

LASTING BENEFITS OF COMMUNITY EFFORTS TO PREVENT YOUTH PROBLEMS

A recent study published in the *American Journal of Public Health* finds that Communities That Care, a community-based approach to substance abuse prevention, can positively affect young people into adulthood.

Our recent longitudinal study shows that young adults who grew up in communities that used Communities That Care (CTC), a coordinated, scientific approach to prevention, were more likely to abstain from substance use, violence, and other antisocial behaviors.

SDRG researchers examined a decade's worth of participant data across seven states as they evaluated the effectiveness of the CTC prevention system.

"This study is significant because we show that we have 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."

Communities That Care helps communities organize around prevention of youth health and behavior problems, 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 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 CTC program.



Summary of Findings

The likelihood of abstaining from a "gateway drug" (alcohol, tobacco, or non-medical marijuana) through age 21 was 49% higher among participants from Communities That Care communities.

CTC participants were 18% 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.

What we did

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 any prevention programming they already had 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 5 to 9.

Many intervention communities opted for three to five evidence-based programs that had been tested and found to be effective over time, such as classroom-based lessons in life skills, after-school activities like Big Brothers Big Sisters, or parent support classes. CTC 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. Measured behaviors included cigarette smoking and alcohol, non-medical marijuana and inhalant use, as well as antisocial behavior, criminal behavior, and violence.

What we discovered

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—this was significantly more likely among males (the differences in measured behaviors were smaller among females). For 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.

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 addressed 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.

Next steps:

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

This study reveals broader implications for public health. Communities often want to address a problem behavior or head one off, but they don't always know where to start.

For additional information on this topic, please refer to the original article:

Oesterle, Sabrina, Kuklinski, Margaret R., Hawkins, J. David, Skinner, Martie L., Guttmanova, Katarina, Rhew, Isaac C. (2018). 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, 108*(5), 659-665.

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