

CONSORTIUM CONNECTIONS

In This Issue

Adolescence—a time of remarkable growth. Everyone goes through it; yet many of us do not understand the profound impact those physical, cognitive, and social-emotional changes have on behavior. Understanding these changes, and the needs which arise from them, is key to understanding why adolescents act as they do.

Adolescence is usually defined as the time between 10 and 21 years of age. Young adolescents, in particular, experience dramatic physical, cognitive (thinking ability) and social-emotional changes that greatly influence their lives.

Physically, adolescence is marked by dramatic growth in height and weight and an emerging sexuality and capacity to reproduce.

Cognitive or thinking abilities begin to shift from concrete to abstract thinking. This allows adolescents to begin to understand concepts such as justice and love. However, there is still reliance upon concrete thinking skills in many areas.

Social-emotional changes are marked by an increase in peer influence; increased need for privacy; desire for increased independence and responsibility; fluctuating self-esteem; continued reliance upon parents for affection, guidance, and limit-setting; the need to experiment and learn new behaviors, roles, and limits; the desire

for skill and approval; new desires, opportunities and decisions and limited life experience on which to draw.

Adolescents have emotional and physical needs that arise from these developmental changes ... and which underlie young people's behavior, including risk taking behavior. Many of these needs will be recognizable to anyone who has worked with or has raised teens: physical activity as well as time to relax; opportunities for competence and achievement; opportunity for self-definition (through privacy or exploring their world as participants); creative expression; social interactions with adults and peers; structure and clear limit-setting; and meaningful participation.

Adolescents' risk-taking behavior is a normal part of development and can be understood in terms of the need it satisfies. Alcohol and/or tobacco use may be seen as satisfying the need for self-definition and interaction with peers. Adolescents may not be aware of the needs that are related to behaviors, but adults should try to understand the developmental changes that underlie young adolescents' needs in order to provide safe alternatives that will satisfy those needs.

This issue of Consortium Connections explores the service and policy issues around adolescent alcohol and tobacco use and abuse. We encourage you to read these articles within the context of adolescent development and our role as adults to safely guide our youth.



Mission Statement

The Children, Youth & Family Consortium was established in fall 1991 in an effort to bring together the varied competencies of the University of Minnesota and the vital resources of Minnesota's communities to enhance the ability of individuals and organizations to address critical health, education, and social policy concerns in ways that improve the well-being of Minnesota children, youth, and families.

Teens, Tobacco and Alcohol Its a Family Issue

Tobacco and alcohol use are important child and family issues. These are family issues because children's health and well-being represent obvious family values. Both tobacco and alcohol can have drastic negative consequences for children and later in adulthood. These are family issues because primary prevention can begin at home. Parental influence and modeling can substantially influence children's attitudes toward and consumption of both tobacco and alcohol. However, these are family issues also because as parents and as concerned citizens we must speak out on policies—local, state, and federal—that go beyond the family and that have great potential for influencing tobacco and alcohol consumption.

Serious Health Consequences

Both tobacco and alcohol have serious health-compromising potential in their own right and both can lead to illegal drug use. Despite publicity on the widespread use of illicit drugs, tobacco and alcohol exact a far greater public health toll both in adverse health consequences and causes of death.

Whereas tobacco use results in chronic diseases that appear later in life, the health consequences of alcohol use are evident during adolescence. In particular, motor vehicle crashes kill more teenagers than any other single cause of death and the majority of these crashes involve alcohol. Unintentional injuries, combined with homicides and suicides, account for 80% of all adolescent deaths; many of these deaths are associated with alcohol

Teens Tobacco and Alcohol—continued on back cover

Role of Policy

Federal, state and local policies are an important adjunct to educational strategies to prevent tobacco, alcohol and other substance use by children.

What You Can Do to Influence Policy

- 1 *Talk to your state legislators and the governor about the issues. Let them know you would like to see laws passed which support parents, teachers and others who are working to prevent tobacco and/or alcohol use by youth.*
- 2 *Find out what your local retailers are doing to prevent tobacco or alcohol sales to minors. Encourage them to voluntarily place tobacco behind the counter and eliminate tobacco and/or alcohol advertising from their business.*
- 3 *Get involved with local efforts to improve ordinances, improve compliance with laws and policies and educate merchants about current statutes. Find out what the laws in your community are. Talk to the police about enforcement of the tobacco age-of-sale law and alcohol sales.*

Policies can reinforce or can negate the educational messages that children get in school and from their parents.

Policies can be directed at manufacturers and distributors to influence the type of products available, and how they are packaged, promoted and marketed. Other policies regulate business practices to determine how the products can be displayed and sold. Tax policy raises the price of tobacco and other legal substances. Finally, laws and institutional policies determine how, where and by whom substances like tobacco and alcohol can be used.

