

Community efforts to prevent teen problems have lasting benefits

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A University of Washington study finds that a community-based approach to substance-abuse prevention, which can include after-school activities, can affect young people into adulthood. Credit: University of Washington

Want to prevent kids from using drugs and make it stick into young

adulthood? Get the community involved and intervene before they're teens, say researchers from the University of Washington.

A new, longitudinal study from the UW Social Development Research Group shows that [young adults](#) who grew up in communities that used a coordinated, science-based approach to prevention were more likely to have abstained from substance use, violence and other antisocial behaviors through age 21.

Researchers at the group, part of the UW School of Social Work, examined a decade's worth of participant data across seven states as they evaluated the effectiveness of the Communities That Care (CTC) prevention system. Their study was published online in April in the *American Journal of Public Health*.

"This study is significant because we show that we have these long-term effects through age 21," said Sabrina Oesterle, lead author and assistant director of the Social Development Research Group. "The youth we have been following weren't exposed to prevention-oriented programs after middle school, so that suggests that whatever happened by middle school, they carried [those influences] with them, and it's made such a lasting impact on their lives."

UW [social work](#) professors Richard Catalano and David Hawkins created Communities That Care, an approach that helps communities organize around prevention, choose programs that are appropriate for their populations, and collect information on young people's experiences with alcohol, drug and tobacco use, and delinquency. The idea, they say, is to give children, parents, teachers and community members the opportunities and tools to adopt and sustain healthy behaviors. Today, hundreds of cities and towns nationwide use the program.

The study was conducted among 4,400 youth participants in 24 rural

communities in Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. Towns were randomly assigned as "control" communities or as intervention communities. Control communities maintained whatever prevention programming was in place, while intervention communities used the CTC system to select evidence-based, prevention-oriented programs according to the [risk factors](#) that were found to be higher among their youth. Communities were asked to focus on grades five to nine.

Many intervention communities opted for three to five programs over time, such as classroom-based lessons in life skills, after-school activities like Big Brothers Big Sisters or parent-support classes. Training began in 2003, and selected programs were launched in 2004, when the children were in sixth grade. Monitoring of the participants' [behavior](#) continued for a decade through surveys.

For many of the measured behaviors, participants from intervention communities were more likely to have abstained through age 21 than those in the control group. Among those who had never used substances or engaged in antisocial behavior at the beginning of the study, incidence rates were still generally lower among participants from intervention communities compared to those from control communities.

Results showed:

- The likelihood of abstaining from a "gateway drug" (alcohol, tobacco, or marijuana) through age 21 was 49 percent higher among participants from Communities That Care towns.
- CTC participants were 18 percent more likely to abstain through age 21 from criminal behavior, such as vandalism, theft and illegal use of weapons.
- Among males, participants from intervention communities were significantly more likely to abstain through age 21 from cigarette

smoking, marijuana and inhalant use, as well as from antisocial behavior and violence. These differences were smaller among females.

- Although more participants from intervention communities never engaged in these behaviors, the proportion who used drugs or engaged in criminal and violent behavior in the past year did not differ between control and intervention communities.

The gender differences need more study to be fully explained, Oesterle said. One theory is that the risk factors targeted by the prevention programs may be more relevant for boys than girls. Perhaps the kinds of behaviors or "protective factors" that would be more meaningful to girls weren't emphasized as much in the chosen programs.

In 2004, when the study launched, states had not yet begun legalizing recreational marijuana. Plans for the next phase of the study, pending funding, call for a focus on whether that new access has affected marijuana use for young adults in the study, Oesterle said.

For now, this study reveals broader implications for [public health](#), she said. Communities often want to tackle a problem behavior or head one off, but they don't always know where to start.

"It shows that if a community invests in a coordinated and data-driven prevention planning system, you have this long-term effect that gets sustained," Oesterle said. "If a community adopts CTC, they own the process, based on their local culture and values. With Communities That Care, you're not just focusing on the most high-risk kids; you're trying to prevent the beginning of problems for everyone."

More information: Sabrina Oesterle et al, Long-Term Effects of the Communities That Care Trial on Substance Use, Antisocial Behavior, and Violence Through Age 21 Years, *American Journal of Public Health*

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