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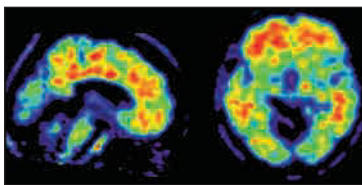
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Survey: Many Middle Schools 'Drug Infected'

BY DIANA MAHONEY

More than one-quarter of the nation's school students say drugs and gangs are rampant in their middle and high schools, and almost half report that they are aware of drugs being sold or used on school grounds, a Columbia University report shows.

The 15th annual "National Survey of American Attitudes on Substance Abuse XV: Adolescents and Parents," conducted by the university's National Center on Addiction and Substance Abuse (CASA), found that 5.7 million (27%) of the country's 12- to 17-year-old public school students attend schools where drugs are used, kept, or sold and where gangs are present.

The study also found that 32% of middle school students specifically said drugs are used, kept, or sold at their school—which represents a 39% increase since last year, when 23% of middle

school students reported their schools to be "drug infected." It also found that about 66% of high school students reported attending drug-infected schools, which represents a slight but steady rise since 2006.

Gang activity, which was included in the survey for the first time this year, appears to be an important marker of drug activity. Compared with their counterparts, adolescents in schools with gangs were nearly twice as likely to report that drugs are used, kept, or sold on school grounds (30% vs. 58%), according to the report (www.casacolumbia.org/templates/publications_reports.aspx).

"These data are particularly troubling," Dr. Mark S. Gold said in an interview when asked about the CASA report. "It is difficult enough to learn and compete in this global economy without having drugs on school grounds, gangs, and likely sales

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CASA data point to the need for new treatment programs for adolescents with drug problems.



Adolescents reporting drugs and gangs at their schools were five times more likely to have used marijuana.

PRACTICAL PSYCHOPHARMACOLOGY

Consider Carcinogenicity of Psychotropics

Preclinical and epidemiologic studies reveal sharply disparate carcinogenic profiles of drugs commonly used in psychiatry, offering some degree of reassurance about certain drugs, including many benzodiazepines, but suggesting that caution might be needed in long-term prescribing of atypical antipsychotics.

Antidepressants fall into a middle ground, with available data revealing a potentially high risk of carcinogenicity in 40% of monoamine oxidase inhibitors (MAOIs), 33% of modern antidepressants (including selective serotonin reuptake in-

hibitors [SSRIs]), and 22% of tricyclic antidepressants.

Dr. Juan F. Gálvez-Flórez and his associates at Tufts Medical Center in Boston reviewed available pharmacologic records and published studies from 1965 to 2009 and found that carcinogenic data exist for two-thirds of psychotropic drugs, but that the research is spotty and often inconclusive.

Despite the shortcomings underlying available data, the body of evidence is deserving of consideration by prescribers and largely unknown to clinicians, said Dr. Gálvez-Flórez at the annual meeting

of the American Psychiatric Association in New Orleans.

"Our patients are chronic," he said. "Patients with bipolar disorder or schizophrenia or depression ... take medications for years, for decades. This should be a great concern for everyone in this audience and all practicing psychiatrists."

Ideally, clinical trials should include carcinogenicity as a primary outcome measure, and longitudinal trials should examine carcinogenicity of classes of drugs and specific agents, in order to give clinicians a better sense of the risk/benefit.

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and use in schools," said Dr. Gold, the Donald R. Disney Eminent Scholar and Distinguished Professor at the McKnight Brain Institute of the University of Florida, Gainesville. "Experts across the United States who evaluate and treat adolescents are rapidly developing programs for dual disorders and drug problems to keep up with the ominous calls from parents and children."

The study found a wide gap between drug and gang presence reported at public schools vs. private and religious schools. Fifty-seven percent of adolescents at public schools and 22% at private or religious schools reporting drug activity at their schools, and 46% of adolescents in public schools and 2% in private or religious schools reporting gang presence. "The gap between drug-free public schools, and drug-free private and religious schools has nearly doubled since its narrowest point in 2001," they wrote.

These findings portend "a trajectory to tragedy for millions of children and families," Joseph A. Califano Jr. wrote in a statement accompanying the 2010 report. The CASA founder and chairman called the combination of gangs and drugs in school a "malignant cancer."

For example, compared with 12- to 17-year-olds at drug- and gang-free schools, those reporting drugs and gangs at their school were nearly 12 times more likely to have used tobacco (23% vs. 2%), 3 times more likely to have used alcohol (39% vs. 12%), and 5 times more likely to have used marijuana (21% vs. 4%), ac-

ording to the report. Importantly, the associations between tobacco, alcohol, and marijuana use, and indicators of gangs and drugs in school remained significant and meaningful in logistic regression analyses controlling for socioeconomic status, the authors wrote.

The potential social impact of attending a school with gang and drug activity also was assessed. Relative to adolescents in drug- and gang-free schools, adolescents in gang- and drug-infected schools were nearly three times more likely to have friends who drink alcohol regularly (62% vs. 22%), nearly four times more likely to have friends who smoke marijuana (49% vs. 13%), six times more likely to know a friend or classmate who abuses prescription drugs (30% vs. 5%), and nearly five times more likely to know a friend or classmate who uses illegal drugs such as cocaine, heroin, methamphetamines, or hallucinogens (50% vs. 11%), the report showed.

This year, for the first time, the CASA investigators sought to evaluate the effect that an adolescent's relationship with his or her family has on his or her risk for smoking, drinking, and drug use. To do this, they used factor analysis, scoring the adolescents on the strength of their family ties based on their responses to survey questions about their relationships with their parents, the degree to which they felt their parents listened to them, attendance at religious services, and the frequency of family dinners.