These policies, and their implementation and enforcement, simultaneously influence and reflect our community norms about substances like tobacco, and expectations about how they should be handled. Policies send implicit messages about how we view tobacco and alcohol use; whether we as a community truly believe tobacco to be a dangerous product; for whom its use is appropriate, and where; to whom it should be made attractive and available; and whose responsibility we believe it is to prevent their use. Policies can reinforce or can negate the educational messages that children get in school and from their parents. Policies can express communities' support or indifference for parents' rules and expectations about substance use by their children.

Policies also have the potential to influence risky behavior directly on a large scale, in addition to communicating and influencing norms. For example tobacco-free school policies prohibit tobacco use in school buildings and sometimes school grounds by adults and students, and other clean-indoor-air policies prohibit smoking where others can be exposed. Because they reduce the number of opportunities to smoke, these policies have had a powerful effect on reducing cigarette use. Increases in excise tax raise the price of these products, and reduce the ability to purchase them.

SPECIAL ACKNOWLEDGMENT

We want to thank our colleagues from the School of Public Health, Division of Epidemiology for their tremendous contributions to this newsletter.

Guest Editor

Harry Lando, Ph.D., Professor. Dr. Lando's primary area of interest is smoking intervention and policy.

Guest Writers

Jean Forster, Ph.D., M.P.H., Associate Professor. Dr. Forster's primary area of interest is prevention policy, community strategies to reduce chronic disease risk.

Cheryl Perry, Ph.D., Professor. Dr. Perry's primary area of interest is community-based behavioral interventions with children, adolescents, and families.

Kelli Komro, Research Associate

Consortium Connections

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Taking Aim at Tobacco and Alcohol Use

Efforts to affect youth tobacco and alcohol use through legislation are occurring on many fronts. Just a few of those efforts are described below.

The Minnesota Smoke-Free Coalition

The Coalition, which represents nearly one hundred organizations as diverse as the HMOs, the Children's Defense Fund, the Minnesota Education Association, and the Joint Religious Legislative Coalition, advocates for policy changes that will reduce the rate at which teenagers are becoming addicted to tobacco. This year, the Coalition will support a comprehensive package that includes three complementary policy approaches for reducing teen tobacco use (see "Youth Access to Tobacco" on page 7 for complete description of policies).

- Reduce illegal youth access to tobacco.
- Significantly increase the tobacco excise tax.
- Restore state funding for tobacco prevention.

To receive free monthly tobacco control updates from the Minnesota Smoke-Free Coalition, please call (612) 641-1223 or write them at 1619 Dayton Avenue, Suite 204B, St. Paul, MN 55104.



Minnesota Medical Association

The Minnesota Medical Association (MMA), working with the Smoke Free 2000

Coalition, also is pursuing an aggressive strategy to prevent people - especially adolescents - from becoming addicted to tobacco.

At the 1996 MMA Annual Meeting in September, the MMA policy making body, the House of Delegates, voted to call on the American Medical Association to lobby Congress for a federal law that will force tobacco companies to reduce the nicotine in tobacco products to zero over a six-year period and would require them to indicate the nicotine content on the product's label in "easily understandable and meaningful" language. The Minnesota delegation to the AMA introduced this resolution at the AMA Interim Meeting in December 1996.

Last year, the MMA helped to defeat the national tobacco industry's attempt to pass a Minnesota state law that would have preempted local sales ordinances. During the 1997 session the MMA, in partnership with Minnesota Smoke-Free Coalition and others will continue to fight for the ability of local municipalities to set stricter tobacco laws than the state.

For more information, contact Mark Vukelich, MMA, at (612) 362-3726.

Community Prevention Coalition

Reducing youth access to alcohol is a prime concern of the Community Prevention Coalition (CPC) which is an initiative of the Hennepin County Community Health Department. Paramount among many strategies being supported by the CPC is maintaining local control and enforcement of alcohol ordinances. This strategy enables communities to tailor and enforce their ordinances to best meet their community's needs to reduce youth access to alcohol. Because the alcohol beverage industry has tried to reduce local control of alcohol ordinances during the last two legislative sessions, the CPC introduced a legislative proposal to Hennepin County via the Community Health Department which would maintain local control and enforcement of the distribution and sale of alcohol as a strategy to reduce youth access to alcohol. This proposal as well as others have already been addressed by the Hennepin County Board and await final approval.



For further information contact Jaime L. Martinez at the Community Prevention Coalition (612) 348-6107 or e-mail martinez@winternet.com.

Action on Alcohol and Teens

Action on Alcohol and Teens - A Citizen's Group (AAT) is a growing network of citizens working to improve the health of our communities' youth by reducing alcohol-related problems. To accomplish this goal AAT works on initiating and supporting strong public policies and enforcement related to underage alcohol use.

AAT's approach to reducing underage drinking is to change those factors in the teens' environment (community, school, and state) that makes it appealing to drink and easy to obtain alcohol. AAT works to increase awareness and understanding that 1) underage alcohol use is a major problem in our society; 2) educating students about the negative consequences of drinking without also changing their environment is ineffective; and 3) focusing only on "parental responsibility" will not solve the problems related to underage drinking.

