

# Forebygging av risikofylt alkoholbruk og cannabisbruk hos ungdom og unge voksne

Notat fra Kunnskapsenteret

Litteratursøk

Juni 2012

 kunnskapsenteret

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*(fortsettelsen fra forsiden)*

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# Hovedfunn

Bruk av alkohol og cannabis er forholdsvis vanlig blant ungdom og unge voksne og representerer en risiko for helseskader og avhengighet. Tidlig intervensjon i form av forebyggende tiltak for risikofylt bruk av alkohol og cannabis blant ungdom og unge voksne framheves som viktig. Dette notatet presenterer resultatene fra et litteratursøk etter systematiske oversikter som har oppsummert effekt av ett eller flere tiltak.

Hensikten med søket er å gi en oversikt over forskningen på området. Referansene fra søket er sortert i henhold til hvilke tiltak og type rusproblem de omhandler.

Det er publisert mange systematiske oversikter om effektene av tiltakene. De identifiserte publikasjonene fordelte seg slik:

- Tiltak for å påvirke alkoholforbruk og/eller debut ble vurdert i syv systematiske oversikter. Ulike tiltak som mentoring, nettbaserte tiltak og tilbakemelding på egne holdninger ble rapportert.
- Tiltak for å påvirke risikofylt alkohol- eller narkotikabruk ble vurdert i tre systematiske oversikter. Ulike tiltak som motiverende intervju og brief intervention ble rapportert.

Vi har vurdert den metodiske kvaliteten på de systematiske oversiktene men har ikke sammenstilt funn og konklusjoner.

## Tittel:

Forebygging av risikofylt alkoholbruk og cannabisbruk hos ungdom og unge voksne. Litteratursøk.-----

## Publikasjonstype:

Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

## Svarer ikke på alt:

- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

## Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget etter forespørsel fra Kompetansesenter Rus Midt-Norge

## Når ble litteratursøket utført?

Søk etter studier ble avsluttet november, 2011.

# Key messages (English)

Alcohol and cannabis use are relatively common in adolescents and young adults. Incipient drug use represents a health risk (both illness and accidents) as well as dependency. Early intervention to prevent alcohol- and cannabis use among young people is suggested as important. We present the results of a systematic literature search for systematic reviews of the effects of different interventions aimed at reducing or moderating use of alcohol or cannabis.

The objective of the search is to provide an overview of the research field. Citations from the search were organized according to types of intervention and problem area:

- Interventions which aimed to reduce use of alcohol or debut were reported in seven systematic reviews. Interventions like mentoring, web-based interventions and normative feedback were reported.
- Interventions which aimed to change risk behaviour for both alcohol and cannabis use were reported in seven systematic reviews. Interventions like motivational interview and brief interventions were reported.

We have assessed the methodological quality of the systematic reviews, but have not summarised the results and conclusions.

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**Title:**

Prevention programs to prevent cannabis use and high alcohol use among adolescents at risk. Literature search.

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**Type of publication:**

## Systematic reference list

A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts.

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## Doesn't answer everything:

- No analysis or synthesis of the studies
  - No recommendations
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**Publisher:**

Norwegian Knowledge Centre for the Health Services

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**Updated:**

Last search for studies: November, 2011.

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# Innhold

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# Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Kompetansesenter Rus Midt-Norge å oppsummere forskning om effekten av forebygging (tidlig intervensjon) rettet mot cannabisbruk og risikofylt alkoholbruk hos ungdom og unge voksne (15 – 25 år). Dette notatet gir en oversikt over hva som finnes av oppsummert forskning om effekten av forebyggende tiltak.

Prosjektgruppen har bestått av:

- Lillebeth Larun, forsker og prosjektleder, Kunnskapssenteret
- Ingvild Kirkehei, forskningsbibliotekar, Kunnskapssenteret
- Asbjørn Steiro, forsker, Kunnskapssenteret
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Gro Jamtvedt  
*Avdelingsdirektør*

Liv Merete Reinar  
*Seksjonsleder*

Lillebeth Larun  
*Prosjektleder*

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# Problemstilling

Hva finnes av oppsummert forskning om effekten av tidlig intervensjon hos barn og unge voksne (15 og 25 år) på:

- 1) risikofylt alkoholbruk/avhengighet og
- 2) cannabisbruk/avhengighet og
- 3) skole- eller arbeidsdeltagelse



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# Innledning

I 1994 etablerte Helsedirektoratet et nasjonalt nettverk for rusfag (1), hvor tidlig intervensjon i form av forebyggende tiltak framheves som viktig for å unngå sosial marginalisering, for eksempel frafall i skolen. Sosial marginalisering kan igjen lede til sosial ekskludering, dvs. langvarig utestengning, for eksempel fra arbeidsmarkedet (2).

Bruk av alkohol og cannabis er forholdsvis vanlig blant ungdom og unge voksne. En undersøkelse fra Sarpsborg viste at omlag en tredjedel av unge hadde et forbruk som medfører en høyere risiko for å bli marginalisert og utvikle problematisk rusavhengighet (3). For alkoholbruk er andelen blant 15-16-åringene som har drukket alkohol omtrent på samme nivå i 2008 og 1984, ca 65 %. Blant 19-20-åringene er andelen som har drukket alkohol på 93 % i 2008 og 1984. Det årlige gjennomsnittlige konsumet av alkohol, målt i liter ren alkohol, har derimot endret seg for 15-16-åringene, fra 1,44 til 2,01 liter og for 19-20-åringene fra 3,98 til 6,24 liter (4). Cannabis er det mest brukte illegale narkotiske stoffet i Norge (4). I 2008 oppgav 10,5 % av norske ungdommer mellom 15 og 20 år å ha brukt cannabis, i forhold til 8,7 % i 1984 (4).

Bruk av rusmidler representerer en risiko for skader i forhold til helse (i form av sykdom og ulykker) og avhengighet (5). Det anslås at 2-4 % av ungdom under 20 år står utenfor utdanning eller ordinært arbeid over en lengre periode (6). Kostnadene for kommunen ved behandling, tiltak og oppfølging kan beløpe seg fra 2 000 kr til 200 000 kr per år per person. Ved behov for institusjonsplass blir kostnadene betydelig høyere (6). Potensiell gevinst ved bedre effekt av tiltak anslås til å være på en nærverdi på 3 millioner kroner og oppover per person fra de fyller 25 år til fylte 65 år (6).

En oversikt over eksisterende forskning om effekt av ulike tiltak vil kunne gi et bedre beslutningsgrunnlag for valg av tiltak. Kompetansesenter Rus Midt-Norge har ansvar for rusproblematikk knyttet til ungdom og unge voksne med vekt på tidlig intervensjon og har bedt Kunnskapscenteret om å utarbeide en kunnskapsoppsummering om effekt av forebyggende tiltak (tidlig intervensjon). Bestillingen er spisset i samarbeid med oppdragsgiver, og fordi det foreligger oppsummert forskning på feltet er det utarbeidet et litteratursøk med sortering av systematiske oversikter.

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# Metode

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## Litteratursøking

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Vi søkte systematisk etter systematiske oversikter i følgende databaser:

- The Cochrane Database of Systematic Reviews,
- Database of Abstracts of Reviews of Effectes (DARE)
- Health Technology Assessment Database (HTA)
- EMBASE
- MEDLINE
- PsycINFO
- The Campbell Library
- ISI Science/Social Science Citation Index.

Forskningsbibliotekar Ingvild Kirkehei planla og utførte samtlige søk i november 2011. Søket ble avgrenset til systematiske oversikter om unge mennesker og bruk av alkohol, cannabis eller rusmidler generelt. Videre ble søket avgrenset med søkeord for tidlig intervensjon eller sekundærforebygging. Søket bestod av både emneord og tekstord og vi brukte presise søkefiltre for systematiske oversikter. Den fullstendige søkestrategien ligger som vedlegg 1.

I tillegg ble det gjort et søk for å se etter overlappende publikasjoner og protokoller for pågående oversikter i The Cochrane Library og The Campbell Library. Søket ble utført av redaksjonssjef (managing editor) Jane Dennis, Social Welfare Group in The Campbell Library.

