on substance and alcohol use outcomes. *Addiction*. Jul;101(7):1014-26.
- Nygaard P. (2006) Focus on secondary prevention: implications of a study on intervention in social networks. *Subst Use Misuse*. 41(13):1719-33.
- Rohsenow DJ, Smith RE, Johnson S. (1985). Stress management training as a prevention program for heavy social drinkers: Cognitions, affect, drinking, and individual differences. *Addictive Behaviors*, 10(1), 45-54.
- SAMHSA--Border Binge-Drinking Reduction Program Universal Jobe, K. (2001). Teenagers drinking in Tijuana: legal, social and health issues (Unpublished manuscript). California Western School of Law, San Diego, CA. (Model Program)
- Sharp D, Atherton SR. (2006) Out on the town: an evaluation of brief motivational interventions to address the risks associated with problematic alcohol use. *Int J Offender Ther Comp Criminol*. Oct;50(5):540-58.
- This research was undertaken to evaluate projects based in the West Midlands, United Kingdom, providing brief motivational interventions to offenders arrested for offences where alcohol is identified as a significant contributory factor. (A brief intervention)

Yao HY, Wang ZZ, Jiang DL, Sun JF, Niu ZX. (2002) Evaluation of the effect of interventions for the female drug abusers. *Biomed Environ Sci.* 2002 Dec;15(4):341-6.

Appendix Eight -- Readings in Harm Reduction

Bellis MA, Hughes K, Lowey H. (2002) Healthy nightclubs and recreational substance use. From a harm minimisation to a healthy settings approach. *Addict Behav.* Nov-Dec;27(6):1025-35.

Brocato J, Wagner EF. (2003) Harm reduction: a social work practice model and social justice agenda. *Health Soc Work.* May;28(2):117-25.

Castro RJ, Foy BD. (2002) Harm reduction: a promising approach for college health. *J Am Coll Health.* Sep;51(2):89-91.

Cronin C. (1996) Harm reduction for alcohol-use-related problems among college students.: *Subst Use Misuse.* Dec;31(14):2029-37.

LaBrie JW, Pedersen ER, Lamb TF, Bove L.(2006) HEADS UP! A nested intervention with freshmen male college students and the broader campus community to promote responsible drinking. *J Am Coll Health.* Mar-Apr;54(5):301-4.

Marlatt GA, Witkiewitz K. (2002) Harm reduction approaches to alcohol use: health promotion, prevention, and treatment. *Addict Behav.* Nov-Dec;27(6):867-86.

Marlatt GA. (1996) Harm reduction: come as you are. *Addict Behav.* Nov-Dec;21(6):779-88.

Appendix Nine--Prevention for other Professionals

- Arthur D. (2001) The effects of the problem-based Alcohol Early-Intervention Education Package on the knowledge and attitudes of students of nursing. *J Nurs Educ.* Feb;40(2):63-72.
- Bland E, Openheimer L, Brisson-Caroll, Morel C, Holmes P, Gruslin A. (2001) Influence of an educational program on medical students' attitudes to substance use disorders in pregnancy. *American Journal of Drug and Alcohol Abuse*, 27(3) 483-490.
- Gomel MK, Wutzke SE, Hardcastle DM, Lapsley H, Reznik RB. (1998) Cost-effectiveness of strategies to market and train primary health care physicians in brief intervention techniques for hazardous alcohol use. *Soc Sci Med* 47: 203-11.
- Graham AV, Christy K, Emmitt-Myers S, Zyzanski S. (1997) Substance abuse education for clinical nurses: a controlled study. *J Contin Educ Nurs.* Sep-Oct;28(5):217-22.
- Hagemaster J., Handley S., Plumlee A., Sullivan E. & Stanley S. (1993) Developing educational programmes for nurses that meet today's addiction challenges. *Nurse Education Today* 13, 421-425.
- Hansen LJ, Olivarius N, Beich A, Barfod S. (1999) Encouraging GPs to undertake screening and a brief intervention in order to reduce problem drinking: a randomized controlled trial. *Fam Pract* 16: 551-7.[
- Lapham SC, Chang I, Gregory C. (2000) Substance abuse intervention for health care workers: a preliminary report. *J Behav Health Serv Res.* May;27(2):131-43.
- Roche AM, Stubbs JM, Sanson-Fisher RW, Saunders JB. (1997) A controlled trial of educational strategies to teach medical students brief intervention skills for alcohol problems. *Prev Med.* Jan-Feb;26(1):78-85.
- Seale JP, Shellenberger S, Boltri JM, Okosun IS, Barton B (2005) Effects of screening and brief intervention training on resident and faculty alcohol intervention behaviours: a pre- post-intervention assessment. *BMC Fam Pract.* Nov 4;6:46.