To learn more about AAT please contact our public outreach coordinator, Jaime Martinez at (612) 348-6107.

focusing only on "parental responsibility" will not solve the problems related to underage drinking

3 Model Research Projects

This three page spread highlights three model research projects, two which address alcohol, and one tobacco. Each of these projects was supported with federal funds.

#1: Communities Mobilizing for Change on Alcohol (CMCA)



CMCA's goal is to improve the public health of communities by changing community policies and practices that make alcohol available to children and young adults under age 21. Traditional public health efforts have primarily focused on changing young people's skills and behaviors to help them resist pressure to drink. CMCA takes a different approach by working with communities to emphasize the social, political, and cultural environments that allow and encourage underage drinking.

Prior to the start of CMCA's work in seven communities (5 in Minnesota, 2 in Wisconsin), the project collected information in those communities as well as in eight additional communities where CMCA is not actively engaged in community work. In each of the fifteen communities, CMCA surveyed 9th and 12th grade students and young adults aged 18-20 about their attitudes toward alcohol, sources for alcohol, past drinking practices, and problems experienced after using alcohol. The project conducted a series of purchase attempts at alcohol outlets to measure the ease with which young people can purchase alcohol.

Alcohol merchants were also surveyed to identify existing policies and practices that discourage sales to underage buyers.

After a three-year organizing period, the project will once again collect information from each of the fifteen communities. The two groups of communities — those where CMCA worked and those where CMCA did no work — will be compared to determine whether the project was successful in reducing underage access to alcohol and reducing underage drinking.

Hennepin County Report Card

Recently the Hennepin County Community Health Department released "Report Card on Alcohol Use: Health Objectives for the Year 2000." The report card, which was based on the Minnesota Student Survey, indicated alcohol use by youth in Hennepin County is a serious problem. According to the report card:

- More than one in three 12th grade males reports binge drinking (5 or more drinks in a row) at least once in the past two weeks
- Binge drinking increased for 9th graders and 12th grade females between 1992 and 1995
- More than 1 in 4 high school seniors report that they have driven a vehicle at least once in the past year after using alcohol or other drugs

Further evidence of this problem in Hennepin County was exhibited by the Minneapolis Youth Homicides Report - 1994 which indicated that in Minneapolis approximately 60% of youth homicides have been related to alcohol.

Youth Access to Alcohol

When we talk about preventing or reducing teen drinking, our first instinct may be to focus on the teens. Let's teach youth how to "say no" or let's arrest or fine those youth who are caught illegally drinking. Our second instinct is to target parents - if parents supervised their teens better or had family rules against drinking, youth would stop drinking. These approaches ignore the broader, pro-alcohol environment that teens are exposed to every day, especially adults in the community who gladly sell or give them alcohol.

Selling or giving alcohol to a person under age 21 is a gross misdemeanor in Minnesota. Despite the law, teens throughout the state report easily obtaining alcohol from licensed alcohol establishments, older friends, family members, coworkers, and even strangers.

Two categories of policies and practices are needed to prevent licensed alcohol establishments from selling alcohol to people under age 21. The first group focuses on increased pressure on alcohol establishments to follow the law. For example, many communities are beginning to conduct compliance checks (police sending teens to buy alcohol) and pass administrative penalties (a fine, license suspension, or license revocation). Compliance check studies have shown dramatic declines in illegal alcohol sales

following these enforcement crack downs. The second group of policies are internal policies implemented by individual alcohol establishments. For example, to successfully prevent alcohol sales to teens, all alcohol establishments should have a written policy that requires all employees to check age identification of customers who appear to be under age 30, and a clear procedure for monitoring employees' compliance.

A variety of other policies can be implemented to deter adults throughout the community from illegally giving alcohol to teens. One such policy is beer keg registration. Another example is a social host liability law which allows third parties to sue individuals who have illegally provided alcohol to youth who then injure or kill someone after consuming the alcohol.

If we want to reduce teen drinking and alcohol-related problems, we need to work together in our communities and throughout our state to encourage policymakers to implement, and law enforcement agencies to enforce these policies. Model ordinances to reduce the availability of alcohol are available through the internet (<http://www.epi.umn.edu>); encourage your city council members to consider those ordinances that are appropriate for your community.

#2: Project Northland

Project Northland is an innovative community-wide research program to prevent young adolescent alcohol use in 10 school districts in rural Northeast Minnesota. It was the first study to randomize school districts and adjoining communities to intervention condition; to specifically target alcohol use in grades 6, 7, and 8; and to use a multi-level intervention program involving parents, school personnel, community leaders, and young people.

The intervention programs were implemented with the Class of 1998 during their sixth, seventh, and eighth grades, from 1991-1994. These intervention programs included parent involvement/education programs, behavioral curricula, peer participation, and community task force activities.

Each intervention year had an overall theme and was tailored to the group's developmental levels.



The major programs were titled the Slick Tracy Program (sixth grade), Amazing Alternatives (seventh grade),

and Powerlines (eighth grade). The students were educated with skills to communicate with their



parents about alcohol (seventh grade), and to understand methods that bring about community-level changes in alcohol-related programs and policies (eighth grade). At the same time, changes were sought in how parents communicated with children, how peers influenced each other, and how the communities responded to young adolescent alcohol use.

