'Trajectory to Tragedy' Cited

'Drug Infected' *from page 1*

and use in schools," said Dr. Gold, the Donald R. Dizney 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%), according 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." ■

MY TAKE

Strong Social Fabric Offers Protection

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.

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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."

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.

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.

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." ■