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## Inklusjonskriterier

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<b>Populasjon:</b>	Ungdom og unge voksne 15-25 år med risikofylt forhold til alkohol eller cannabis
<b>Tiltak:</b>	Forebyggende tiltak, tidlig intervensjon alle typer
<b>Sammenlikning:</b>	Alle
<b>Utfall:</b>	Alkohol og cannabisbruk, frafall i skolen eller arbeidsfravær
<b>Språk:</b>	Engelsk, tysk eller skandinavisk
<b>Studiedesign:</b>	Systematiske oversikter basert på randomiserte kontrollerte studier, kontrollerte før - og etter studier, avbrutte tidsserier og/eller prospektive kohortstudier med kontrollgruppe

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## Artikkelutvelging og beskrivelse av oversiktene

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To forskere (Steiro, Wollscheid eller Larun) leste titler og sammendrag og vurderte uavhengig av hverandre relevans i henhold til inklusjonskriteriene. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort ved å kontakte tredjemann.

Innhentede fulltekstoversikter ble vurdert i henhold til inklusjon og eksklusjonskriteriene av to forskere uavhengig av hverandre. Populasjon, tiltak, utfallsmål og forfatterens konklusjon ble innhentet fra de inkluderte oversiktene og presentert i tabellform. Metodisk kvalitet på de inkluderte oversiktene ble vurdert med sjekklister for systematiske oversikter (7).

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# Resultat

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## Resultater av søk og sortering

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250 unike referanser ble identifisert hvorav 32 ble vurdert i fulltekst. Av disse tilfredsstilte ti inklusjonskriteriene (tabell 1 og 2). Sammendragene ligger som vedlegg 3. De to pågående oversiktene er presentert i tabell 3 og de 20 ekskluderte oversiktene ligger som vedlegg 4.

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## Beskrivelse av inkluderte oversikter

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### Tiltak rettet mot risikofylt alkoholbruk

Syv oversikter vurderte tiltak for å påvirke alkoholforbruk og/eller debut (tabell 1). En systematisk oversikt fra 2011 (Thomas) med høy metodisk kvalitet vurderte mentoring (8). To systematiske oversikter fra 2010 (Tait, White) vurderte nettbaserte tiltak, begge med moderat metodisk kvalitet (9;10). Tripodi (11) fra 2010 med høy metodisk kvalitet, vurderte alle typer tiltak, det gjorde også Korczac (12) fra 2011 med moderat metodisk kvalitet, og Fager 2006 (13) med lav metodisk kvalitet. En studie, Moreira 2009 (14) med høy metodisk kvalitet, vurderte sosial normer som tiltak. Ingen av oversiktene rapporterte skole- eller arbeidsdeltagelse som utfallsmål.

*Tabell 1 Systematiske oversikter med tiltak rettet mot risikofylt alkoholbruk*

<b>Forfatter årstall og tittel (metodisk kvalitet*)</b>	<b>Population Tiltak Utfallsmål</b>	<b>Forfatters konklusjon</b>
Thomas 2011 (8) Mentoring adolescents to prevent drug and alcohol use (høy)	13-18 år Alle typer mentoring Alkoholforbruk og alkoholdebut	“Two RCTs found mentoring reduced the rate of initiation of alcohol, and one of drug usage. The ability of the interventions to be effective was limited by the low rates of commencing alcohol and drug use during the intervention period in two studies (the use of marijuana in one study increased to 1% in the experimental and to 1.6% in the control group, and in another study drug usage rose to 6% in the

		experimental and 11% in the control group). However, in a third study there was scope for the intervention to have an effect as alcohol use rose to 19% in the experimental and 27% in the control group. The studies assessed structured programs and not informal mentors." (8, s2)
Korczak 2011 (12) Social norms interventions to reduce alcohol misuse in University or College students (moderat)	Barn og unge Alle typer tiltak Alkoholbruk	"The HTA-report shows the need to develop specific and target group focused prevention activities for the German situation. Essential for that is the definition of target goals (reduction of consumption, change of behaviour) as well as the definition and empirical validation of risky alcohol consumption. The efficacy of prevention activities should be proven before they are launched. At present activities for the reduction or prevention of risky alcohol consumption are not sufficiently evaluated in Germany concerning their sustainable efficacy" (12, s1)
Tripodi 2010 (11) Interventions for reducing adolescent alcohol abuse: a meta-analytic review (høy)	12-19 år Alle typer tiltak Alkoholbruk	"Treatments for adolescent substance abuse appear to be effective in reducing alcohol use. Individual only interventions had larger effect sizes than familybased interventions and effect sizes decreased as length of follow-up increased. Furthermore, behavior-oriented treatments demonstrated promise in attaining longterm effects." (11, s1)
Tait 2010 (9) Internet-based interventions for young people with problematic substance use: a systematic review (moderat)	Unge voksne <25 Nettbaserte tiltak Alkoholbruk	"Based on findings largely from tertiary students, web interventions targeting alcohol-related problems have an effect about equivalent to brief in-person interventions, but with the advantage that they can be delivered to a far larger proportion of the target population. Web-based interventions to prevent the development of alcohol-related problems in those who do not currently drink appear to have minimal impact. There are currently insufficient data to assess the effectiveness of web-based interventions for tobacco use by adolescents." (9, s1)
White 2010 (10) Online alcohol interventions: a systematic review (moderat)	Universitetsstudenter Nettbaserte tiltak Alkoholbruk	"The available evidence suggests that users can benefit from online alcohol interventions and that this approach could be particularly useful for groups less likely to access traditional alcohol-related services, such as women, young people, and at-risk users. However, caution should be exercised given the limited number of studies allowing extraction of effect sizes, the heterogeneity of outcome measures and follow-up periods, and the large proportion of student-based studies.

		More extensive RCTs in community samples are required to better understand the efficacy of specific online alcohol approaches, program dosage, the additive effect of telephone or face-to-face interventions, and effective strategies for their dissemination and marketing. ” (10, s2)
Moreira 2009 (14) Social norms interventions to reduce alcohol misuse in University or College students (høy)	Studenter Alle sosiale normer Alkoholbruk	”Interventions delivered using the web or computer, or in individual face-to-face sessions, appeared to reduce alcohol misuse. The evidence was less convincing for group face-to-face sessions. Mailed and group feedback were on the whole no different than with the control intervention. Two large studies showed contradictory results for a social marketing campaign. Only a small number of good quality studies were available for many of the outcomes and analyses, and most of the studies were from the USA. ” (14, s2)
Fager 2004 (13) The effectiveness of intervention studies to decrease alcohol use in college undergraduate students: an integrative analysis (lav)	Universitetsstudenter Alle typer tiltak Atferdsendring i forhold til alkohol	”Extensive research to address the problem of college alcohol use indicates that while education is an integral part of the approach for this problem, it is ineffective when used alone as an intervention strategy. However, some empirical support exists for the use of brief motivational interventions to reduce alcohol use and harm. A personalized approach addressing expectancies and normative use employing a motivational interviewing style may produce desired outcomes. In addition, theory-based manualized approaches using stress and coping intervention strategies need to be developed and tested. In the design of future studies, careful attention also should be given to methodological issues such as sampling, measurement issues, and inclusion of more long-term follow-up measures. ” (13, s1)

\*Høy kvalitet: Brukes hvis alle eller de fleste kriteriene fra sjekklisten er oppfylt. Dersom noen av kriteriene ikke er oppfylt, må det være veldig lite sannsynlig at studiens konklusjon blir påvirket.  
Moderat kvalitet: Brukes hvis noen av kriteriene fra sjekklisten ikke er oppfylt og/eller der kriteriene ikke er tilfredsstillende beskrevet. Samlet vurdering tilsier at det er litesannsynlig at studiens konklusjon påvirkes.  
Mangelfull kvalitet: Brukes hvis få eller ingen kriterier i sjekklisten er oppfylt og/eller ikke er tilfredsstillende beskrevet. Samlet vurdering tilsier at det er sannsynlig at studiens konklusjon kan forandres.

## Tiltak rettet mot risikofylt alkohol- og narkotikabruk

Tre systematiske oversikter vurderte tiltak for å påvirke bruk av rusmidler, legale og illegale. Grenard 2006 (15) med lav metodisk kvalitet så på motiverende intervju, Tait 2003 (16) med moderat metodisk kvalitet vurderte kortvarige tiltak (brief interventions), mens Gates 2006 (17) med høy metodisk kvalitet vurderte alle typer tiltak. Ingen av oversiktene rapporterte skole- eller arbeidsdeltagelse som utfallsmål.