After three years of intervention, the project demonstrated that a large

number of school districts and communities can participate in teen alcohol prevention efforts over a sustained period of time, involving multiple levels of social-behavioral interventions. For students in the intervention communities, Project Northland was successful in significantly reducing: 1) past month and past week alcohol use, 2) the tendency to use alcohol, 3) the combination of cigarette and alcohol use; as well as 4) changing the functional meanings of alcohol use, 5) reducing peer norms and influences to use, 6) introducing skills to resist peer influences, and 7) increasing parent-child communication around the consequences of drinking. The larger social environment (access, perceptions, consequences to youth) was less likely to be affected. Changes in the larger environment are the foci of the second phase of Project Northland which is currently underway.

Parents Influence

Recent research completed at the University of Minnesota's School of Public Health, Division of Epidemiology examined how parents influence alcohol use among young adolescents. Researchers studied four specific sources of parent influence:

- Parent norms around adolescent alcohol use
- Household problems related to adult alcohol use
- Family management practices
- Family discord and alienation

Researchers tested models of parent influence using data collected at the end of sixth, seventh and eighth grades from 471 pairs of parents and their adolescent children participating in a school- and community-based research program, Project Northland. None of the 471 adolescents included in this study had begun using alcohol at the end of sixth grade.

Project Northland has been successful in preventing alcohol use among young adolescents. This particular study sheds some light on how this program may have had its effects. While adolescents with certain personal characteristics in general are most likely to begin alcohol use at younger ages, this effect was reversed among teens who participated in Project Northland. Non-drinking sixth graders who had high levels of individual-level risk for substance use but who participated in Project Northland were least likely to be

heavily involved with alcohol at the end of seventh grade.

Among the sources of parent influence explored by this study, parent norms around underage drinking along with family discord and alienation had the strongest effects on alcohol use in the seventh and eighth grades. These findings support the importance of involving parents and families in efforts aimed at preventing adolescent alcohol use. Young adolescents appear to internalize the alcohol-related norms of their parents, whether or not those norms actively support non-use among teenagers. Therefore, population-level interventions should aim to:

- Modify parents' norms related to underage drinking
- Educate parents about the influence of their norms on their children's alcohol use
- Encourage parents to create home environments that strongly discourage underage drinking

For more information and list of references, contact:

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1995 Minnesota Youth Alcohol & Tobacco Use

Age Group by Grade	9th		12th	
	M	F	M	F
Monthly* alcohol use %	21	19	42	32
Weekly cigarette use %	17	18	26	26
Weekly chewing tobacco use %	9	1	16	0
Monthly* marijuana use %	13	10	17	10
Monthly* other illicit drug use %	5	3	5	2
Drinking/other drug use & driving %	8	4	39	33
Riding with a friend who has been drinking/using other drugs %	27	29	50	44
Average age - first use of alcohol	13	13	15	15
Average age - first use of tobacco	13	13	15	15
Protective Factors**				
No family alcohol problems %	88	82	89	82
No family other drug problems %	93	91	95	93

Source: Minnesota Department of Children, Families and Learning (DCFL), 1995 Minnesota Student Survey

* Monthly use is defined as using the substance at least once a month or more for the past twelve months.

** Protective Factors are conditions that reduce the risk of alcohol, tobacco, and other drug-related problems.

#3: Tobacco Policy Options for Prevention (TPOP)

The purpose of TPOP is to determine whether changes in local policy and practice will reduce the availability of tobacco to youth, which will in turn reduce the prevalence of youth tobacco use. The five-year study (1992-97) involved random assignment of 14 communities outside the Twin Cities metropolitan area, ranging in population from 3,200 to 13,100, to experimental or control conditions. Communities in the experimental condition received 32 months of intervention.

The intervention used a community organizing model known as “direct action,” which has been used in a wide spectrum of social issues, e.g., peace, civil rights, water and land use, etc. The assumptions underpinning this model are that: (1) large numbers of people can alter the typical balance of power; (2) when people’s values are in conflict with power structures, that conflict can be used to mobilize individuals to action; and (3) fully informed individuals take more active roles as citizens and hold leaders accountable for decisions affecting public life.

All seven TPOP intervention communities achieved the goal of passing a strong, relatively comprehensive set of ordinances (e.g. ban on tobacco vending machines and a complete ban on self-service merchandising) aimed at ensuring merchant compliance with age-of-sale laws and reducing youth access to tobacco.

TPOP investigators are now measuring the effects of these changes on youth access to tobacco and on adolescent tobacco use in these communities.

Adolescent Smoking Cessation

Smoking among youth on the rise

After a period of relatively stable smoking rates among older adolescents in the 1980s, the national prevalence of past month smoking among 9th-12th graders has increased steadily, from 27.5% in 1991 to 34.5% in 1995. Furthermore, in Minnesota, the prevalence of past month smoking for ninth and twelfth graders exceeded national estimates of smoking prevalence among similar-aged adolescents.