Appendix Ten--Demography of Substance Abuse

Arnett JJ. (2005) The Developmental Context Of Substance Use In Emerging Adulthood. *Journal of Drug Issues*: Spring: 235-253.

Bureau of Labor Statistics (2003) College enrollment and work activity of 2002 high school graduates. Retrieved March 20, 2004, from <http://www.bls.gov/news.release/hsgec.nr0.htm>

Chen K., & Kandel DB. (1995) The natural history of drug use from adolescence to the mid-thirties in a general population sample. *American Journal of Public Health*, 85, 41-47.

D'Amico EJ., Ellickson PL, Collins RL, Martino S, and Klein DJ. (2005) "Processes linking adolescent problems to substance-use problems in late young adulthood ." *Journal of Studies on Alcohol*: 66.6.

Harford TC, Grant BF, Yi HY, Chen CM. (2005) Patterns of DSM-IV alcohol abuse and dependence criteria among adolescents and adults: results from the 2001 National Household Survey on Drug Abuse. *Alcohol Clin Exp Res*. May;29(5):810-28.

Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, Wittchen HU, Kendler KS. (1994) Lifetime and 12 month prevalence of DSM-III psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry*. 51:8-19.

Meilman PW, Cashin JR, McKillip J, Presley CA. (1998) Understanding the three national databases on collegiate alcohol and drug use. *J Am Coll Health* 46:159-162.

Modell, J. (1989) *Into one's own: From youth to adulthood in the United States, 1920-1975* Berkeley: University of California Press.

Mogelonsky M. (1996) The rocky road to adulthood. *American Demographics*, May, 26-36, 56. National Center for Education Statistics.

Mohamed AR; Fritsvold E. (2006) Damn, it feels good to be a gangsta: The social organization of the illicit drug trade servicing a private college campus. *Deviant Behavior* 27(1): 97-125.

Naimi TS, Brewer RD, Mokdad A, Denny C, Serdul MK, Marks JS. (2003) Binge Drinking among U.S. Adults, *Journal of the American Medical Association*, 289, pp. 70-75.

SAMHSA--Results from the 2005 National Survey on Drug Use and Health: National Findings. SAMHSA, Office of Applied Studies. Rockville, MD 20857. September 2006

Schafer J, Brown SA. (1991) Marijuana and cocaine effect expectancies and drug use patterns. *Journal of Consulting and Clinical Psychology*, 59, 558-565.

Schulenberg J, Maggs JL. (2002) A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol*, S14, 54-70.

Slutske WS. (2005) Alcohol use disorders among US college students and their non-college-attending peers. *Arch Gen Psychiatry*. Mar;62(3):321-7.

So DW; Wong FY; DeLeon JM. (2005) Sex, HIV risks, and substance use among Asian American college students. *AIDS Education and Prevention* 17(5): 457-468.

Substance Abuse and Mental Health Services Administration. "Findings from the 2005 National Household Survey on Drug Use," Washington, DC: Department of Health and Human Services,

Office of Applied Studies, 2006.

<http://oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#Ch3>

Appendix Eleven--Readings to Plan for Prevention

Backer, TE. (2000) The failure of success: Challenges of disseminating effective substance abuse prevention programs. *Journal of Community Psychology*, 28, 363-373.

Bondy SJ, Rehm J, Ashley MJ, Walsh G, Single E, Room R. (1999) Low-risk drinking guidelines: the scientific evidence. *Can J Public Health*. 90:264-70.

Clapp JD, Stanger LS, Burke AC. (1996) Life after funding: a strategy for survival of a program to prevent substance abuse. *J Am Coll Health*. Sep;45(2):79-81.

Collins LM, Murphy SA, Bierman KL. (2004) A conceptual framework for adaptive preventive interventions. *Prev Sci*. Sep;5(3):185-96.