Tabell 2 Systematiske oversikter med tiltak rettet mot både risikofylt alkohol- og narkotikabruk

<b>Forfatter, årstall, tittel, (metodisk kvalitet*)</b>	<b>Population Tiltak Utfallsmål</b>	<b>Forfatters konklusjon</b>
Grenard 2006 (15) Motivational interviewing with adolescents and young adults for drug-related problems (lav)	13-25 år Motiverende intervju Alkohol- eller narkotikabruk	"The studies reviewed here indicate that brief Motivational interview might be effective among these populations, but the key components necessary for successful Motivational interview interventions have not been fully identified. (15, s1)
Gates 2006 (18) Interventions for prevention of drug use by young people delivered in non-school settings (høy)	Opp til 25 år Alle typer tiltak Narkotika eller ikke	"There is a lack of evidence of effectiveness of the included interventions. Motivational interviewing and some family interventions may have some benefit. Cost-effectiveness has not yet been addressed in any studies, and further research is needed to determine whether any of these interventions can be recommended. " (18, s 2)
Tait 2003 (16) A systematic review of the effectiveness of brief interventions with substance using adolescents by type of drug (moderat)	Ungdom opp til 20 år Brief Interventions Alkohol- og narkotikabruk	"Motivational interviewing was the predominant approach, underpinning eight studies: the remaining three provided personalized health information. Seven papers reported outcomes for alcohol interventions and four involved other substances (including one with separate alcohol outcomes). The overall effect size was $d=0.126$ with borderline homogeneity ( $Q=14.9$ , $df=9$ , $p=0.09$ ). The effect size from the eight alcohol interventions ( $n=1,075$ ) was classified as significant but "small" ( $d=0.275$ ). The remaining non-alcohol studies were considered separately as interventions involving tobacco or multiple substance use. The two interventions with tobacco involved a substantial sample ( $n=2,626$ ) but had a very small effect ( $d=0.037$ ), while the two interventions addressing multiple substances involved few participants ( $n=110$ ) but had a medium-large effect ( $d=0.78$ ). Across a diverse range of settings (dental clinic,

		schools, universities, substance treatment centres) and, therefore, probably diverse clients, BI conferred benefits to adolescent substance users. BI had a small effect on alcohol consumption and related measures. ” (16, s1)
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\*Høy kvalitet: Brukes hvis alle eller de fleste kriteriene fra sjekklisten er oppfylt. Dersom noen av kriteriene ikke er oppfylt, må det være veldig lite sannsynlig at studiens konklusjon blir påvirket.  
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Mangelfull kvalitet: Brukes hvis få eller ingen kriterier i sjekklisten er oppfylt og/eller ikke er tilfredsstillende beskrevet. Samlet vurdering tilsier at det er sannsynlig at studiens konklusjon kan forandres.

## Pågående oversikter

To protokoller for pågående Cochrane oversikter, en om kortvarige tiltak (brief interventions) (19) og en om motiverende intervju (MI) (20) ble identifisert.

Tabell 3 Pågående oversikter

Forfatter, årstall og tittel	Hensikt
Carney 2011 (19) Brief school-based interventions and behavioural outcomes for substance-using adolescents	”To evaluate the effectiveness of brief interventions for substance-using adolescents, compared to another intervention or no intervention, on alcohol and other drug use and other behavioural outcomes among high school adolescents.” (19, p4)
Coombes 2011 (20) Motivational interviewing for the prevention of alcohol misuse in young people	”(1) To summarise the current evidence about the effects of MI intended to prevent alcohol and alcohol-related problems in young people, compared with no intervention or a different intervention, on alcohol consumption and other substantive outcome measures (2) To investigate whether MI's effects are modified by the length of the intervention or age of young people targeted (3) To identify areas where further research is needed.” (20, p2)



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# Kommentar

Vi fant ti systematiske oversikter som tilfredsstilte kriteriene og to pågående systematiske oversikter. Ingen systematiske oversikter hadde skole- eller arbeidsdeltagelse som utfallsmål.

Ved systematiske litteratursøk med sortering gjennomfører vi litteratursøk for en gitt problemstilling og identifiserer de mest relevante oversiktene. Vi har brukt generelle søkeord for tidlig intervensjon (for eksempel "early intervention" eller "brief intervention") og kan ha gå glipp av oversikter som har undersøkt effekten av relevante tiltak uten å bruke slike begrep. Vi søkte etter systematiske oversikter og fant et forskningsfelt hvor det fremdeles publiseres nye randomiserte kontrollerte studier. For å få en utfyllende oversikt over forskningsfeltet bør søket oppdateres og oppsummeres med studier publisert etter siste søkedato i de beste og nyeste oversiktene. Vi gjennomførte en vurdering av den metodiske kvaliteten på oversiktene og dette er presentert for å gjøre tilgjengeligheten bedre og tilrettelegge for hvor det eventuelt bør gjøres ytterligere innhenting av forskning på primærstudienivå.

En pågående systematisk oversikt (19) som omhandler korte skolebaserte intervensjoner (brief-school based interventions) rettet mot unge og unge voksne narkotikabrukere påpeker i protokollen behov for ytterligere forskning om effekt av nettbaserte intervensjoner. Fordelen med nettbaserte korte intervensjoner (computerized brief interventions) er at de er høyt automatiserte. De er mindre ressursintensive enn for eksempel intervensjoner som foregår i samspill mellom terapeut og bruker. Slike intervensjoner har potensial til å nå mange og de er trolig egnet til å nå målgruppen, unge og unge voksne som har vokst opp med nye medier. Det er publisert minst en randomisert kontrollert forsøk (RCT) om nettbaserte intervensjoner (21) og vi er i gang med å utarbeide en protokoll for en systematisk oversikt innen Campbell nettverket som ser nærmere på effekter av webbaserte intervensjoner på risikofyllt bruk av alkohol og cannabis.

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# Referanser

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# Vedlegg

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## 1 Begrepsforklaringer

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**Tidlig intervensjon (Brief Intervention)** Begrepet brukes om tiltak som settes inn tidlig i en definert problemutviklingsprosess. Målet er å identifisere og starte håndtering av et helseproblem på et så tidlig tidspunkt at risikoen reduseres eller minimaliseres med svært liten innsats. Tidligere ble ofte begrepet sekundærforbygging brukt, mens det nå ofte omtales som selektiv forebygging. Selektive tiltak forstås som tiltak rettet mot en definert gruppe med identifiserbar forhøyet risiko for en problemutvikling, evt. en begynnende problemutvikling (5;22). Selektive intervensjoner avgrenses fra "universelle intervensjoner" eller "primær forebygging" som retter seg mot *alle* i aldersgruppen mellom 15 og 25 år (22).

**Marginalisering og ekskludering** Marginalisering og ekskludering er forskjellige, men beslektede fenomener. Man kan si at å være marginalisert er å være i ytterkanten av et sentrum, partiell deltakelse, med risiko for å bli ekskludert. Å være ekskludert blir mer omtalt som å være klart utenfor en sosial struktur eller grunnleggende ressurser, noe som oppfattes som mer alvorlig fordi dette er en mer varig tilstand. Dette betyr ikke at det bestandig vil være et klart skille mellom disse to begrepene. Det vil være gråsoner hvor det vil være vanskelig å bestemme "kategori" (2).

**Nett-baserte tiltak** Nett-baserte tiltak for ungdom og yngre voksne kan være en tidlig intervensjon og fokusere på endring av atferd. Behandlingen beskrives som selvhjelpsmoduler og der det er lite behov for faglig veiledning. Bakgrunnen er at nett-baserte tiltak når denne målgruppen, kan korte ned lange ventelister, lange reiser og unge menneskers motvilje til å møte opp på helsestasjonen eller skolehelsetjeneste (23).

**Mentoring (8)** Mentoring kan beskrives som en støttende relasjon hvor én part bidrar med støtte, veiledning og konkrete råd til en annen part, basert på delte erfaringer og ekspertise uten noen forventning av personlig

gevinst for mentoren. Relasjonen karakteriseres ofte som et likeverdig forhold mellom to parter, hvor man jobber mot et felles definert mål.