These observations are in contrast to the relatively stable trends in smoking among adults and are attributed, in part, to effective advertising campaigns by the tobacco industry to recruit new smokers at young ages. Nearly 90% of adult smokers report smoking by age 18; therefore, the national burden of morbidity and mortality from smoking-related diseases is unlikely to be substantially ameliorated unless increased efforts are undertaken to reduce smoking among adolescents.

What do we know about smoking cessation among youth?

Although extensive research has been conducted to change adolescent smoking behavior, the scope of this work has been limited in that it has largely focused on the primary prevention of smoking onset, has targeted young adolescents, and has mostly taken place in school settings. To date, no cessation program for adolescents has demonstrated significant and sustained reductions in smoking.

Although less is known about the factors associated with smoking cessation as compared to those for smoking initiation in this age group, there is evidence to suggest that adolescents who quit smoking are motivated to do so by social-environmental factors, in particular, perceived norms about the acceptability of smoking, the influence of peers, concerns about short-term consequences of smoking and the need for social skills to resist continued smoking or relapse. Therefore, an intervention strategy designed to change normative expectations around smoking through changes in targeted environmental, personal, and behavioral factors, directed at smokers and non-smokers, and augmented with cessation assistance for adolescent smokers who want to quit, may be efficacious in reducing the overall smoking prevalence in this population.

Non-school based settings for smoking interventions deserve consideration as a way to reach adolescents since the influence of school appears to decline as adolescents approach graduation. A majority of adolescents who become smokers do so by the age of 15. Among smoking adolescents, two thirds or more would like to quit, more than half have attempted to quit, and almost half report at least one indication for nicotine dependency.

Further study needed

Few studies have evaluated the effectiveness of interventions to assist adolescents with smoking cessation. Additional research is clearly needed. Also needed are programs that combine prevention and cessation especially in targeting older adolescents. However, such programs are likely to have limited impact if more comprehensive policy approaches are not also addressed.



State students’ top five reasons for not using tobacco or alcohol:

(in descending order)

Grade 9: No desire, parental objection, affects performance, use is illegal, use is dangerous

Grade 12: No desire, parental objection, affects performance, against principles, use is dangerous

Source: Minnesota Department of Children, Families and Learning (DCFL), 1995 Minnesota Student Survey

Youth Access to Tobacco

Minnesota is working on several strategies to reduce tobacco use by youth.

Tobacco Excise Taxes

Raising excise taxes can reduce tobacco use dramatically, and the effect is especially powerful among young people. State excise taxes range from 2.5 cents per pack in Virginia to 81.5 cents per pack in Washington. Minnesota ranks 12th at 48 cents per pack. Minnesota tobacco control advocates are asking the governor and legislature to once again make us the leader in this area by adopting a 35 cents per pack increase in the cigarette excise tax.

Public Education and Counter-advertising

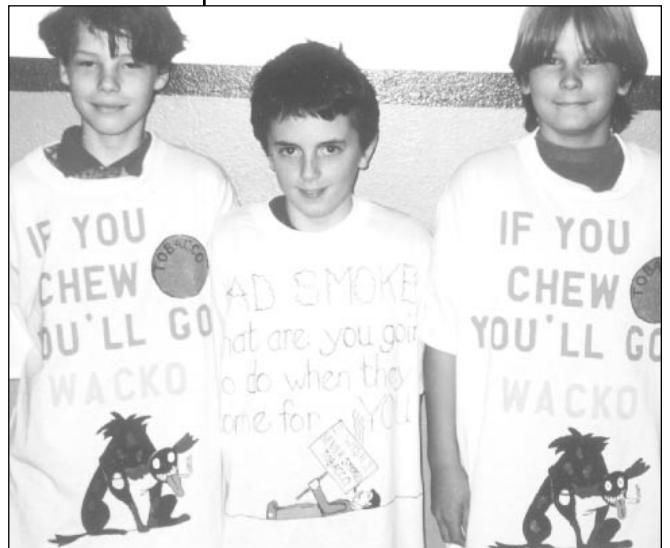
Media campaigns using social marketing strategies, like those developed in California and Massachusetts are an effective and important element to counter the effects of tobacco advertising on young people. Minnesota was the first state to develop a sophisticated anti-tobacco media campaign in the late 1980s, but since then our state tobacco control budget has been slashed from \$1.6 million to \$200,000. We need to ask the governor and state legislature to restore full funding to public education efforts.

Youth Access to Tobacco

Minnesota, along with most other states, for many years has had a law establishing age 18 as the minimum legal age of sale for tobacco. However, tobacco has been readily available for purchase by people of any age, via vending machines or over-the-counter. In the past several years a movement has grown in Minnesota and around the country to adopt local and state policies to make it more difficult for young people to purchase tobacco, and to make it more likely that tobacco age-of-sale laws will be enforced. The movement has been especially successful at the local level, where citizens have worked with city councils to adopt ordinances that include many of the following provisions:

1. licensure required to sell tobacco
2. ban on cigarette vending machines
3. all tobacco products displayed in locked cabinets or behind the counter
4. required enforcement checks

Youth Access to Tobacco—continued on back cover



Prevention of Substance Use: A Commentary

Robert Blum, M.D., M.P.H.

