



National Prevention Science Coalition

to improve lives

Building a World Class National Prevention System

Anthony Biglan, Ph.D. (Oregon Research Institute, tony@ori.org)

Diana Fishbein, Ph.D. (The Pennsylvania State University, Dfishbein@psu.edu)

The Potential of Prevention

Prevention science has reached a point at which all U.S. 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 a national initiative ensues that promotes acceptance and implementation of these effective interventions, virtually every citizen 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 the cost for just one state – Oregon – 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 A study of a large representative sample of Oregon eighth graders showed, having any one problem makes it highly likely that a young person will have at least one other.⁴ 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 adequate self-regulation and will become aggressive and uncooperative.⁵ These behaviors lead 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 National Prevention System

The U.S. can significantly improve its youth's success by ensuring that the nation puts in place tested and effective programs, policies, and practices. It is a significant undertaking that requires several years of concerted effort, 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 and nurturing system of family supports; (b) Effective positive behavioral supports in all schools; (c) A set of well-tested and proven prevention programs and policies; (d) Ongoing public education about prevention and accurate information about mental health, including substance abuse; and (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 health and wellbeing coordinate their efforts.

A Workplan for the Development of a Comprehensive National Prevention System

There is a need for the States to identify government efforts relevant to treatment and prevention without restricting the focus to any one domain; e.g., substance abuse versus aggressive behavior. All aspects of mental and physical health are amenable to prevention since risky behaviors in general universally develop as the result of earlier developmental problems, such as aggressive behavior, academic failure and a number of other mental, emotional, behavioral problems. Effective prevention requires creating environments from the prenatal period onward that nurture child and adolescent successful development. Here then are a set of activities that we believe would move the nation forward.

1. **Increase the availability of evidence-based family interventions for families with children and adolescents of all ages.**
 - a. The first task for each state is to identify the currently funded efforts of state government and county governments involving services to families that affect the quality of family interactions and the skill with which parents support their children's development.
 - b. Having identified these, we would then make recommendations about how the state could move toward a system that reaches a growing number of families that need help, with effective *and efficient* support.
2. **Strengthen the system for supporting prosocial behavior in schools.** This effort is already underway in some states thanks to the Positive Behavioral Intervention and Support movement and the growing adoption of the Good Behavior Game.
 - a. We need to characterize the various activities states are engaged in to promote evidence-based support of prosociality in schools.
 - b. We then need to propose how states could make this effort a formal goal and how activities could be enhanced through a unified budget.
3. **Implement policies with proven preventive benefit.** The [Promise Neighborhoods Research Consortium \(PNRC\) identified more than fifty proven policies](#) that would reduce a range of mental, emotional and behavioral problems and contribute to successful development.
4. **An effective system of data gathering/survey system.** The PNRC has developed a system for monitoring child and adolescent wellbeing. Improvements are needed, such as expansion to monitor the quality of family life, however this can be readily accomplished. Tracking should take place annually and provide data at the community level. And more resources are need for the collection, analysis, and feedback of the data to the public. The Commission needs to identify all the survey activities that are being performed by state governments and come up with a proposal for a unified, strengthened system.
5. **Public Education.** To generate support for prevention and provide the public and private sectors with the information required to ensure healthy, productive, and caring lifestyles, state governments need to know what they can do to inform citizens about these issues. Engage the media to be responsible reporters with attention to the long-term consequences of our actions for children's development and outcomes. We can then develop a comprehensive strategy for public education and policy.
6. **Law Enforcement as First Line of Defense.** Develop law enforcement policies that empower, and in fact obligate, officers to protect children's welfare.

Literature Cited

- ¹ National Research Council, Institute of Medicine. 2009. *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. Committee on Prevention of Mental Disorders & Substance Abuse among Children, Youth, and Young Adults: Research Advances & Promising Interventions. Washington, DC: National Academy of Science.
- ² Miller TR. 2004. The social costs of adolescent problem behavior. In Biglan et al., *Helping adolescents at risk* (pp. 31-56).
- ³ Biglan A, Brennan PA, Foster SL, Holder HD. 2004. *Helping adolescents at risk: Prevention of multiple problem behaviors*. New York: Guilford.
- 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). MD: NASP.