CSAP (1) Model Programs, IOM Classification. Accessed 12-16-06 at <http://www.modelprograms.samhsa.gov/template.cfm?page=IOMClass>

CTC--Athletes Training and Learning to Avoid Steroids (ATLAS)
Retrieved August 4, 2003, from <http://www.ohsu.edu/som-hpsm/atlas.html>

CTC--Tested, Effective Programs CTC
<http://download.ncadi.samhsa.gov/prevline/pdfs/ctc/introduction.pdf>

Darkes J, Goldman MS. (1998) Expectancy challenge and drinking reduction: Process and structure in the alcohol expectancy network. *Experimental Clinical Psychopharmacology*, 6, 64-76.

Dawson DA, Grant BF, Ruan WJ. (2005) The association between stress and drinking: modifying effects of gender and vulnerability. *Alcohol Alcohol*.;40(5):453-60.

Donaldson SL, Sussman S, MacKinnon, OP, Severson HH, Glynn T, Murray DM, Stone E. (1996) Drug abuse prevention programming: Do we know what content works? *American Behavioral Scientist*, 39, 868-883.

Drummond DC. (1997) Alcohol interventions: do the best things come in small packages? *Addiction*:92(4), 375-379.

D'Silva MU, Harrington NG, Palmgreen P, Donohew L, Lorch EP. (2001) Drug use prevention for the high sensation seeker: the role of alternative activities. *Subst Use Misuse*. Feb;36(3):373-85.

Ennett ST, Ringwalt CL, Thorne J. et al. (2003) "A Comparison Of Current Practice In School-Based Substance Use Prevention Programs With Meta-Analysis Findings." *Prevention Science* 4(1):1-14.

Gates S, McCambridge J, Smith LA, Foxcroft DR. (2006) Interventions for prevention of drug use by young people delivered in non-school settings. *Cochrane Database Syst Rev*. Jan 25;(1).

George WH, Crowe LC, Abwender D, Skinner JB. (1989) Effects of raising the drinking age to 21 years in New York State on self-reported consumption by college students. *Journal of Applied Social Psychology*, 19, 623-635.

Gmel g, Klingemann S, Muller R, Brenner D. (2001) Revising the Preventive Paradox: The Swiss Case, *Addiction*, 96, pp. 273-284.

- Gordon R. (1987). An operational classification of disease prevention. In: J. A. Steinberg & M. M. Silverman, (Eds). Preventing mental disorders (pp. 20-26). Rockville, MD: Department of Health and Human Services.
- Gutman M, Clayton R. (1999) Treatment and prevention of use and abuse of illegal drugs: progress on interventions and future directions. *Am J Health Promot.* 1999 Nov-Dec;14(2):92-7.
- Hawkins JD, Catalano RF, Miller JY (1992), Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychol Bull* 112(1):64-105.
- Jack LW. (1994) Prevention works! With the nursing link. *Perspect Addict Nurs.* Summer;5(2):2, 15.
- JAMA (1991) Drug abuse in the United States. Strategies for prevention. *JAMA.* Apr 24;265(16):2102-7.
- Kolbe LJ. P(1986) Preventing drug abuse in the United States: integrating the efforts of schools, communities, and science. *J Sch Health.* Nov;56(9):357.
- Kushner MG, Sher KJ, Erickson DG. (1999) Prospective analysis of the relation between DSM-III anxiety disorders and alcohol use disorders; *American Journal of Psychiatry.* 156:723-732
- Martin Q, Peters RJ, Amos CE, Yacoubian GS, Johnson RJ, Meshack A, et al. (2005) The relationship between sexual abuse and drug use: A view of African-American college students in Texas. *Journal of Ethnicity in Substance Abuse* 4(1): 23-33.
- McCabe SE, Teter CJ, Boyd CJ. (2006) Medical use, illicit use, and diversion of abusable prescription drugs. *Journal of American College Health* 54(5): 269-278.
- Moskowitz JM. (1989) The Primary Prevention of Alcohol Problems: A Critical Review of the Research Literature, *Journal of Studies on Alcohol*, 50, pp. 54-88, 1989.
- Munoz RF, Mrazek PJ, Haggerty RJ (1996). Institute of Medicine report on prevention of mental disorders: Summary and commentary. *American Psychologist*, 51, 1116-1122.
- Neighbors C, Lewis MA, Bergstrom RL, Larimer ME. (2006) Being controlled by normative influences: self-determination as a moderator of a normative feedback alcohol intervention. *Health Psychol.* Sep;25(5):571-9.
- NIDA (1997) Etiology and prevention of drug use: the U.S. National Institute of drug Abuse research monographs: 1991-1994. *Subst Use Misuse.* Oct-Nov;32(12-13):v-ix, 1619-991.
- Pentz MA. (2003) Evidence-based prevention: characteristics, impact, and future direction. *J Psychoactive Drugs.* May;35 Suppl 1:143-52.
- Plested B, Smitham DM, Jumper-Thurman P, Oetting ER, Edwards RW. (1999) Readiness for drug use prevention in rural minority communities. *Subst Use Misuse.* 1999 Mar-Apr;34(4-5):521-44.
- Ramos D, Perkins DF. (2006) Goodness of fit assessment of an alcohol intervention program and the underlying theories of change. *J Am Coll Health.* Jul-Aug;55(1):57-64.
- Rasmussen DW, Benson BL. (1999) Reducing the harms of drug policy: an economic perspective. *Subst Use Misuse.* 1999 Jan;34(1):49-67.
- Roche AM. (1992) Drug and alcohol medical education: evaluation of a national program. *British Journal of Addiction*, 87, 1041-1048