Director, Division of General Pediatrics and Adolescent Health
University of Minnesota

In September, 1996, the New York Times raised the question of why drug abuse prevention programs with low level impact (e.g., DARE) are widely implemented while those demonstrating greater efficacy (such as life skills training) are infrequently used. Clearly, many of the interventions developed in the 1960s and 1970s to prevent alcohol, drug and tobacco use failed due, in major part, to faulty assumptions. Interventions that were proven to be ineffective included those that were based on: scare tactics, mere provision of information, building self-esteem, and appealing to morality.

By the mid-1980s, social influences were known to be the primary determinants of adolescent drug abuse. While the political reconstruction of resistance skills training is captured in the phrase, "Just say no," it is only when refusal skills are combined with altering social norms (normative education) that the approach works. Analyzing effective primary drug abuse prevention programs targeted at teens, it was recently concluded:

Resistance skills training needs to be combined with conservative social norms on drug use.

We know little about how programs work or about the interaction of program and context (e.g., the school); and

Resistance skills training, when combined with normative education, is the most effective strategy for primary prevention in adolescence.

Conclusion

We have learned a good deal about effective primary prevention targeted at adolescents. However, as our knowledge has expanded, so, too, has the scope of some of our problems. Juvenile smoking has started to rise after a decade of stability. So, too, has marijuana use. The ability to effectively match problems with appropriate treatment interventions remains a long way off. And while we know more about effective prevention strategies, we often persist in implementing ineffective programs at an escalating social and economic cost. Clearly, we still have far to go.

Consortium Calendar

February

February 6, 14, 20

"How to Talk so Kids can Learn."
Based on the book by Adele Faber and Elaine Mazlish; 12:30 - 1:15.
For additional information contact the Working Parent Resource Center (612) 293-5330.

February 21

"Parents as Sexuality Educator: What We Know From Research, What We Know From Practice." Co-sponsored by the University Parent Education Advisory Committee and University College at the University of Minnesota. Earle Brown Center, St. Paul Campus, 1:00 - 3:00 p.m.
For more information call Ann at (612) 624-4033.

February 25

The Prevalence of Domestic Violence in Rural Minnesota: Women Seeking Care in Outpatient Clinics. A Series on Violence Prevention Research sponsored by The Allina Foundation. Allina Health System, 11:30 - 1:00 PM.
For more information call Kirsten Boehne at (612) 992-3919.

March

March 7 and 8

Men who work with Men, Children and Families, sponsored by: Males in Families Section of the MN Council of Family Relations and the Father's Resource Center. Wilder Forest Retreat Center; \$55 (includes lodging, meals). Scholarships available. For more information contact Lowell Johnson, (612) 689-5885.

March 20

"The Perceptions of the Roles of Birthfathers in Adoption." Co-sponsored by the University Parent Education Advisory Committee and University College at the University of Minnesota. Earle Brown Center, St. Paul Campus, 7:30 - 9:30 a.m.
For more information call Ann at (612) 624-4033.

April

April

TBD. Spiritual Life of Children. Featuring Misti Snow, editor of Star Tribune "Mindworks" feature. Sponsored by the Consortium and the U of M's Dept. of Educational Psychology. Free; Noon hour on Mpls campus; a light lunch will be served. After March 1, call the Consortium (612) 625-7243 for more information.

April 24

"I Had to Stand Up for My Child': Parents' Experience at School." Co-sponsored by the University Parent Education Advisory Committee and University College at the University of Minnesota. Earle Brown Center, St. Paul Campus, 7:30 - 9:30 a.m.
For more information call Ann at (612) 624-4033.

CONNECTION CORNER

League of Women Voters Report on Adolescent Health

The League of Women Voters published a report on adolescent health this fall in an effort to educate members and the general public about the topic. The report includes a comprehensive overview of the current health issues facing Minnesota adolescents with a special emphasis on the metro area. Unlike other documents of this nature,

the report makes recommendations for shaping the future of adolescent health care policy and suggests proactive ways readers can influence better outcomes for today's youth. For copies (\$7.50 each), contact the Minneapolis League at 612-333-6319 or e-mail them at lwvmpls@mtn.org

All About Kids!

Is a weekly television series for parents and adults who work with children dealing with a wide range of children's issues and materials and activities. In the Twin Cities regional area you can view All About Kids Tuesday's at 7:00 p.m. on Metro Cable Network, cable channel 6. Each episode is taped and can be

accessed from libraries throughout Minnesota. For information about current, upcoming and previous episodes of All About Kids check out the World Wide Web site: <http://www.metronet.lib.mn.us/aak/> or call Sherry Lampman (612) 487-0348.

