

Building a World Class Prevention System in Oregon

The Potential of Prevention

Prevention science has reached a point at which all Oregon communities can ensure that each young person reaches adulthood with the skills, interests, and health habits needed to lead a productive life in caring relationships with others.¹ The 2009 IOM¹ report identified several tested and effective programs, policies, and practices for the prenatal period through adolescence to prevent development of the most common and costly problems of youth, including academic failure, delinquency, depression, pregnancy, and alcohol and drug use. If Oregon continues its efforts to implement these effective interventions, virtually every Oregonian will benefit.

The Cost of Youth Problems

The cost of the psychological and behavioral problems of youth is substantial. Economist Ted Miller² estimated the cost of these common youth problems: antisocial behavior, binge drinking, cocaine/heroin abuse, high-risk sexual behavior, tobacco use, high school dropouts, and suicide attempts. He estimated the total cost in the U.S. due to youth with multiple problems to be about \$340 billion yearly in 1999 dollars. To estimate Oregon's cost of the multiple problems we fail to prevent, we prorated the national figures for Oregon's population and adjusted for inflation: thus, the annual cost we incur comes to \$5.74 billion.

Youth with Multiple Problems

A well-established fact about youth problems is that they are inter-related.³ Oregon Research Institute studied the relationships among most the common problems for a large representative sample of Oregon eighth graders.⁴ Having any one problem makes it highly likely that a young person will have at least one other. For example, a teen with substance use problems is 5.5 times more likely to engage in antisocial behavior, 8.5 times more likely to engage in risky sexual behavior, and 3.6 times more likely to be depressed.

Multiple Problems Stem From the Same Set of Common Conditions

These problems stem from the same conditions. In particular, if children counter high levels of conflict and criticism at home or in school, it becomes more likely that they will not develop good self-regulation and will become aggressive and uncooperative.⁵ This behavior leads to academic failure, peer rejection, and association with other troubled kids. By early adolescence, groups of troubled youth experiment with substance use, delinquency, and risky sexual behavior. Depression and suicide also become common.⁶

Building a Comprehensive Prevention System in Oregon

Oregon can significantly improve its youth's success by ensuring that Oregon puts in place tested and effective programs, policies, and practices. It is a big task that will take several years, but if we can unite everyone around a common understanding of what is needed, we can build a system to support child and adolescent development and prevent problems to a degree never before seen in human history.

A comprehensive and effective prevention system would have five facets: (a) An effective system of family supports; (b) Effective positive behavioral supports in all schools; (c) A set of tested and effective prevention policies; (d) Ongoing public education about prevention; (e) A system for monitoring the wellbeing of children and adolescents. A realistic plan for this system can be created if all the agencies and organizations working on wellbeing coordinate their efforts.

Literature Cited

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- ² Miller TR. 2004. The social costs of adolescent problem behavior. In Biglan et al., *Helping adolescents at risk* (pp. 31-56).
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- ⁴ Boles S, Biglan A, Smolkowski K. 2006. Relationships among negative and positive behaviours in adolescence. *Journal of Adolescence*, 29, 33-52.
- ⁵ Dishion TJ, Patterson GR. 2006. The development and ecology of antisocial behavior in children and adolescents. In D Cicchetti, DD Cohen (Eds.), *Developmental psychopathology* (pp. 503-41). Somerset, NJ: Wiley.
- ⁶ Seeley JR, Rohde P, Jones L. 2010. School-based prevention and intervention for depression and suicidal behavior. In MR Shinn, HM Walker, G Stoner (Eds.), *Interventions for achievement and behavior problems in a three-tier model including response to intervention* (pp. 363-96). Silver Spring, MD: NASP.