Studier som har sett på slike tiltak er hovedsakelig fra USA hvor mentor har vært mye brukt. En mentor kan være et familiemedlem, helsepersonell, lærere eller andre frivillige og profesjonelle. En mentor kan være uformell og formell. En uformell mentor er en som ungdommen har utviklet en relasjon til på naturlig vis, mens en formell mentor gjerne blir tildelt ungdommen som en del av et program.

Støtte fra mentor skiller seg fra rådgivning ved at rådgivning som tiltak gjerne ikke bygger på delte erfaringer (rådgiveren utleverer ikke egen livserfaring), og at rådgiveren ofte baserer arbeidet sitt på teoridrevne eller andre strukturerte strategier. En rådgiver har også gjerne en profesjonell fagbakgrunn og utfører sitt arbeid i en planlagt klinisk setting.

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## 2 Litteratursøk

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Søketreff totalt: 309

Søketreff totalt uten dubletter: 250

### **MEDLINE, EMBASE, PsycINFO (søkt sammen i Ovid)**

Dato: 01.11.2011

Søketreff

Embase 1980 to 2011 Week 43: 30 (13 etter Ovid dublettkontroll)

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1948 to Present: 39 (33 etter Ovid dublettkontroll)

PsycINFO 1806 to October Week 4 2011: 12 (10 etter Ovid dublettkontroll)

1. (youth\* or adolescen\* or young\* or teen or teens or teenage\* or juvenile\* or underage\*).tw. or ("200" or "320").ag.
2. exp Underage Drinking/ or exp Alcohol Drinking Patterns/ or exp Drinking Behavior/ or exp Alcohol Drinking Attitudes/ or exp Social Drinking/
3. alcoholism/ or alcohol abuse/
4. cannabis/ or hashish/ or marijuana/
5. (cannabis or hashish or marijuana or alcohol\* or drinking).tw.
6. exp Drug Abuse/ or exp Drug Addiction/ or exp Drug Dependency/ or ((drug\* or substance\*) adj2 ("use" or misuse or abuse or addict\* or dependen\*)).tw.
7. or/2-6
8. exp Early Intervention/
9. (((early or brief) adj4 intervention\*) or ((selective or secondary) adj4 prevention\*) or ((selective or brief or electronic) adj4 screening)).tw.
10. or/8-9
11. ((systematic\* adj2 review) or meta-anal\*).mp.pt.
12. Literature Review/ and (pubmed or medline or embase).tw.
13. or/11-12
14. 1 and 7 and 10 and 13
15. 14 use psych
16. (youth\* or adolescen\* or young\* or teen or teens or teenage\* or juvenile\* or underage\*).tw.
17. adolescent/ or young adult/ or Adolescent Behavior/
18. or/16-17
19. exp Drinking Behavior/ or exp alcohol-related disorders/ or marijuana abuse/ or Cannabis/ or Marijuana smoking/
20. (cannabis or hashish or marijuana or alcohol\* or drinking).tw.
21. exp Substance-Related Disorders/ or ((drug\* or substance\*) adj2 ("use" or misuse or abuse or addict\* or dependen\*)).tw.
22. or/19-21
23. "Early Intervention (Education)"/ or Secondary Prevention/
24. (((early or brief) adj4 intervention\*) or ((selective or secondary) adj4 prevention\*) or ((selective or brief or electronic) adj4 screening)).tw.
25. or/23-24
26. ((systematic\* adj2 review\*) or meta-anal\*).mp.pt.
27. review.pt. and (pubmed or medline or embase or psycinfo).tw.
28. or/26-27
29. 18 and 22 and 25 and 28
30. 29 use prmz
31. exp adolescent/



32. (youth\* or adolescen\* or young\* or teen or teens or teenage\* or juvenile\* or underage\*).tw.
33. or/31-32
34. drinking/ or drinking behavior/ or exp alcohol abuse/ or exp alcohol consumption/ or exp cannabis addiction/ or exp cannabis/ or exp cannabis smoking/
35. (cannabis or hashish or marijuana or alcohol\* or drinking).tw.
36. exp drug abuse/ or exp substance abuse/ or exp drug dependence/ or ((drug\* or substance\*) adj2 ("use" or misuse or abuse or addict\* or dependen\*)).tw.
37. or/34-36
38. early intervention/ or secondary prevention/
39. (((early or brief) adj4 intervention\*) or ((selective or secondary) adj4 prevention\*) or ((selective or brief or electronic) adj4 screening)).tw.
40. or/38-39
41. "systematic review"/ or meta analysis/
42. "review"/ and (pubmed or medline or embase or psycinfo).tw.
43. or/41-42
44. 33 and 37 and 40 and 43
45. 44 use emez
46. 15 or 30 or 45
47. remove duplicates from 46

## **Cochrane Library**

Dato: 01.11.2011

Søketreff

Cochrane Reviews: 122

DARE: 20

HTA: 2

- #1 MeSH descriptor Young Adult explode all trees
- #2 MeSH descriptor Adolescent explode all trees
- #3 (youth\* or adolescen\* or young\* or teen or teens or teenage\* or juvenile\*)
- #4 MeSH descriptor Adolescent Behavior explode all trees
- #5 (#1 OR #2 OR #3 OR #4)
- #6 MeSH descriptor Drinking Behavior explode all trees
- #7 MeSH descriptor Alcohol-Related Disorders explode all trees
- #8 MeSH descriptor Marijuana Smoking explode all trees
- #9 MeSH descriptor Marijuana Abuse explode all trees
- #10 MeSH descriptor Cannabis explode all trees
- #11 (cannabis or hashish or marijuana or alcohol\* or drinking)
- #12 MeSH descriptor Substance-Related Disorders explode all trees
- #13 ((drug\* or substance\*) near/2 (use or misuse or abuse or addict\* or dependen\*)):ti
- #14 (#6 OR #7 OR #8 OR #9 OR #10 OR #11 or #12 or #13)
- #15 MeSH descriptor Early Intervention (Education) explode all trees
- #16 MeSH descriptor Secondary Prevention explode all trees
- #17 (((early or brief) near/2 intervention\*) or ((selective or secondary) near/2 prevention\*) or ((selective or brief or electronic) near/2 screening))
- #18 (#15 OR #16 OR #17)
- #19 #5 and #14 and #18

## **CRD Databases**

Dato: 01.11.2011

Søketreff

DARE: 7

HTA: 1

- 1 MeSH DESCRIPTOR Adolescent Behavior EXPLODE ALL TREES
- 2 MeSH DESCRIPTOR Adolescent EXPLODE ALL TREES
- 3 MeSH DESCRIPTOR Young Adult EXPLODE ALL TREES
- 4 #1 OR #2 OR #3
- 5 MeSH DESCRIPTOR Drinking Behavior EXPLODE ALL TREES
- 6 MeSH DESCRIPTOR Alcohol-Related Disorders EXPLODE ALL TREES
- 7 MeSH DESCRIPTOR Marijuana Abuse EXPLODE ALL TREES
- 8 MeSH DESCRIPTOR Marijuana Smoking EXPLODE ALL TREES
- 9 MeSH DESCRIPTOR Cannabis EXPLODE ALL TREES
- 10 MeSH DESCRIPTOR Substance-Related Disorders EXPLODE ALL TREES
- 11 #5 OR #6 OR #7 OR #8 OR #9 OR #10
- 12 MeSH DESCRIPTOR Early Intervention (Education) EXPLODE ALL TREES
- 13 MeSH DESCRIPTOR Secondary Prevention EXPLODE ALL TREES
- 14 (((early or brief) and intervention\*) or ((selective or secondary) and prevention\*) or  
((selective or brief or electronic) and screening)):ti
- 15 #12 OR #13 OR #14
- 16 #4 AND #11 AND #15

### **Campbell Library**

Dato: 01.11.2011

Søketreff: 50

Advanced search: alcohol\* or cannabis or drinking or hashish (All text) AND young or teen\* or adolesc\* or youth\* (All text)

### **ISI Web of Science**

Dato: 01.11.2011

Søketreff: 26

Databases=SCI-EXPANDED, SSCI, A&HCI, BKCI-S, BKCI-SSH Timespan=All Years  
Lemmatization=On