Parenting Works

Parenting Education comes in many forms. Today we add television to the list of sources. Parenting Works is a 13 part series discussing the top parent-defined issues. The format involves 13 parents, a moderator and informal group discussion. The series intent is to get viewers involved in ongoing parent support/education in their local community, buy starting a support group

themselves or joining an existing parent group.

The series in the Metro area will air again this winter, starting January 22, Wednesdays at 1:30 p.m. on KTCA channel 2. If you are in greater Minnesota you can call your Public Television Station and encourage them to run Parenting Works. You may also order the video series by calling 1-888-Parent.

Youth participate in KICK BUTTS

And where are the youth in this discussion? Read on, and be proud.

Minnesota has witnessed the power of youth to act as agents of change on many issues. The KICK BUTTS program of the Minnesota Smoke-Free Coalition seeks to develop the full potential of youth as health advocates by training them to become tobacco control advocates.

KICK BUTTS, piloted in 1994, is a program that encourages youth to participate in the effort to reduce the use of tobacco by their peers. Since its inception, over 500 students ages 14-17 from around the state have participated in KICK BUTTS. The teens receive training in a variety of skills that allow them to effectively engage in public dialogue, peer education, community organizing, public relations, and media advocacy. Following the training, the teens are encouraged to begin efforts to reduce tobacco use in their own communities.

In just two years, the KICK BUTTS teens have already made their presence known. They have been actively involved in peer education by

speaking at middle and high school health classes, they ran a tobacco education booth at the State Fair, and generated more than 1,000 petition letters from students in support of FDA regulation of tobacco. As media advocates, KICK BUTTS youth gained visibility on numerous cable and radio programs, wrote editorials published by the Minneapolis Star Tribune and the St. Paul Pioneer Press, and organized a press conference on reducing youth access to tobacco.

To learn more about KICK BUTTS program or to get information about how teens can get involved, call Carrie Olson at (612) 641-1223.



CONSORTIUM UPDATE

Internet Training

The Consortium is currently developing a new training to be offered this Spring. The new training sessions will include information on World Wide Web resources for children and families and how to evaluate those resources to ensure finding and using quality information. For more information about Consortium Internet training, call Lori Bock at (612) 625-7251.

Annual Book Drive

From November 15 - December 15, 1996, the Consortium and the College of Education and Human Development's Child Psychology Student Organization collected and distributed over 3,000 books for the annual book drive, "Food for Thought." A special thanks goes to "Road Runner" transportation service for picking up and delivering tons of books! And thanks to Minnetonka Middle School who took this on as a service project. If you know a Metro areas school that would like to take on "Food For Thought" book collection as their service project, contact Beckie Cullen at (612) 625-7247.

Seeds Of Violence

"Seeds of Violence or Seeds of Promise" is a series of four quarterly reports presented by the Consortium and the College of Education and Human Development.

Combining research with photo stories of Minnesota children and families, the reports suggest what we each can do to ensure good outcomes for young people in our communities. The first report, summarized research findings about protective factors that help children thrive even in the face of high-risk circumstances. The second report examined the effects of early parent-child attachment. The third report (released in January) makes a strong case for the importance of fathers in childrens lives—and for the transforming power of fatherhood in the lives of men.

To receive the current report, contact the Consortium at (612) 625-7248. Also, look for portions of each report monthly in *Family Times*.

Updated Father to Father Kits Available

Last Fall the Minnesota Father to Father initiative and the Consortium revised and updated the Father to Father Community Starter Kit. This kit is available to your organization or community to help you get started and/or build upon your services for fathers. The kit includes a description of the national Father to Father initiative, a strategy guide with helpful ideas on how to reach out to fathers in your community, a list of national resources, AND a recently updated list of Minnesota resources. To order a kit or to find out more about Father to Father, call Michael Brott at (612) 625-8285. Father's Day is coming ... so order soon!

Now We Are Five

On Saturday, November 16, 1996, the Consortium welcomed over 350 children and adults to McNeal Hall on the St. Paul campus to help celebrate our 5th birthday. There was music, magic, story tellers, arts and crafts, a soccer clinic, food, face painting, robots, bugs (yes, bugs!) and much more. President and Mrs. Hasselmo received the Consortium's annual award for dedication to the well-being of children and families. Thanks to all of those who helped us celebrate our birthday in style.

Who's the Consortium?

Gail Nordstrom, the Children's Librarian at Stillwater Public Library, recently joined the CEC Board and did an outstanding job in the reading room at the Consortium's birthday party.

Jan Hogan is Chair of the Department of Family Social Science, College of Human Ecology at the University of Minnesota. Jan has also accepted the two-year position of Chair of the Consortium's Advisory Council, starting this Fall.

And the Consortium is You!

April/May

April 30 and May 1

Care About Kids: Putting Youth First. Sponsored by a partnership of Anoka County organizations; co-sponsored by KARE-11. National Sports Center, Blaine. For registration information call (612) 506-KIDS.

May

May 15-16

Childhood and Adolescent Obesity: Prevention and Intervention; Radisson Hotel Metrodome, Minneapolis. Nationally known researchers and clinicians will present. For complete program details and registration materials, please contact Maureen Geronime, (612) 625-1832.