"The stronger the family ties, the less

likely adolescents are to have used tobacco, alcohol, or marijuana," the authors concluded. Compared with adolescents in families with strong family ties, those with weak family ties were four times more likely to have tried tobacco (20% vs. 5%); nearly three times more likely to have tried alcohol (35% vs. 12%); and four times more likely to have tried marijuana (20% vs. 5%).

In addition to the standard telephone-based survey administered to a nationally representative sample of 1,000 12- to 17-year-olds, CASA's 2010 back-to-school report also relied, for the first time, on an Internet-based survey administered to a nationally representative sample of 1,055 12- to 17-year-olds and 456 parents

of these adolescents, the authors noted.

Dr. Robert L. DuPont, who serves as president of the Institute for Behavior and Health, Rockville, Md., and was the first director of the National Institute on Drug Abuse, said in an interview that wider use of random student drug testing might be a good way to reduce drug use and to identify drug-using students in an effort to help them become and stay drug-free.

The only 100% safe and effective treatment is prevention, said Dr. Gold, who also serves as chair of the psychiatry department at the University of Florida. "More of our experts' time and energy need to be focused on these trends and data ... and on prevention." ■

Strong Social Fabric Offers Protection

MY TAKE The ray of hope in the [CASA] survey results is the association between the strength of the family bond and substance use. Students who feel valued, supported, and connected at home are less likely than are those who do not to smoke, drink, or use illegal drugs, even in schools in which gang and drug activity is reported. This finding confirms the importance of children having adults in their lives to help them gain self-control over their urges. The more that educators, administrators, and public health-minded pediatric clinicians



begin to understand that it is the social fabric surrounding youth that helps them avoid risky behaviors, the more likely they will be to support efforts that rebuild villages and foster connectedness between families and their offspring.

CARL C. BELL, M.D., is president and chief executive officer of Community Mental Health Council Inc. in Chicago, acting director of the Institute for Juvenile Research, and professor of psychiatry and public health at the University of Illinois at Chicago.

School-Centered Outreach Helps Teen Smokers to Quit

BY HILLEL KUTTLER

FROM THE ANNUAL MEETING OF THE SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO

BALTIMORE — Proactively reaching out to adolescent smokers through their high schools is both an effective and cost-effective way of achieving smoking cessation, researchers in a Washington State study found.

The findings demonstrate that "modest investments in effective interventions can accelerate declines in smoking prevalence," Kathleen Kealey said.

"The cost is much less than the cost to society of smoking," said Ms. Kealey, who serves as administrative program manager at the Fred Hutchinson Cancer Research Center, Seattle.

"An investment of under \$100 to get a teen to quit can save billions of dollars in health care costs and lost productivity."

The randomized trial involved smokers in 25 high schools in Washington who were eligible for the intervention on the basis of parental consent or being at least age 18 years.

In the intervention group, 691 of 1,058 people (65%) identified as smokers by a classroom survey completed at least one telephone conversation with trained

smoking cessation counselors; 47% (499) completed all planned telephone counseling calls.

No intervention was offered to the 1,093 students who identified themselves as smokers and served as a control group.

Surveys conducted at 12 months follow-up indicated that 22% of all smokers in the intervention group had abstained for the past 6 months, compared with 18% in the control group.

VITALS **Major Finding:** At 12 months follow-up, 22% of all smokers in the intervention group had abstained for the past 6 months, compared with 18% in the control group.

Data Source: Sixty-five percent of 1,058 adolescents identified as smokers by a classroom survey in 25 schools in Washington completed at least one telephone conversation with trained smoking cessation counselors and were compared with 1,093 in a control group.

Disclosures: The work was supported by a grant from the National Cancer Institute. Ms. Kealey said she had no conflicts relevant to the study to disclose.

Among daily smokers, 10% of the intervention group had abstained for the past 6 months, compared with 6% in the control group.

Rather than recruit high school students with notices directed at smokers, the researchers removed what they considered the stigma of smoking, and a barrier to participation, by surveying all students—smokers and nonsmokers—for their views, according to Ms.

Kealey. Without revealing whether the child smoked, researchers called students' parents to obtain consent. That approach was meant to preserve students' privacy, Ms. Kealey explained.

Letters then were sent to students to ask for their participation in the study.

Counselors were trained in motivational interviewing and cognitive-behavioral skills training. The sessions

aimed to provide an opportunity for students to discuss their views of smoking in a nonjudgmental environment, Ms. Kealey said. If students wished to quit smoking, telephone counseling on smoking cessation was provided.

The study also focused on calculating the cost of the intervention per targeted smoker, including those adolescents who did not proceed to have any telephone counseling sessions.

Expenses included counselors' salary and benefits, data entry of students' telephone numbers, telephone calls and mailings, and the cost of quit kits.

Researchers calculated that \$226 was spent per targeted smoker, and that disseminating the intervention to 10,000 smokers in a target population would cost an estimated \$87 per targeted smoker.

The costs of intervention-attributable to smoking cessation at 1 year were \$3,018, \$3,329, or \$5,659 per additional 7-day, 1-month, and 6-month prolonged quit, respectively.

Getting a teenager to quit smoking involves a small investment with a huge payoff, Ms. Kealey said.

Compared with the study's one-time cost of \$5,659 per-person to achieve abstinence at 6 months, the Centers for Disease Control and Prevention estimates that smoking costs society \$4,447 per smoker annually in medical bills and lost productivity, she said.

"If we reach out, we'll get agreement and participation," Ms. Kealey emphasized.

"Teenagers don't seek out any formal [smoking cessation] help because they think it's not a serious enough problem to get help, and they're not aware that help is available." ■