- # 10 #9 AND #8 AND #2 AND #1
- # 9 #7 OR #6 OR #5 OR #4 OR #3
- # 8 Topic=("systematic review" or "meta-analysis")
- # 7 TS=(selective near/3 screening) or TS=(brief near/3 screening) or  
TS=(electronic near/3 screening)
- # 6 TS=(Secondary near/3 prevention)
- # 5 TS=(selective near/3 prevention)
- # 4 TS=(brief near/4 intervention)
- # 3 TS=(early NEAR/4 intervention)
- # 2 TS=(cannabis or hashish or marijuana or alcohol\* or drinking or "drug use" or  
"drug abuse" or "drug misuse" or "drug addict\*" or "drug dependen\*" or  
"substance use" or "substance abuse")
- # 1 TS=(youth\* or adolescen\* or young\* or teen or teens or teenage\* or juvenile\*  
or underage\*)

**Supplementary search The Campbell Library og The Cochrane Library**

Dato: 10.02.2012

Søketreff: 15

Søk etter overlappende titler, protokoller og systematiske oversikter utført av Jane Dennis redaksjonssjef Campbell Social Welfare Group

Søketreff: 15

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### 3 Sammendrag inkluderte oversikter

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#### Alfabetisk rekkefølge

**Fager JH, Melnyk BM. The effectiveness of intervention studies to decrease alcohol use in college undergraduate students: an integrative analysis. *Worldviews on Evidence-Based Nursing* 2004;1:102-19.**

**Aims:** This analysis was performed to critique intervention studies targeted at decreasing alcohol use in college students for the purpose of (1) synthesizing the various types of interventions and outcomes used, (2) evaluating the effectiveness of the interventions, and (3) identifying the strengths and limitations of prior studies to make recommendations for evidence-based clinical practice and future research.

**Methods:** An exhaustive literature search was performed for experimental studies conducted in the past 10 years. **Findings:** Analysis using 15 identified studies indicated the following strengths: (1) use of random assignment in many of the studies, (2) use of theoretical frameworks to guide the interventions, (3) replication of previous studies, and (4) inclusion of outcome measures of alcohol use, quantity, and frequency. Limitations included: (1) small convenience samples; (2) use of multiple tools to elicit outcomes, making it difficult to compare results across studies; (3) lack of long-term follow-up to assess sustainability of the interventions; (4) use of only self-report outcome measures, which rely on subject's recall memory; (5) lack of manipulation checks to assure that subjects actually processed the interventions; and (6) a paucity of stress and coping interventions. **Conclusions and Implications for Practice:** Extensive research to address the problem of college alcohol use indicates that while education is an integral part of the approach for this problem, it is ineffective when used alone as an intervention strategy. However, some empirical support exists for the use of brief motivational interventions to reduce alcohol use and harm. A personalized approach addressing expectancies and normative use employing a motivational interviewing style may produce desired outcomes. In addition, theory-based manualized approaches using stress and coping intervention strategies need to be developed and tested. In the design of future studies, careful attention also should be given to methodological issues such as sampling, measurement issues, and inclusion of more long-term follow-up measures.

**Gates S, McCambridge J, Smith LA, Foxcroft DR. Interventions for prevention of drug use by young people delivered in non-school settings. *Cochrane Database of Systematic Reviews* 2006;(1):CD005030.**

**Abstract:** **BACKGROUND:** Interventions intended to prevent or reduce use of drugs by young people may be delivered in schools or in other settings. This review aims to summarise the current literature about the effectiveness of interventions delivered in non school settings. **OBJECTIVES:** (1) - To summarise the current evidence about the effectiveness of interventions delivered in non-school settings intended to prevent or reduce drug use by young people under 25;(2) - To investigate whether interventions' effects are modified by the type and setting of the intervention, and the age of young people targeted;(3) - To identify areas where more research is needed. **SEARCH STRATEGY:** We searched Cochrane Central Register of Controlled Trials (CENTRAL - The Cochrane Library Issue 4, 2004), MEDLINE (1966-2004), EMBASE (1980-2004), PsycInfo (1972-2004), SIGLE (1980-2004), CINAHL (1982-2004) and ASSIA (1987-2004). We searched also reference lists of review articles and retrieved studies. **SELECTION CRITERIA:** Randomised trials that evaluated an intervention targeting drug use by young people under 25 years of age, delivered in a non-school setting, compared with no intervention or another intervention, that reported substantive outcomes relevant to the review. **DATA COLLECTION AND ANALYSIS:** Two authors independently assessed trial quality and extracted data. Results were tabulated, as studies were considered too dissimilar to combine using meta-analysis. **MAIN RESULTS:** Seventeen studies, 9 cluster randomised studies, with 253 clusters, 8 individually randomised studies with 1230 participants, evaluating four types of intervention: motivational interviewing or brief intervention, education or skills training, family interventions and multi-component community

interventions. Many studies had methodological drawbacks, especially high levels of loss to follow-up. There were too few studies for firm conclusions. One study of motivational interviewing suggested that this intervention was beneficial on cannabis use. Three family interventions (Focus on Families, Iowa Strengthening Families Program and Preparing for the Drug-Free Years), each evaluated in only one study, suggested that they may be beneficial in preventing cannabis use. The studies of multi component community interventions did not find any strong effects on drug use outcomes, and the two studies of education and skills training did not find any differences between the intervention and control groups. **AUTHORS' CONCLUSIONS:** There is a lack of evidence of effectiveness of the included interventions. Motivational interviewing and some family interventions may have some benefit. Cost-effectiveness has not yet been addressed in any studies, and further research is needed to determine whether any of these interventions can be recommended.

**Grenard JL, Ames SL, Pentz MA, Sussman S. Motivational interviewing with adolescents and young adults for drug-related problems. International Journal of Adolescent Medicine and Health 2006;18(1):53-67.**

**Abstract:** This article reviews studies of brief motivational interviewing (MI) interventions applied to adolescents (ages 13 to 18 years) and young adults (ages 19 to 25 years) using alcohol or other psychoactive substances. An overview of the principles of MI is provided followed by a review of 17 clinical studies reported in the literature. This review revealed mixed findings for the efficacy of brief MI among these populations. However, in 29% of the studies (5 of 17), there was a clear advantage of the brief MI demonstrated compared to standard care or other programming. Components common to successful brief MI interventions included one-on-one sessions and feedback on substance use compared to norms. Interviewer empathy has been shown to be a key component in studies with adults, but this was not measured in a standardized manner across the current studies. The studies reviewed here indicate that brief MI might be effective among these populations, but the key components necessary for successful MI interventions have not been fully identified.

**Korczak D, Steinhäuser G, Dietl M. Prevention of alcohol misuse among children, youths and young adults. GMS Health Technology Assessment 2011;7:Doc04.**

**Abstract:** **BACKGROUND:** Despite many activities to prevent risky alcohol consumption among adolescents and young adults there is an increase of alcohol intoxications in the group of ten to twenty year old juveniles. **OBJECTIVES:** This report gives an overview about the recent literature as well as the German federal prevention system regarding activities concerning behavioral and policy prevention of risky alcohol consumption among children, adolescents and young adults. Furthermore, effective components of prevention activities are identified and the efficiency and efficacy of ongoing prevention programs is evaluated. **METHODS:** A systematic literature review is done in 34 databases using Bool'sche combinations of the key words alcohol, prevention, treatment, children, adolescents and young adults. **RESULTS:** 401 studies were found and 59 studies were selected for the health technology assessment (HTA). Most of the studies are done in USA, nine in Germany. A family strengthening program, personalized computer based intervention at schools, colleges and universities, brief motivational interventions and policy elements like increase of prices and taxes proved effective. **DISCUSSION:** Among the 59 studies there are three meta-analyses, 15 reviews, 17 randomized controlled trials (RCT) and 18 cohort studies. Despite the overall high quality of the study design, many of them have methodological weaknesses (missing randomization, missing or too short follow-ups, not clearly defined measurement parameters). The transferability of US-results to the German context is problematic. Only a few prevention activities reach a sustainable reduction of frequency and/or amount of alcohol consumption. **CONCLUSION:** The HTA-report shows the need to develop specific and target group focused prevention activities for the German situation. Essential for that is the definition of target goals (reduction of consumption, change of behaviour) as well as the definition and empirical validation of risky alcohol consumption. The efficacy of prevention activities should be proven before they are launched. At present activities for the reduction or prevention of risky alcohol consumption are not sufficiently evaluated in Germany concerning their sustainable efficacy

