

What Works? Prevention of Youth Problems in the Community

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Youth Problems Linked to High Risk Behaviors

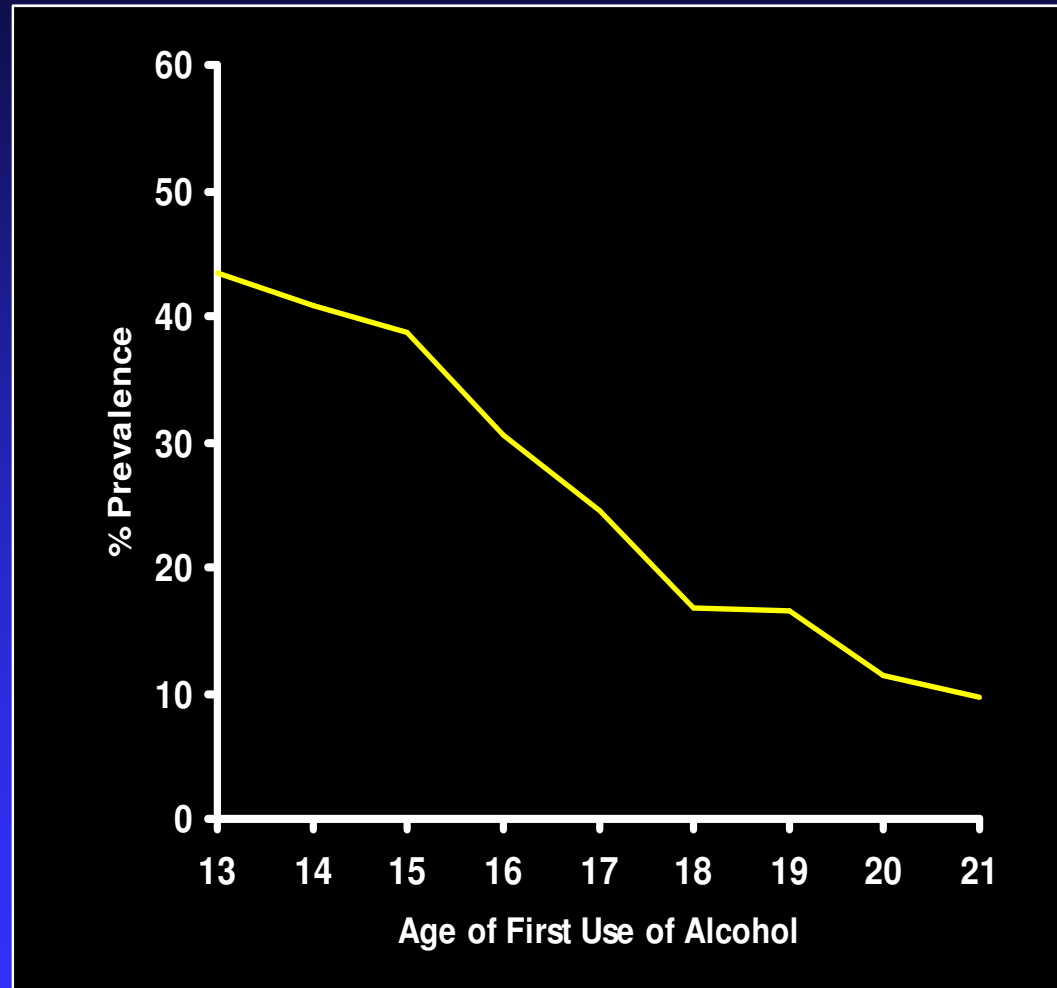
- 30-40% of youth drank in past 30 :18% had 5+ drinks in past 30 days.
- 16-20% of youth smoke in past 30 days.
- 17-40% of youth used illicit drugs in past 12 months:
9-26% in past 30 days.
- Homicide or Suicide
- Non traffic and unintentional injury and fatality
- Traffic injury and fatality
- Assault or victimization
- HIV or Hepatitis C infection and other sexually transmitted diseases
- Unintended pregnancy
- Drug overdose or alcohol poisoning
- School Dropout
- Incarceration

Death rates among adolescents ages 15–19 (Per 100,000 in 2005)

