

How to prevent risky behaviour among adolescents?

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- 2005.September 30.

Eretria

First European Conference on Injury
Prevention and Safety Promotion

The aim of the workshop:

- **Overview of different forms of risky behaviour among adolescents, summarise the common protective and risk factors and describe the best practices on prevention of risky behaviour among adolescents in Europe.**

The structure and content of the workshop:

- **The three main areas of discussion would be:**
- **1. The close interrelationships of different forms of risky behaviour, that is alcohol abuse, drug abuse, smoking, suicidal behaviour, other deliberate self-harm, reckless driving, risky sexual behaviour among adolescents.**
- **Overview of epidemiological data in this field from different European countries.**

2. Most important aspects of prevention: which are the protective factors?

- **Peer helpers, family background, protective school environment, adaptive ways of coping, sense of coherence, religious affiliation, model learning**
- **What are the effective ways of strengthening the protective factors among adolescents? (Piko, B, 2000, 2001, a, b, 2002, 2004, a, b, 2005 a, b)**

3. Most important determinants of risky behaviour

- **Socio-economic background, lowest and highest strata of the society,**
- **emotional ways of coping, boredom, no purposes in life, low self-esteem,**
- **impulsivity,**
- **anxiety, depression,**
- **aggression, hostility, especially hostility within the family, social distrust,**
- **suicide in the family, model learning, low social support from family, especially from fathers, sexual abuse,**
- **other life events,**
- **strong network of deviant peer groups**

Effective health promotion and preventive programmes:

- Which are the effective ways of preventing the risk factors and strengthening the promoting factors among adolescents?
- Positive school based,
- family based,
- other community based examples from different countries.

Structure:

- **Presentations:**
- **Prof. Dr. Heinz Katschnig: The heterogeneity of suicidal behaviour: Its relevance for prevention**
- **Dr. Orestis Giotakos: Suicidal behaviour and drug abuse in Greek young males**
- **Dr. Gabriella Polidori: Risk behaviours among youths aged 13-19: results from the national Multi-Risk- Approach Research (AMR)**
- **Discussant: Prof. Dr. Maria Kopp**

Discussion

- Discussant: Prof. Maria Kopp
- **How to prevent risky behaviour among adolescents?**
- **European situation and effective health promotion, prevention strategies**

European suicide rates among young people aged 15-19 (per 100.000 persons)

	Males	Females	Total
• Lithuania	38.4	8.8	23.9
• Estonia	24.1	1.9	13.2
• Norway	15.3	6.2	10.9
• Latvia	16.9	4.4	10.8
• Austria	15.1	3.8	9.6
• Finland	15.0	3.8	9.5
• Belgium	14.5	3.9	9.3
• Poland	14.1	2.4	8.4
• Switzerland	12.6	4.0	8.4
• Slovenia	12.0	3.1	7.6
• Hungary	11.2	3.8	7.5
• .			
• Slovakia	5.8	1.9	3.9
• Spain	5.3	1.4	3.4
• Italy	3.6	1.7	2.7
• Portugal	2.6	0.9	1.8
• Greece	2.7	0.6	1.7

• (D.Wasserman et al, WP 4,2,2005,pp.114-120)

Suicide rates among young people:

- The worldwide main suicide rate for 15-19 years old population: 7.4/100.000
- Males: 10.5/100.000, females: 4.1/100.000
- Fourth leading cause of death among young males (after accidents and assaults), third for young females
- Suicide accounts for 9.1 % of deaths in this age
- Between 1965 and 1999 a rising trend in young males

Alcohol and drug abuse:

- 8.9 % of global disease burden according to disability adjusted life years (DALY) is attributed to psychoactive substance use.
- Tobacco and alcohol are responsible for 8.1 % of disease burden.
- In some countries, like Scotland and Spain deaths related to opioid use account for 25-33 % of death in 15-39 age groups.
- Negative social consequences like accidents, violence and crimes increase the total burden further. (WHO Report 2002)