**Moreira MT, Smith LA, Foxcroft D. Social norms interventions to reduce alcohol misuse in University or College students. Cochrane Database of Systematic Reviews 2009;(3):CD006748.**

**Abstract:** BACKGROUND: Drinking is influenced by youth (mis)perceptions of how their peers drink. If misperceptions can be corrected, young people may drink less. OBJECTIVES: To determine whether social norms feedback reduces alcohol misuse in university or college students. SEARCH STRATEGY: Cochrane Drugs and Alcohol Group Register of Trials; Central; MEDLINE; EMBASE; PsylInfo; CINAHL (up to March 2008). SELECTION CRITERIA: RCT or cluster RCT that evaluate social normative intervention with no intervention, alcohol education leaflet or other non-normative feedback intervention DATA COLLECTION AND ANALYSIS: 2/3 authors extracted data. Included studies were assessed against criteria indicated in the Cochrane Reviewers Handbook version 5.0.0. MAIN RESULTS: Twenty-two studies were included (7,275 participants).Alcohol related problems: Significant reduction with Web/computer feedback (WF) (SMD -0.31 95% CI -0.59 to -0.02), three studies, 278 participants. No significant effect of mailed feedback (MF), individual face-to-face feedback (IFF) or group face-to-face feedback (GFF).Peak Blood Alcohol Content (BAC) : Significant reduction with WF (SMD -0.77 95% CI -1.25 to -0.28), two studies, 198 participants. No significant effect of MF or IFF.Drinking Frequency: Significant reduction with WF (SMD -0.38 95% CI -0.63 to -0.13), two studies, 243 participants and IFF (SMD -0.39 95% CI -0.66 to -0.12), two studies, 217 participants. No significant effect of MF.Drinking Quantity: Significant reduction with WF (SMD -0.35 95% CI -0.51 to -0.18), five studies, 556 participants and GFF (SMD -0.32 95% CI -0.63 to -0.02) three studies, 173 participants. No significant effect of MF or IF.Binge drinking: Significant reduction with WF (SMD -0.47 95% CI -0.92 to -0.03) one study, 80 participants, IFF (SMD -0.25 95% CI -0.49 to -0.02) three studies, 278 participants and and GFF (SMD -0.38 95% CI -0.62 to -0.14) four studies, 264 participants. No significant effect for MF.BAC: No significant effect of MF and IFFDrinking norms: Significant reduction with WF (SMD -0.75 95% CI -0.98 to -0.52 ) three studies, 312 participants. AUTHORS' CONCLUSIONS: WF and IFF are probably effective in reducing alcohol misuse. No direct comparisons of WF against IFF were found, but WF impacted across a broader set of outcomes and is less costly so therefore might be preferred. Significant effects were more apparent for short-term outcomes (up to three months). For mailed and group feedback, and social norms marketing campaigns, the results are on the whole not significant and therefore cannot be recommended. SOCIAL NORMS INTERVENTIONS TO REDUCE ALCOHOL MISUSE IN UNIVERSITY AND COLLEGE STUDENTS: Misuse of alcohol can result in disabilities and death. Alcohol also leads to accidents, fights and unprotected sex. Young people aged 15 to 24 years contribute a high proportion to this burden. University students may not drink as frequently as their non-university peers but they have a tendency to drink excessively when they do. Social norms refer to our perceptions and beliefs about what is 'normal' behaviour. People may believe that their peers drink heavily, which influences their drinking, yet much of peer influence is the result of incorrect perceptions. Normative feedback relies on the presentation of information on these misperceptions, about personal drinking profiles, risk factors, and normative comparisons. Feedback can be given alone or in addition to individual or group counselling. This systematic review was based on 22 controlled trials involving 7275 college or university students randomly assigned to the social norms intervention or a control group. Interventions delivered using the web or computer, or in individual face-to-face sessions, appeared to reduce alcohol misuse. The evidence was less convincing for group face-to-face sessions. Mailed and group feedback were on the whole no different than with the control intervention. Two large studies showed contradictory results for a social marketing campaign. Only a small number of good quality studies were available for many of the outcomes and analyses, and most of the studies were from the USA. The intensity of the intervention differed between trials as did the control intervention, which was no intervention, educational leaflets or an alcohol educational session. Individual face-to-face feedback typically involved social norms feedback as just one aspect of a broader motivational interviewing intervention. Locations where alcohol outlet density is higher may promote higher consumption through more frequent alcohol promotions and easier access to alcohol, so the effectiveness of an intervention designed to reduce drinking could be expected to be lower in these areas

**Tait RJ, Hulse GK. A systematic review of the effectiveness of brief interventions with substance using adolescents by type of drug. Drug & Alcohol Review 2003;22(3):337-46.**

Abstract: The aim of this paper is to evaluate the effectiveness of brief interventions (BI) with adolescents (mean age <20) in reducing alcohol, tobacco or other drug (ATOD) use by means of a systematic review of BI for adolescent substance use in the English language literature up to 2002. We identified 11 studies involving 3734 adolescents. Follow-up ranged from 6 weeks to 24 months. Motivational interviewing was the predominant approach, underpinning eight studies: the remaining three provided personalized health information. Seven papers reported outcomes for alcohol interventions and four involved other substances (including one with separate alcohol outcomes). The overall effect size was  $d=0.126$  with borderline homogeneity ( $Q=14.9$ ,  $df=9$ ,  $p=0.09$ ). The effect size from the eight alcohol interventions ( $n=1,075$ ) was classified as significant but "small" ( $d=0.275$ ). The remaining non-alcohol studies were considered separately as interventions involving tobacco or multiple substance use. The two interventions with tobacco involved a substantial sample ( $n=2,626$ ) but had a very small effect ( $d=0.037$ ), while the two interventions addressing multiple substances involved few participants ( $n=110$ ) but had a medium-large effect ( $d=0.78$ ). Across a diverse range of settings (dental clinic, schools, universities, substance treatment centres) and, therefore, probably diverse clients, BI conferred benefits to adolescent substance users. BI had a small effect on alcohol consumption and related measures. The data for tobacco interventions suggested a very small reduction, particularly with general community interventions. The effect of BI with multiple substances appears substantial but the small sample cautions against expansive generalization.

**Tait RJ, Christensen H. Internet-based interventions for young people with problematic substance use: a systematic review. Med J Aust 2010;192(11:Suppl):15-21.**

Abstract: OBJECTIVE: To conduct a systematic review of randomised trials of web-based interventions for problematic substance use by adolescents and young adults. DATA SOURCES: An extensive search conducted in February 2009 of computer databases (MEDLINE, PsycINFO, Current Contents) and manual searches of key references. STUDY SELECTION: Randomised comparisons of fully automated web-based interventions specifically targeting adolescents and young adults (ie, typically school or tertiary students, < or = 25 years old) versus other interventions. DATA SYNTHESIS: 16 relevant studies were identified, and data were extracted from 13 of the 14 reporting on alcohol use by young adults. The alcohol interventions had a small effect overall ( $d = -0.22$ ) and for specific outcomes (level of alcohol consumption,  $d = -0.12$ ; binge or heavy drinking frequency,  $d = -0.35$ ; alcohol-related social problems,  $d = -0.57$ ). The interventions were not effective ( $d = -0.001$ ) in preventing subsequent development of alcohol-related problems among people who were non-drinkers at baseline. Due to methodological differences, data from the two studies reporting on tobacco interventions among adolescents were not combined. CONCLUSIONS: Based on findings largely from tertiary students, web interventions targeting alcohol-related problems have an effect about equivalent to brief in-person interventions, but with the advantage that they can be delivered to a far larger proportion of the target population. Web-based interventions to prevent the development of alcohol-related problems in those who do not currently drink appear to have minimal impact. There are currently insufficient data to assess the effectiveness of web-based interventions for tobacco use by adolescents.