- All causes 65.1
- All injuries **49.8**
- Unintentional injuries 31.4
 - Homicide 9.9*
 - Suicide 7.7*
- Motor vehicle traffic **23.0**
- All firearms 12.5

Source:: Centers for Disease Control and Prevention, National Center for Health Statistics,

Prevalence of Lifetime Alcohol Dependence by Age at Drinking Onset



But

Risk studies and indicators of “risk” associated variables are **NOT the same as evidence of prevention effectiveness.**

- Identifying variables associated with “risk” does not guarantee design of effective prevention strategies.
- Some variables of “risk” are unchangeable, e.g., gender or ethnicity/race or family income.
- Effective prevention strategies not usually based upon individual “risk” factors alone.

Public Health: Community Systems Principle

Youth problems are not simply the actions of high-risk individuals—

-- rather, the result of complex social, cultural, and economic factors within the overall community-system.

One might say a “systems output”

For Example, Youth Smoking

Social
Availability
of cigarettes
from peers

Physical

**Cost & retail
availability
to youth**

Cigarette
Availability

Smoking
By Peers

Retail
Price

Social

Economic

Cigarette purchases by other youth



Community Systems Approach to Prevention of Youth Problems

1. Universal or Community Wide Approaches

Strategies which target the entire community
Drinking and Driving Deterrence



2. Indicated or Identified Approaches

Strategies which Target Youth with "Risk" Profiles
First DUI Offenders



3. Targeted Approaches (Treatment)

Strategies which work with Youth with Identified Problems
Multiple DUI Offenders

Environmental Strategies: Solid Evidence of Population Level Effects

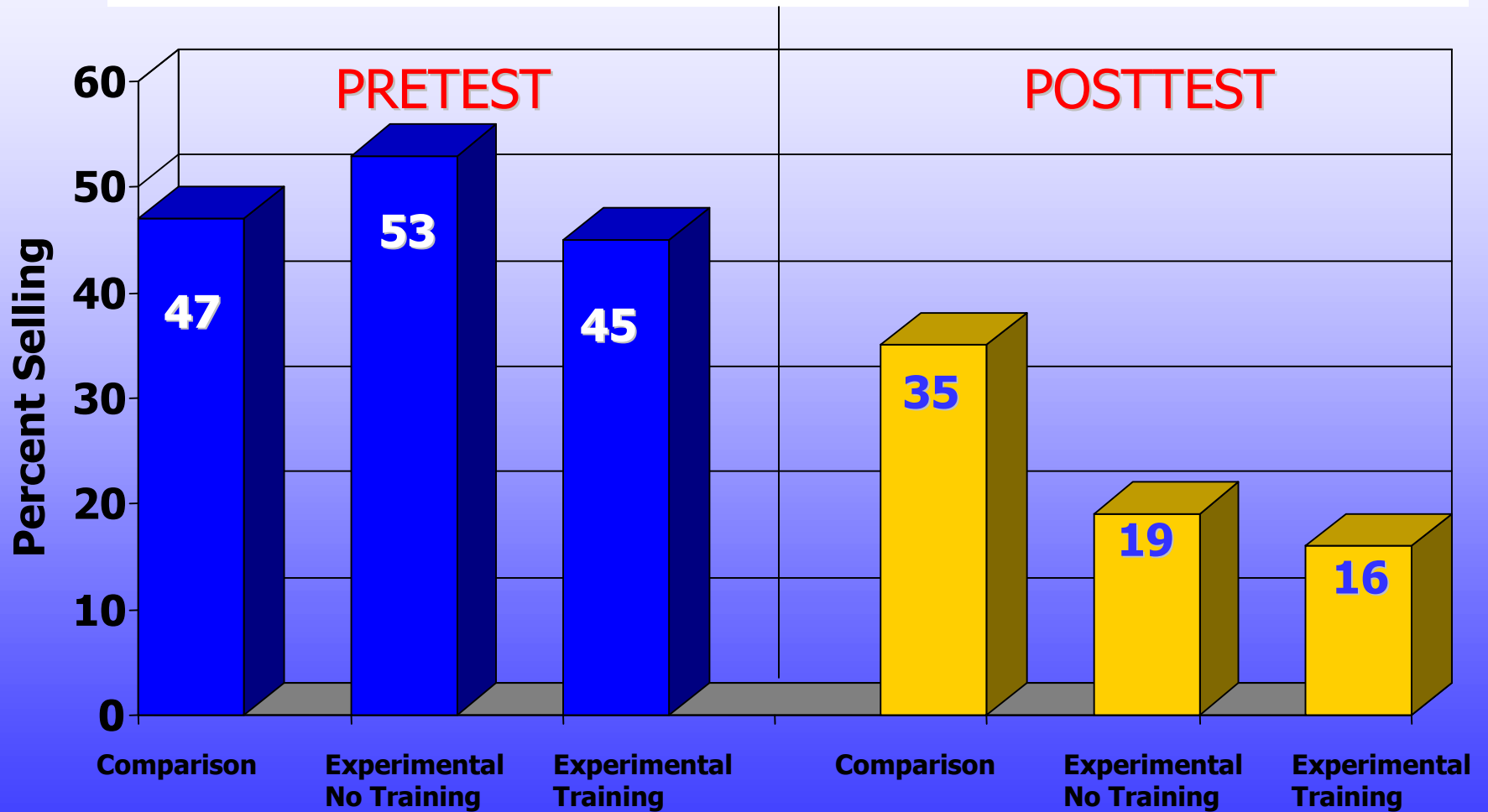
- ✘ Retail price of alcohol or tobacco or other drugs--
“Higher beer taxes would reduce the likelihood of teens getting in fights” Markowitz (2000).
- ✘ Minimum drinking & tobacco purchase age- Over 25,000 deaths saved since 1975 in traffic crashes(NHTSA)
- ✘ Graduated driving Licenses & “zero tolerance” for Youth
- ✘ Drinking/driving deterrence (Lower BAC for youth)
- ✘ Density & location of alcohol & tobacco outlets
- ✘ Hours and days of alcohol and tobacco retail sale.