Psychological and neurobiological determinants of risky behaviours:

- Two general categories of risk:
 - 1. Dysregulated impulse control
 - 2. Intense psychological discomfort (e.g. social isolation, hopelessness, demoralisation)
- Interdisciplinary approach is needed from culture, society to molecular level

Prevention of risky behaviour:

- Universal preventive interventions- targeting the general population or a whole population group (such as young mothers)
- Selective preventive interventions: subgroups of the population whose risk is significantly higher (children in low SES families)
- Indicated preventive interventions -target high risk individuals with detectable signs

Health promotion:

Strengthening resilience in front of risk

- Individual level: self-esteem, risk avoidance
- Family: parents able to meet the affective needs of the children, importance of father's support!
- School: good school adherence
- Peers: positive peer support, peer advice
- Community: close social network, strong social capital (trust, reciprocity, civic organisations)

What is resilience?

- Resilience: the process of overcoming the negative effects of risk exposure,
- coping successfully with traumatic experiences
- Avoiding the negative trajectories associated with risk
- The key point of resilience is the presence of both risks and promotive factors that
- Help bring about a positive outcome
- And reduce or avoid the negative outcome

Psychosocial prevention

- Individual level: mental disorders or sensation seeking, impulsivity
- Family: abuse, depressed or substance dependent, aggressive parent
- School: poor academic performance
- Peers: deviant peer group
- Community: easy availability of substances, tolerant attitude on suicide, alcohol and drug abuses

Main target of preventive, health promotion programmes

- **Influencing motivation systems!**
- because each risk behaviour corresponds to motivational needs,
- Regard risk behaviours as a closely interrelated cluster,
- the separate smoking, alcohol abuse, drug abuse, suicide prevention programmes are ineffective
- Multidisciplinary research approach!

Evidence based prevention strategies:

- Multiple-component programmes (school, family, community)
- Wider perspective of healthy life styles, rather of what is forbidden or dangerous
- Include skills training components
- Enhance protective factors and reverse or reduce risk factors
- Regulation of drinking and driving

Gender and SES differences in prevention and health promotion:

- different impact on boys and girls (Bettina Piko,2001)
- In different age groups- early prevention to change the child's life path away from problems and toward positive behaviours
- Tailored to address risks specific to populations
- Long term programmes with repeated interventions!

National representative surveys in the Hungarian population

- The samples represented the Hungarian population above age 16 according to gender, age and county
- Hungarostudy 1983 more than 6000 persons
- Hungarostudy 1988 20.902 persons
- Hungarostudy 1995 12.463 persons

Kopp MS, Skrabski Á, Szedmák S (2000) Psychosocial risk factors, inequality and self-rated morbidity in a changing society, Social Sciences and Medicine 51, 1350-1361.

Latest survey: Hungarostudy 2002:

- 12,643 persons were interviewed in their homes, they represented the population above age 18 according to age and sex and counties
- The refusal rate was 17,7% for the full sample, although there were significant differences, depending on settlements.

Risky behaviour and protective factors:

- **Smoking history**
- **Alcohol abuse (CAGE-H):**
- Non stop alcohol after beginning
- Morning alcohol
- Self-blame because of alcohol
- Drug consumption
- Suicidal behaviour
- Physical activity
- Body weight and height- BMI
- Religious involvement
- Meaning in life (R.Rahe, 2002)
- Purposes in Life-boredom (Crumbaugh, Maholick,1964)
- Self-efficacy score (Schwarzer, 1992)
- Ways of coping (Folkman, Lazarus, 1980)
- Stress and coping (Rahe, 2002)
- Social capital measures
- Social support (Caldwell,1987)

Mental health indicators:

- Shortened Beck Depression Score
- Hostility score (Cook-Medley, 1954)
- Anomie- inability for long term planning
- Hopelessness Score (Beck, 2000)
- Hospital Anxiety Score (HAS)
- Vital exhaustion (Appels, 1988)
- Type D Personality (Dennolet, 2000)
- Dysfunctional attitude (Weissman, 1979)
- Life events (Rahe, 2002)
- Marital stress
- TCI shortened cooperativeness and sensation seeking
- Ethnic identity

Health related and SES indicators:

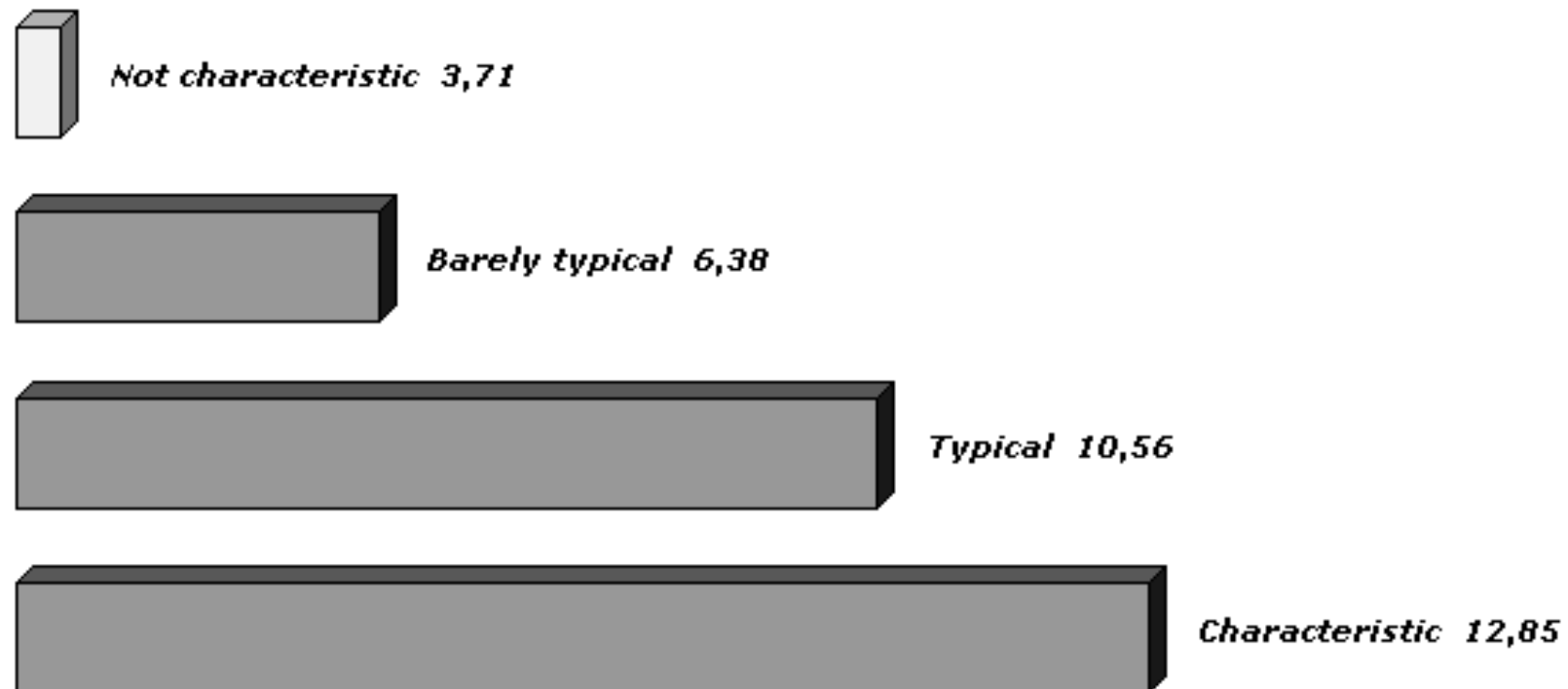
- Self-rated health
- WHO Wellbeing (Bech, 1996)
- Womens health
- Illness intrusiveness
- Health care related needs
- Self-rated pain
- Sleep complaints
- Lifetime prevalence of 26 types of disorders (treatment in the last year, hospital care, disability days)
- Income,
- Education
- Subjective social status