**Thomas RE, Lorenzetti D, Spragins W. Mentoring adolescents to prevent drug and alcohol use. Cochrane Database of Systematic Reviews 2011;(11): CD007381.**

Abstract: Background: Many adolescents receive mentoring. There is no systematic review if mentoring prevents alcohol and drug use. Objectives: Assess effectiveness of mentoring to prevent adolescent alcohol/drug use. Search methods: Cochrane CENTRAL (issue 4), MEDLINE (1950-to July 2011), EMBASE (1980-to July 2011), 5 other electronic and 11 Grey literature electronic databases, 10 websites, reference lists, experts in addictions and mentoring. Selection criteria: Randomised controlled trials (RCTs) of mentoring in adolescents to prevent alcohol/drug use. Data collection and analysis: We identified 2,113 abstracts, independently assessed 233 full-text articles, 4 RCTs met inclusion criteria. Two reviewers independently extracted data and assessed risks of bias. We contacted investigators for missing

information. **Main results:** We identified 4 RCTs (1,194 adolescents). No RCT reported enough detail to assess whether a strong randomisation method was used or allocation was concealed. Blinding was not possible as the intervention was mentoring. Three RCTs provided complete data. No selective reporting. Three RCTs provided evidence about mentoring and preventing alcohol use. We pooled two RCTs (RR for mentoring compared to no intervention = 0.71 (95% CI = 0.57 to 0.90, P value = 0.005). A third RCT found no significant differences. Three RCTs provided evidence about mentoring and preventing drug use, but could not be pooled. One found significantly less use of “illegal” drugs,” one did not, and one assessed only marijuana use and found no significant differences. One RCT measured “substance use” without separating alcohol and drugs, and found no difference for mentoring. **Author’s conclusions:** All four RCTs were in the US, and included “deprived” and mostly minority adolescents. Participants were young (in two studies age 12, and in two others 9-16). All students at baseline were non-users of alcohol and drugs. Two RCTs found mentoring reduced the rate of initiation of alcohol, and one of drug usage. The ability of the interventions to be effective was limited by the low rates of commencing alcohol and drug use during the intervention period in two studies (the use of marijuana in one study increased to 1% in the experimental and to 1.6% in the control group, and in another study drug usage rose to 6% in the experimental and 11% in the control group). However, in a third study there was scope for the intervention to have an effect as alcohol use rose to 19% in the experimental and 27% in the control group. The studies assessed structured programs and not informal mentors.

**Tripodi SJ, Bender K, Litschge C, Vaughn MG. Interventions for reducing adolescent alcohol abuse: a meta-analytic review. Arch Pediatr Adolesc Med 2010;164:85-91.**

**Objective:** To assess the effectiveness of substance abuse interventions for their ability to reduce adolescent alcohol use. **Data Sources:** MEDLINE; PsycINFO; ERIC; Wilson Social Science Abstracts; Criminal Justice Abstracts; Social Work Abstracts; Social Science Citation Index; Dissertations Abstracts International; National Criminal Justice Research Service; Social, Psychological, Criminological, Educational Trials Register; and the PsiTri databases from 1960 through 2008. **Study Selection:** Of 64 titles and abstracts identified, 16 studies and 26 outcomes constituted the sample. The researchers calculated Hedges g effect sizes and used a random-effects model to calculate adjusted pooled effect sizes. Heterogeneity was explored using stratified analyses. **Main Exposure:** Completion of a substance abuse intervention that aimed to reduce or eliminate alcohol consumption. **Main Outcome Measures:** Abstinence, frequency of alcohol use, and quantity of alcohol use measured between 1 month and 1 year upon completion of treatment. **Results:** Pooled effects of standardized mean differences indicate that interventions significantly reduce adolescent alcohol use (Hedges  $g = -0.61$ ; 95% confidence interval [CI],  $-0.83$  to  $-0.40$ ). Stratified analyses revealed larger effects for individual treatment (Hedges  $g = -0.75$ ; 95% CI,  $-1.05$  to  $-0.40$ ) compared with family-based treatments (Hedges  $g = -0.46$ ; 95% CI,  $-0.66$  to  $-0.26$ ). **Conclusions:** Treatments for adolescent substance abuse appear to be effective in reducing alcohol use. Individual only interventions had larger effect sizes than familybased interventions and effect sizes decreased as length of follow-up increased. Furthermore, behavior-oriented treatments demonstrated promise in attaining longterm effects.

**White A, Kavanagh D, Stallman H, Klein B, Kay-Lambkin F, Proudfoot J, et al. Online alcohol interventions: a systematic review. Journal of Medical Internet Research 2010;12(5):e62.**

**Background:** There has been a significant increase in the availability of online programs for alcohol problems. A systematic review of the research evidence underpinning these programs is timely. **Objectives:** Our objective was to review the efficacy of online interventions for alcohol misuse. **Systematic searches of Medline, PsycINFO, Web of Science, and Scopus** were conducted for English abstracts (excluding dissertations) published from 1998 onward. **Search terms** were: (1) Internet, Web'; (2) online, computer'; (3) alcohol'; and (4) Effect', trial', random' (where' denotes a wildcard). Forward and backward searches from identified papers were also conducted. **Articles** were included if (1) the primary intervention was delivered and accessed via the Internet, (2) the intervention focused on moderating or stopping alcohol consumption, and (3) the study was a randomized controlled trial of an alcohol-



related screen, assessment, or intervention, Results: The literature search initially yielded 31 randomized controlled trials (RCTs), 17 of which met inclusion criteria. Of these 17 studies, 12 (70,6%) were conducted with university students, and 11 (64,7%) specifically focused on at risk, heavy, or binge drinkers. Sample sizes ranged from 40 to 3216 (median 261), with 12 (70,6%) studies predominantly involving brief personalized feedback interventions. Using published data, effect sizes could be extracted from 8 of the 17 studies. In relation to alcohol units per week or month and based on 5 RCTs Where a measure of alcohol units per week or month could be extracted, differential effect sizes to posttreatment ranged from 0,02 to 0,81 (mean 0.42, median 0,54), Pre-post effect sizes for brief personalized feedback ranged from 0.02 to 0.81, and in 2 multi-session modularized interventions, a pre-post effect size of 0.56 was obtained in both. Pre-post differential effect sizes for peak blood alcohol concentrations (BAC) ranged from 0.22 to 0.88, with a mean effect size of 0.66. Conclusions: The available evidence suggests that users can benefit from online alcohol interventions and that this approach could be particularly useful for groups less likely to access traditional alcohol-related services, such as women, young people, and at-risk users. However, caution should be exercised given the limited number of studies allowing extraction of effect sizes, the heterogeneity of outcome measures and follow-up periods, and the large proportion of student-based studies. More extensive RCTs in community samples are required to better understand the efficacy of specific online alcohol approaches, program dosage, the additive effect of telephone or face-to-face interventions, and effective strategies for their dissemination and marketing.

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#### 4 Metodisk kvalitet og sjekkliste

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Forfatter	Problem	Søk	Seleksjon	RoB	Sammenstilling	Metodisk kvalitet
Fager 2004 (13)	+	?	?	+	?	Lav
Gates 2006 (18)	+	+	+	+	+	Høy
Grenard 2006 (15)	+	?	-	-	-	Lav
Korczak 2011 (12)	+	+	?	+	?	Moderat
Moreira 2009 (14)	+	+	+	+	+	Høy
Tait 2003 (16)	+	+	-	-	?	Moderat
Tait 2010 (9)	+	?	+	-	?	Moderat
Thomas 2011 (8)	+	?	+	+	+	Høy
Tripodi 2010(11)	+	+	+	+	+	Høy
White 2010 (10)	+	?	+	-	?	Moderat

## Sjekkliste for systematiske oversikter\*

\*Basert på EPOC Checklist for Refereeing Protocols for Reviews. EPOC, Effective Practice and Organisation of

		Ja	Uklart	Nei
<b>1</b>	Beskriver forfatterne klart hvilke metoder de brukte for å finne primærstudier?			
<i>Kommentar</i>				
<b>2</b>	Ble det utført et tilfredsstillende litteratursøk? (bruk hjelpespørsmål på neste side for å besvare dette spørsmålet)			
<i>Kommentar</i>				
<b>3</b>	Beskriver forfatterne hvilke kriterier som ble brukt for å bestemme hvilke studier som skulle inkluderes (studiedesign, deltakere, tiltak, ev. endepunkter)?			
<i>Kommentar</i>				
<b>4</b>	Ble det sikret mot systematiske skjevheter (bias) ved seleksjon av studier (eksplisitte seleksjonskriterier brukt, vurdering gjort av flere personer uavhengig av hverandre)?			
<i>Kommentar</i>				
<b>5</b>	Er det klart beskrevet et sett av kriterier for å vurdere intern validitet?			
<i>Kommentar</i>				
<b>6</b>	Er validiteten til studiene vurdert (enten ved inklusjon av primærstudier eller i analysen av primærstudier) ved bruk av relevante kriterier?			
<i>Kommentar</i>				
<b>7</b>	Er metodene som ble brukt da resultatene ble sammenfattet, klart beskrevet?			
<i>Kommentar</i>				
<b>8</b>	Ble resultatene fra studiene sammenfattet på forsvarlig måte?			
<i>Kommentar</i>				
<b>9</b>	Er forfatterens konklusjoner støttet av data og/eller analysen som er rapportert i oversikten?			
<i>Kommentar</i>				
<b>10</b>	Hvordan vil du rangere den vitenskapelige kvaliteten i denne oversikten?			
<i>Kommentar</i>				