- Rose G. (2001) Sick individuals and sick populations. *Int J Epidemiol.* Jun; 30(3):427-32; (Reprint of: Rose G. Sick individuals and sick populations. *Int J Epidemiol.* 1985 Mar;14(1):32-8.) Discussed in: *Int J Epidemiol.* 2001 Jun; 30(3): 433-46.
- Scheier LM, Botvin GJ, Griffin KW. (2001) Preventive intervention effects on developmental progression in drug use: structural equation modeling analyses using longitudinal data. *Prev Sci.* Jun;2(2):91-112.
- Schinke SP, Brounstein, Gardner. (2002) *Science-Based Prevention Programs and Principles.* Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services.
- Stokols D, Alien J, Bellingham RL. (1996) The social ecology of health promotion: implications for research and practice. *American Journal of Health Promotion,* 10, 247-251.
- Tough S, Tofflemire K, Clarke M, Newburn-Cook C.(2006) Do women change their drinking behaviors while trying to conceive? An opportunity for preconception counseling. *Clin Med Res.* Jun;4(2):97-105.
- Treno AJ, Gruenewald PJ, Johnson FW (2001), Alcohol availability and injury: the role of local outlet densities. *Alcohol Clin Exp Res* 25(10):1467-1471.
- Uchtenhagen A. (1987) WHO Advisory Group on Adverse Health Consequences of cocaine and Coca Paste Smoking, in: KAPLAN, C. D . & KOOYMAN, M. (Eds) *Proceedings of the 15th International Institute on the Prevention and Treatment of Drug Dependence. Responding to a World of Drugs: Unintentional Effects of Control, Treatment and Prevention,* pp. 231-233 (Rotterdam, Institute for Preventive and Social Psychiatry, Erasmus University).
- Van Etten, LM, Anthony JC. (1999) Comparative epidemiology of initial drug opportunities and transition to first use: Marijuana, cocaine, hallucinogens and heroin. *Drug and Alcohol Dependence,* 54, 117-125.
- van Heeringen KC. (1995) The prevention of drug abuse--state of the art and directions for future actions. *J Toxicol Clin Toxicol.* 33(6):575-9.
- Wagenaar AC, Toomey TL (2002), Effects of minimum drinking age laws: review and analyses of the literature from 1960 to 2000. *J Stud Alcohol* 14(suppl):206-225.
- Wagner FA, Anthony JC. (2002) From first drug use to drug dependence: Developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropharmacology,* 26, 479-488.
- Zwarun L, Linz D, Metzger M, Kunkel D. (2006) Effects of showing risk in beer commercials to young drinkers. Source: *Journal of Broadcasting & Electronic Media* 3/1/06 accessed on 1/20/07 at http://www.accessmylibrary.com/coms2/summary_0286-16260213_ITM