“Mountain of Beer”

Underage Alcohol Purchase Survey

-Experimental and Comparison Communities-



Holder, et al., J. American Medical Association, 2000

Problem Prevention Strategies: Positive Evidence with Experimental or Target Group – Need Replications

- School education alone & w/ community interventions
- Parent training and mobilization
- Brief Interventions: Primary health care interventions with youth to reduce drinking, smoking, or drug use .
- Tort Liability for sales/service of alcohol to youth
- Restrictions on public drinking and smoking locations..parks, public space.
- Alcohol container sizes & keg registration
- Curfew laws

Problem Prevention Strategies: Promising -- Too early to tell

- **Reducing availability of illicit drugs.**
- **Genetics and alcohol/drug dependency risk**
- **Reduce youth access to guns and other weapons.**
- **Auto ignition controls**
- **Crime prevention through environmental design (CPTED).**
- **Community Policing, Visible enforcement presence**
- **Low or no alcoholic beverages; low tar tobacco**

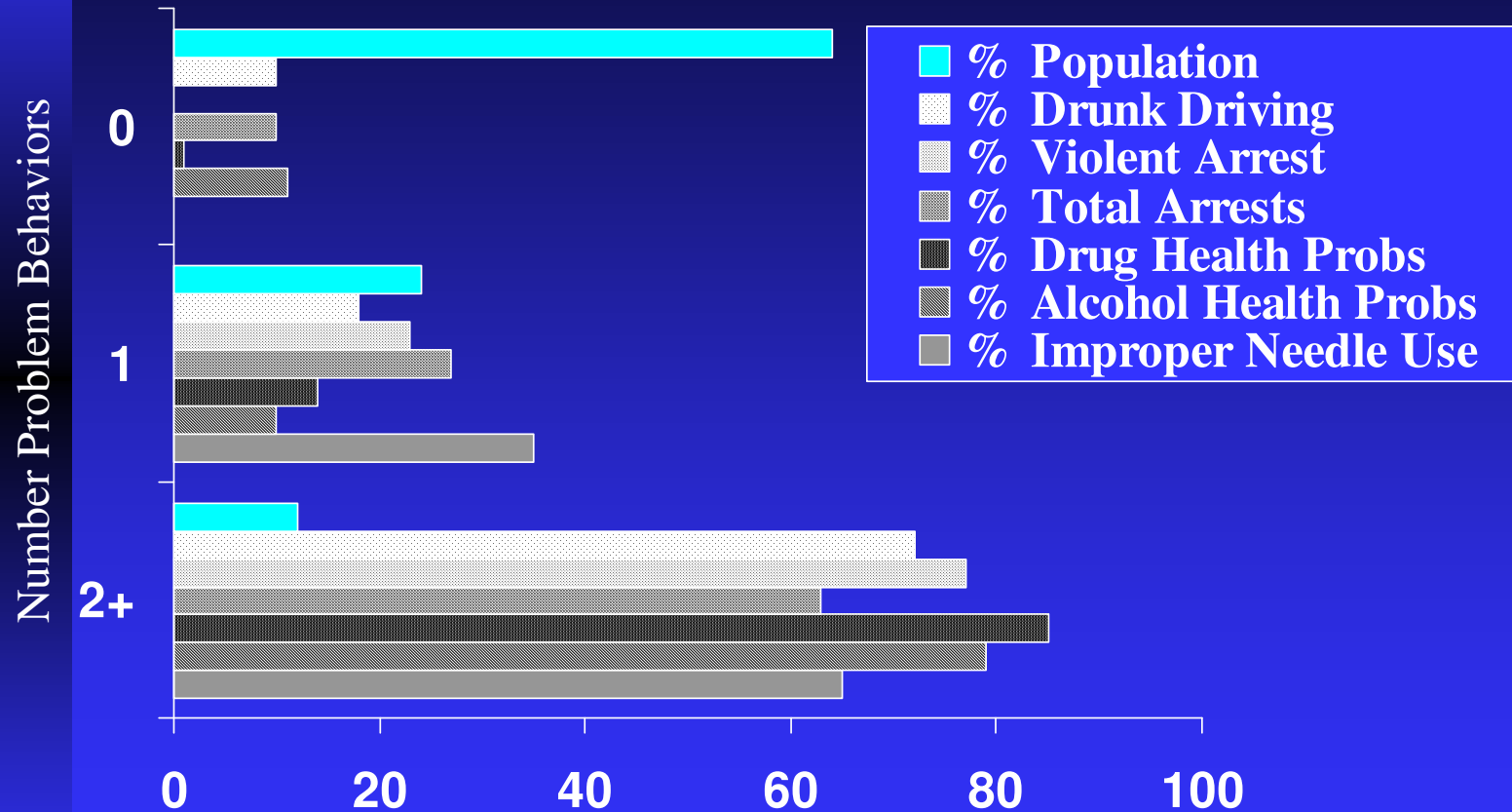
Illicit Drug Prevention:

- Large number of prevention effectiveness studies have focused on school and family education.
- Interdiction (supply side strategies) have not been properly evaluated but no evidence that current drug “busts” work .
- Illicit drugs, like alcohol and tobacco, are sensitive to price and availability, ***but current threat/punishment approaches are unlikely to reduce use.***

Mass Communication and Public Education—Unlikely to be effective alone.

- Increases awareness
- Produces little behavioral change
- Reinforces environmental strategies— *increases public support of difficult but effective strategies.*

National Household Survey on Drug Abuse Youth 12-17 who reporting problems



Implications from Current Scientific Evidence

I. Successful population-level strategies have the potential to prevent a wide range of problems—*public health perspective*.

Requires consistent surveillance, certainty of detection, and consistent sanctions (not punitive).

II. A subgroup of young people have multiple problems at more serious levels.

III. Optimal prevention: Targeting problems across entire young population as well as targeting youth with multiple problems.

Overall Observations about Prevention Effectiveness

- Greatest number of scientific effectiveness studies at population level concern alcohol & tobacco and to some degree drugs.
- Most significant population effects been achieved via environmental policy approaches
- Sufficient evidence *now* to guide evidence-based prevention in communities based upon published scientific research.

Essential Prevention Research Question

"Are we having any impact or just howling at the moon?"

