
Executive Summary

According to national estimates, almost half of young people, aged 10 to 17, abuse alcohol and drugs, commit crimes, fail in school, or engage in unprotected sex. Do we know enough to prevent youth from engaging in risky behaviors? What programs and policies work? How cost effective are they? What role can the state play in setting a vision for children and families, implementing prevention programs, and identifying measurable outcomes?

Peter Greenwood, Director of RAND Corporation's Criminal Justice Program, compares the cost effectiveness of prison with four approaches to intervening early in the lives of children at some risk of eventually getting into trouble with the law: two years of home visits followed by four years of day care; parent training and family therapy for families with young children who behave aggressively in school; four years of cash and other incentives to encourage disadvantaged high school students to graduate; and monitoring and supervising high school-aged youths who have already shown delinquent behavior.

For each strategy, Greenwood estimates the number of serious crimes that might be prevented for each million dollars spent. A similar estimate is provided for the California "three strikes" law, which gives longer sentences to repeat offenders. The three strikes law is estimated to reduce serious crime by 21 percent. Graduation incentives might bring about a reduction of 15 percent and are estimated to save enough money to pay most of the program's costs. A combination of parent training, graduation incentives, and supervision of delinquents would prevent additional crimes.

California voters supported the three strikes law, so it appears the public believes that a 21 percent reduction in crime is worth the program's cost of \$5.5 billion a year. Adding graduation incentives and parent training—at a cost of less than 1 billion dollars a year—could double that crime reduction.

Phyllis L. Ellickson, Senior Scientist at the RAND Corporation, addresses what we know about keeping kids from going off track. Two approaches that were popular in the past have had little success: the information approach, which stresses the negative consequences of risky behaviors, and the general skills approach, which helps children acquire a more positive self-image by improving their skills in decision-making, communication, and problem-solving.

The next generation of programs, social influence models, zeroed in on the central reason why kids begin problem behaviors—because they believe that “everyone’s doing it.” For example, drug prevention programs based on this model try to help adolescents recognize these pressures, develop arguments against them, and learn techniques for saying “no.” Social influence models also try to instill the motivation to resist. Adolescents tend to be unconcerned about consequences that lie in the future, so these programs emphasize how drugs can affect them now.

RAND’s Project ALERT, a school-based program based on the social influence model, reduced both marijuana and cigarette use after three, twelve, and fifteen months. Project ALERT was successful in urban, suburban, and rural environments; middle and low-income communities; and high- and low-minority schools. In general, the social influence approach has been most effective with kids who are not using substances. However, Project ALERT has also worked with teens who have experimented with cigarettes and marijuana.

Even the best programs will have only limited success if they aim at the child alone. Making more substantial inroads requires dealing with the many influences on children’s behavior—families, schools, neighborhoods, and society. At the family level, parental support and discipline, and the connection between parent and child are particularly important.

Patrick Remington, Chief Medical Officer at the Wisconsin Division of Health, addresses teen tobacco use. In Wisconsin, 83 percent of young adults (25 to 34 years) tried their first cigarette and 62 percent became regular smokers before they were 18 years old. Why do two-thirds of children try cigarettes and about one-third become regular smokers, eventually addicted to nicotine? The answer is simple. Cigarettes are cheap, accessible, and one of the most heavily advertised products in America.

Dr. Remington reviews policies that may prevent children from smoking—mass media, community programs, increased price, and restricted sales to minors. Research suggests that mass media campaigns will be effective in reducing the demand for cigarettes if they are targeted to youth. Community programs such as clean indoor air ordinances change the social norm to one where smoking is seldom viewed by young children.

Raising the excise tax on cigarettes reduces smoking. For every 10-percent increase in the price, there is a 5-percent decrease in use among adults and a 10- to 15-percent decline among youth. Enforcing existing laws prohibiting cigarette sales to minors makes cigarettes even harder to get.

Clara C. Pratt and Aphra Katzev from Oregon State University describe Oregon's effort to identify a common vision for Oregon's children and families, develop strategies to achieve this vision, and track the state's progress. Oregon is working toward these goals through hundreds of small and large community programs and collaborations. Their efforts are carefully planned, built on a solid research base, and consistently evaluated. Progress is assessed through both (a) benchmarks, aggregate social indicators such as state or county rates of child abuse, juvenile crime, teenage pregnancy, and family poverty, and (b) program performance indicators, data on individual program efforts, and outcomes.

Oregon's Healthy Start offers support to all families with newly born children, targeting first-birth families. Healthy Start reached almost 80 percent of first-birth families in 12 participating counties during fiscal year 1995–96. As a result, almost all of Healthy Start's children from higher risk families have a primary health care provider, 89 percent are receiving regular well-child checkups, and 85 percent never use costly emergency room services for routine care. Of Healthy Start's babies from higher risk families, 90 percent are up-to-date with immunizations compared to 71 percent of Oregon's two-year-olds. Among high risk families, Healthy Start has reduced the risk of child maltreatment and improved the quality of family life.