

# Public Policies and Adolescent Behavior and Problems

*What Actually Works to Reduce Harm at the Population Level?*

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# Key Points:

- ❏ Largest scientific prevention effects at population level are from public health and safety policies: **Most significant youth public health policy in last 40 years: Minimum drinking & alcohol purchase age-** Over 25,000 deaths saved since 1975 in traffic crashes(NHTSA).
- ❏ Policies most often impact community and neighborhood environments, e.g., price and access. **“Higher beer taxes would reduce the likelihood of teens getting in fights” Markowitz (2000).**
- ❏ Effects apply to tobacco, alcohol and drugs but also guns, condoms, physical environment, exposure to opportunity and harm.
- ❏ Education alone lacks evidence of population problem effects.
- ❏ Public policies are cost effective & do not require annual funding
- ❏ Future research needs: application of policy in communities and differential sensitivity (effects per \$) of specific policies.

# Death rates among adolescents ages 15–19

(Per 100,000 in 2006)--Source:: Centers for Disease Control and Prevention, National Center for Health Statistics,

- n All causes 64.4
- n All injuries **35.0** (majority of youth deaths)
- n Unintentional injuries 31.3 (*near 50%*)
- n Motor vehicle traffic **27.1** (*over 33%*)
- n Homicide 9.3 and Suicide 7.4
- n All firearms 12.5 (nearly one-quarter)

# 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”**

# But

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

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

# ***Public Health Approach to Prevention of Youth Problems***

## **1. Universal or Community Wide Approaches**

*Strategies which target the entire community  
Drinking and Driving Deterrence, Reducing alcohol or tobacco  
or drug access*



## **2. Indicated or Identified Approaches**

*Strategies which Target Youth with “Risk” Profiles  
First DUI Offenders or multiple problem youth*



## **3. Targeted Approaches (Treatment)**

*Strategies which work with Youth with Identified Problems  
Multiple DUI Offenders or evidence of dependency*

## Essential Prevention Research Question

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



# 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  
***Density linked to child abuse in neighborhoods.***



**“Mountain of Beer”**

# **Problem Prevention Strategies: Positive Evidence– Need Replications**

- Ø **Efforts to reduce handgun availability**
- Ø **Reducing social availability of alcohol and tobacco products**
- Ø **Tort Liability for sales/service of alcohol to youth**
- Ø **Restrictions on public drinking and smoking locations..parks, public space.**
- Ø **Reducing retail and social availability of illicit drugs**
- Ø **Curfew laws**

# Problem Prevention Strategies: Promising -- Too early to tell

- Ø Genetics and alcohol/drug dependency risk
- Ø Crime prevention through environmental design (CPTED).
- Ø Auto ignition controls
- Ø Housing vouchers to stimulate geographic mobility
- Ø Availability of condoms and sexual counseling

# Illicit Drug Prevention:

- Ø Large number of prevention effectiveness studies have focused on school and family education.
- Ø Interdiction (supply side strategies) have not been properly evaluated but no evidence that current drug “busts” work to reduce adolescent drug use.
- Ø 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 Education— Unlikely to be effective alone.

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

# Prevention 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.