May 22

Konopka Lectureship, featuring Leon Dash of the Washington Post; Coffman Union theater, University of Minnesota. For more information, contact Deb Seyfer, (612) 626-2953.

May 30

Perspectives on Infant Mental Health: Implications for Practice. 1997 Minnesota Round Table on Early Childhood Education. Radisson Hotel Metrodome, Mpls; 8:00 - 4:00 PM. For more information and registration materials call (612) 625-2874.



Goldie and one of the many children who attended our 5th birthday party.

June

June 14-20

Summer Institute: Instruction for Faculty on the Development of Adolescent Health. Sponsored by the Graduate Studies in Adolescent Nursing, University of Minnesota. For more information, contact Della J. Derscheid, (612) 626-6892.

Teens, Tobacco and Alcohol

—continued from cover

use.

Although the consequences of tobacco use tend to occur later, adolescents may establish addictive patterns of smoking that are extremely likely to persist later in life. The likelihood of a smoker eventually dying from a smoking related disease is approximately one in three. Smoking initiation at a young age increases the subsequent risk of heavy smoking and of smoking-attributable death.

Tobacco and Alcohol: “Gateway” Drugs

Tobacco and alcohol use may heighten the probability that a young person will use other drugs. Cigarette smoking and alcohol use generally precede marijuana smoking and other illegal drug use. In fact, virtually everyone who uses illegal drugs such as marijuana or cocaine has previously used cigarettes, alcohol, or both. A survey of 4,000 primary and secondary school children by the Addictive Behavior Centre of the Roehampton Institute in London found that a teenager who smokes regularly is 22 times more likely to use illegal drugs than a nonsmoking student.

And It's an Environmental Issue

Tobacco and alcohol use do not occur in a vacuum. Family values and education alone will not be sufficient to deter underage use in a climate in which billions of dollars are spent each year in portraying tobacco and alcohol as glamorous and as rites of passage into adulthood. Family values and education will not be sufficient when problems of underage access are not taken seriously and laws prohibiting sales to minors are loosely enforced or not enforced at all.

If the message is that adolescent alcohol and tobacco use are unacceptable, both demand and supply reduction approaches are needed. Helping youth learn to identify alcohol and tobacco use influences as well as acquire skills to resist those influences (demand reduction), can be paired with actual reductions in the environmental conditions that encourage use. These conditions include peer norms around use, parental support and modeling, alcohol and tobacco availability and acceptability, and alcohol and tobacco advertising. This multi-level approach appears necessary to have a long-term impact on tobacco and alcohol use by adolescents.

Youth Access to Tobacco

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5. civil penalties (fines, license suspensions) for violations
6. penalties applied to the owner of the business, instead of or in addition to the salesperson who sells tobacco to minors
7. no sale of tobacco by those under age 18

This movement has been so successful at the local level that the tobacco industry has adopted a national strategy to stop this local action. Pre-emption, which prevents local jurisdictions from adopting more restrictive laws than the state law, has been adopted in at least 18 states, but successfully resisted in Minnesota up to now.

Tobacco control advocates in Minnesota are working at the state level to put into state law many of the provisions cited above which have been adopted by cities. In addition the draft bill includes a ban on slotting fees, the money paid by tobacco distributors to retailers for displays and advertising in their stores. This bill will be introduced in the House by Rep. Ann Rest, and in the Senate by Senator Ember Reichgott-Jung.

Tax Credits Mean Dollars to Working Families!!

Workers with low to moderate incomes can put more money in their pockets this tax season if they qualify for the federal Earned Income Credit and state Working Family Credit. These tax benefits are designed to help families make ends meet. Last year Minnesota families that received money through these tax credits shared in nearly \$290 million dollars — an average of about \$1,375 per family.

Who's eligible and for how much?

- Workers making less than \$25,078 in 1996 and who had one child at home may get up to \$2,474.
- Workers making less than \$28,495 in 1996 who had two or more children at

home may get up to \$4,089.

- Workers without children who make less than \$9,500 in 1996 and are 25-64 years old may get up to \$371.

If you get the Earned Income Credit, you are eligible for the Minnesota Working Family Credit. You may also be able to get two other state tax credits: the Child and Dependent Care Credit and the Property Tax Refund.

You may qualify for refunds even if you don't earn enough to be required to file a tax return or have taxes taken out of your paychecks.

Free Help Available!

The only way to get this extra money is to file federal and state tax forms. Trained volunteer tax preparers are available at Volunteer Income Tax Assistance (VITA) sites to help with the tax forms - for FREE! To find a free tax help site near you, call (612) 297-3724 or 1-800-657-3989.

Information about the tax credits can be found in state and federal tax booklets. To find out if you might qualify for the credits call 296-6417 in the Twin Cities or 1-800-937-5437 from elsewhere in the state. Those with hearing or communications impairments can call 1-800-627-3529 for the Minnesota Relay, and ask for (612) 296-6417.

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