Care group, Guide for review authors. [www.epoc.cochrane.org](http://www.epoc.cochrane.org)

## **Hjelpeliste:**

Del 1 omhandler innhenting av data og er de første seks spørsmålene. Tema er søk, inklusjon og vurdering av validitet til de inkluderte studiene i oversikten. Hvis "uklart" er brukt én eller flere ganger på spørsmål 1–6 bør det vurderes om kvaliteten skal nedgraderes til middels/moderat. Hvis "nei" er brukt på spørsmål 2, 4 eller 6 er det sannsynlig at den metodiske kvaliteten på oversikten er mangelfull.

Del 2 omhandler analyse av data og finnes i spørsmål 7–9. Her er tema kombinerings av data fra flere studier og analysen av funnene i studiene. Hvis "uklart" er brukt én eller flere ganger på spørsmål 7–9, er oversikten av mangelfull eller i beste fall av moderat kvalitet. Hvis "nei" blir brukt på spørsmål 8 er det sannsynlig at oversikten er mangelfull (selv om det er ja på spørsmålene 7 og 9).

Vurderingskategoriene er: Høy – Middels/moderat – Mangelfull

### **Samlet kvalitetsvurdering av oversikten**

Høy kvalitet	Brukes hvis alle eller de fleste kriteriene fra sjekklisten er oppfylt. Dersom noen av kriteriene ikke er oppfylt, må det være veldig lite sannsynlig at studiens konklusjon blir påvirket.
Middels/moderat kvalitet	Brukes hvis noen av kriteriene fra sjekklisten ikke er oppfylt og/eller der kriteriene ikke er tilfredsstillende beskrevet. Samlet vurdering tilsier at det er lite sannsynlig at studiens konklusjon påvirkes.
Mangelfull	Brukes hvis få eller ingen kriterier i sjekklisten er oppfylt og/eller ikke er tilfredsstillende beskrevet. Samlet vurdering tilsier at det er sannsynlig at studiens konklusjon kan forandres.

## **Hjelpespørsmål til spørsmål 2 om søk**

### **Underspørsmål 1, 2 og 3 besvares:**

1. Rapportering
2. Antall databaser
3. Søkestrategi

#### **1. Rapportering**

Er søkeprosessen rapportert slik at søke(ne) kan etterprøves og/eller oppdateres?

Gir oversikten opplysninger om:

- fullstendig søkestrategi eller termer søkt på
- navn på hvilke databaser som er søkt
- databaseleverandør
- databasens tidsspenn
- dato for når søkene ble utført
- eventuelle begrensninger som ble gjort

#### **2. Antall databaser**

Ble et relevant utvalg databaser og eventuelt andre kilder som nettsteder og referanselister søkt?

#### **3. Søkestrategi\***

- **Fra spørsmål til strategi**

Gjenspeiler strategien(e) oversiktens spørsmål (relevante deler av PICO + relevant metodefilter)?

- **Operatorer**

Forekommer det feil bruk av operatorer mellom de ulike søkekonseptene (mellom P og I) og/eller innen de ulike søkekategoriene (innen P og innen I) (f.eks: AND, OR, ADJ, NEXT, NEAR, NOT)?

- **Indekstermer** (MeSH eller andre)

Er relevante indekstermer utelatt og/eller er irrelevante blitt brukt?

- **Tekstord og trunkering**

Er relevante tekstord, synonymer eller tekstordvarianter utelatt og/eller er irrelevante blitt brukt? Er trunkering brukt riktig/optimalt?

- **Stavemåte og syntaks**

Forekommer det stavefeil, syntaksfeil i forhold til databasen eller feil linjenummer?

- **Avgrensninger**

Forekommer det uberettigete avgrensninger og/eller er eventuelle berettigete avgrensninger utelatt?

- **Tilpasning**

Er søkestrategien tilpasset alle databasene som det er søkt i?

### **Konklusjon spørsmål 2:**

- Dersom en strategi vurderes til tilfredsstillende ut fra en faglig og skjønnsmessig vurdering av
- punktene over, vil sjekklistas spørsmål kunne besvares med **Ja**.
- Dersom en strategi vurderes til utilfredsstillende ut fra en faglig og skjønnsmessig vurdering av
- punktene over, vil sjekklistas spørsmål måtte besvares med **Nei**.
- Dersom søket ikke er rapportert, vil sjekklistas spørsmål måtte besvares med **Uklart**.
- Dersom søket ikke er rapportert, men det henvises til hvor strategien(e) kan skaffes fra, bør sjekklistas spørsmål besvares med **Uklart** dersom den ikke innhentes.

\*Sampson M, McGowan J, Lefebvre C, Moher D, Grimshaw J. PRESS: Peer Review of Electronic Search Strategies. Ottawa: Agency for Drugs and Technologies in Health; 2008

## 5 Ekskluderte oversikter

Forfatter år	Tittel	Eksklusjon
<b>Ballesteros 2004 (24)</b>	Brief interventions for hazardous drinkers delivered in primary care are equally effective in men and women	Populasjon
<b>Berner 2001 (25)</b>	The alcohol use disorders identification test for detecting at-risk drinking: a systematic review and meta-analysis	Populasjon
<b>Bertholet 2005 (26)</b>	Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis	Populasjon
<b>Burns 2010 (27)</b>	Brief screening questionnaires to identify problem drinking during pregnancy: a systematic review	Tiltak
<b>Clark 2010(28)</b>	Screening and brief intervention for underage drinkers	Utfall
<b>Doggett 2009 (29)</b>	Home visits during pregnancy and after birth for women with an alcohol or drug problem	Utfall
<b>Dugan 2006 (30)</b>	The effect of Student Assistance Programs in secondary schools on promoting academic success, and safe, drug-free learning environments	Ikke identifisert
<b>Durlak 1998 (31)</b>	Evaluation of indicated preventive intervention (secondary prevention) mental health programs for children and adolescents	Utfall
<b>Elliots 2005 (32)</b>	Secondary prevention interventions for young drug users: a systematic review of the evidence	Tiltak: Populasjon
<b>Foxcroft 1997(33)</b>	Alcohol misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of effectiveness	Tiltak. Primær- forbygging
<b>Foxcroft 2003 (34)</b>	Longer-term primary prevention for alcohol misuse in young people: a systematic review	Tiltak. Primær- forbygging
<b>Foxcroft 2011 (35)</b>	Universal school-based prevention programs for alcohol misuse in young people	Tiltak. Primær- forbygging
<b>Kaner 2007(36)</b>	Effectiveness of brief alcohol interventions in primary care populations	Populasjon – voksne
<b>Klimas 2011 (37)</b>	Psychosocial interventions for problem alcohol use in illicit drug users	Populasjon – voksne
<b>Minozzi 2011 (38)</b>	Psychosocial treatments for drugs and alcohol abusing adolescents	Populasjon – diagnose
<b>Saunders2004 (39)</b>	Approaches to Brief Intervention for Hazardous Drinking in Young People. Alcoholism: Clinical and Experimental Research	Design: ikke oversikt
<b>Stolle 2009 (40)</b>	Binge drinking in childhood and adolescence: epidemiology, consequences, and interventions	Design – ikke oversikt
<b>Tevyaw 2004 (41)</b>	Motivational enhancement and other brief interventions for adolescent substance abuse: Foundations, applications and evaluations	Utfall
<b>Tobler 1997 (42)</b>	Effectiveness of school-based drug prevention programs: A meta-analysis of the research	Tiltak
<b>Tobler 2000 (43)</b>	School-based adolescent drug prevention programs: 1998 meta-analysis	Tiltak

