

Global health priorities should shift to preventing risky behaviors in adolescence: UW professor

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As childhood and adolescent deaths from infectious diseases have declined worldwide, policymakers are shifting attention to preventing deaths from noncommunicable causes, such as drug and alcohol use, mental health problems, obesity, traffic crashes, violence and unsafe sex practices.

"We now need to think of how to prevent these behavior problems and conditions early in life because they don't only cause problems in adolescence, they can launch health issues across life," said Richard Catalano, director of the University of Washington's Social Developmental Research Group.

In a new paper, Catalano and colleagues provide examples of cost-effective policies and programs that rigorous research shows can prevent a variety of behavior problems and conditions contributing to poor health. The article will be published April 25 by *The Lancet*, as part of a series on adolescent health.

"Despite the growing prevention science research base and the shift in importance of behavioral problems implicated in noncommunicable disease worldwide, communicable disease prevention and treatment of behavior problems get the vast majority of resources dedicated to child and adolescent health," Catalano said.

The practices have been developed, tested over the past 30 years in high-income countries, with more recent testing in lower- and middle-income countries.

Catalano and his co-authors argue that these prevention policies and programs could be used more widely by both high-income and lower- and middle-income nations, to prevent worldwide adolescent behavior problems and states that are related to lifelong morbidity and mortality.

Samples of their recommended programs are:

- The Nurse-Family Partnership program, which provides regular [home visits](#) with nurses to poor, first-time mothers. The program resulted in 43 percent fewer subsequent pregnancies and decreased the mothers' welfare use, smoking and arrests. As the children grew up, they drank less alcohol, were less likely to be arrested and had fewer sex partners than children whose mothers were not in the program.
- The Gatehouse Project, comprising a curriculum focused on building social, problem-solving and coping skills in schoolchildren and fostering positive classroom and school-wide environments, led to decreased smoking and other substance use and delayed the onset of sexual intercourse in adolescents.
- The Conditional Cash Transfer programs, which paid school fees in low-income countries and gave about \$10 a month to mothers to ensure their children would attend school. As a result, more girls stayed in school and adolescent pregnancies declined.

Catalano and his team also recommend some prevention policies:

- Driving laws and safe roads could make a big difference in

traffic crashes, which are the leading cause of death in adolescents. Licensing requirements that restrict the number of peer passengers and nighttime driving for new drivers and require more driving practice before licensing have been associated with fewer crashes.

- Establishing a legal minimum drinking age of 21 and placing higher taxes on alcohol have led to less drinking and fewer traffic crashes in studies the United States, Canada, and Australia.

The biggest challenge is getting governments, schools and parents to buy into effective prevention programs and policies, the authors write. One tack is to choose programs based on local need, which can be assessed with the Communities That Care youth survey.

Cost should also be factored in. Catalano and his team included six programs in their review that have demonstrated a return on investment ranging from \$2 to \$42 for every dollar invested.

"Prevention science requires you to think systemically across society to see the savings," he said. "If we ward off adolescent behavior problems and states that impact adolescent and adult health, like smoking, drinking and risky sex, that means we will likely have less health care expenses, as well as better workers, students, parents and scientists, all involved with making the world a better place."

Provided by University of Washington - Harborview Medical Center

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