Lack of purposes in life, that is boredom from the Purposes in life questionnaire and the protective and risky psychological characteristics in the young Hungarian population (below 35 years)

An example:

- Hungarostudy 2002

Beck depression
Mean:4,625 SE:0,110 F:98,937 Sig.:0,000
"I am usually bored"
Age under 35 years

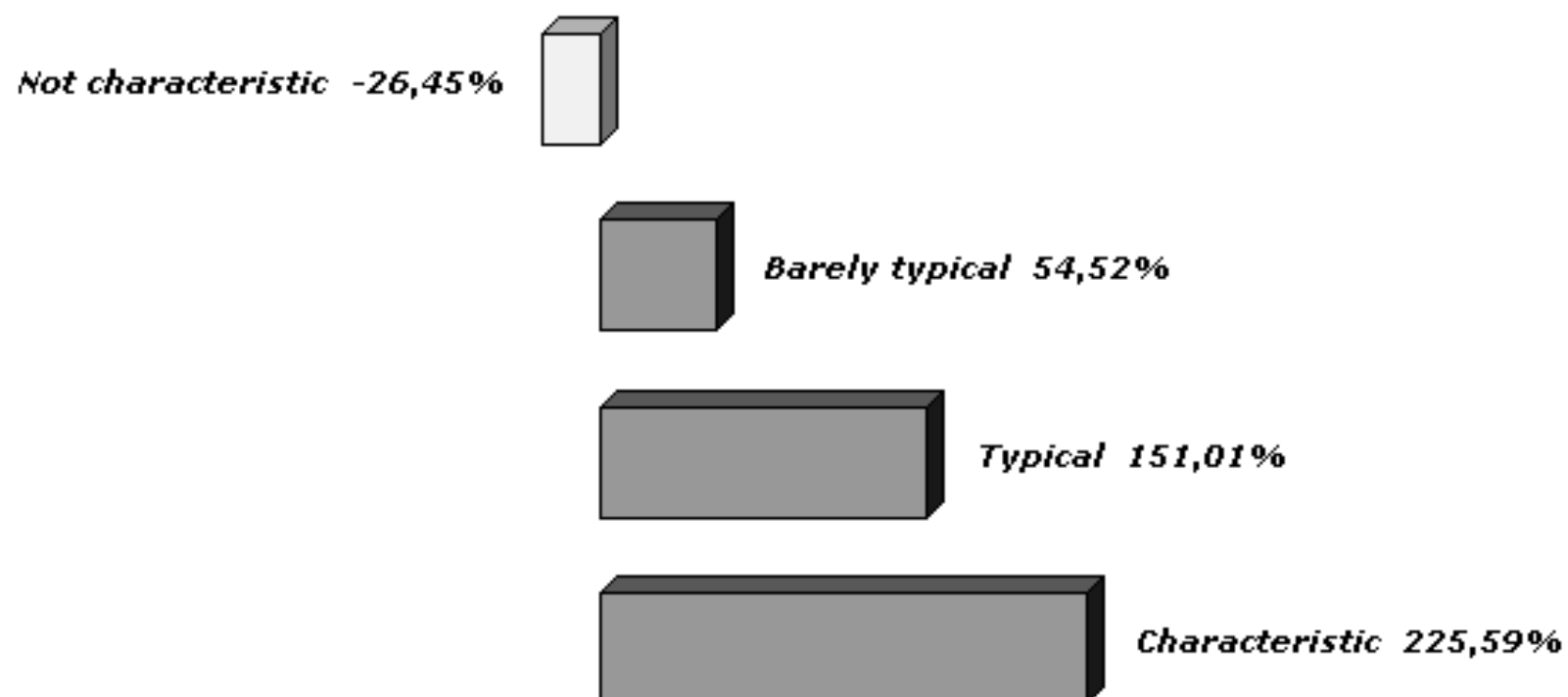


Hopeless

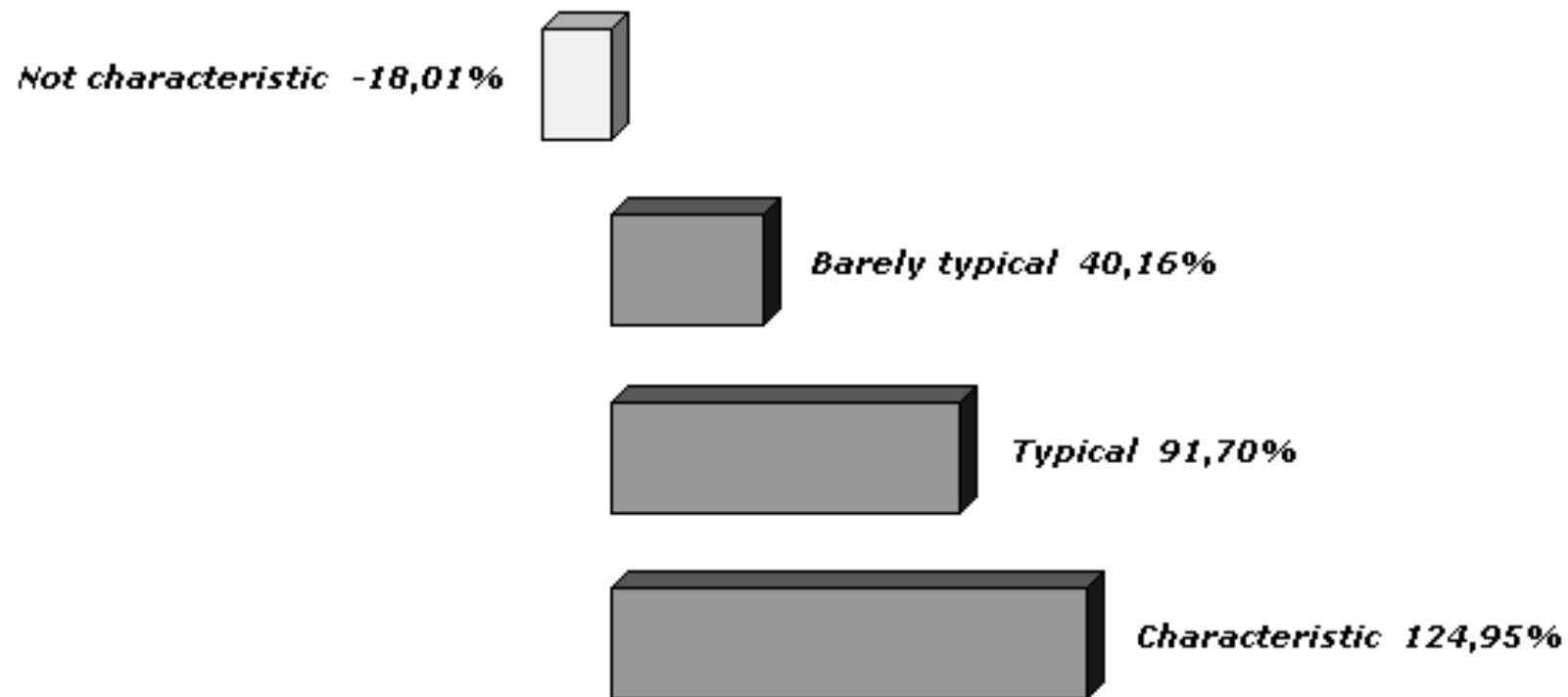
Mean:1,180 SE:0,033 F:118,113 Sig.:0,000

"I am usually bored"

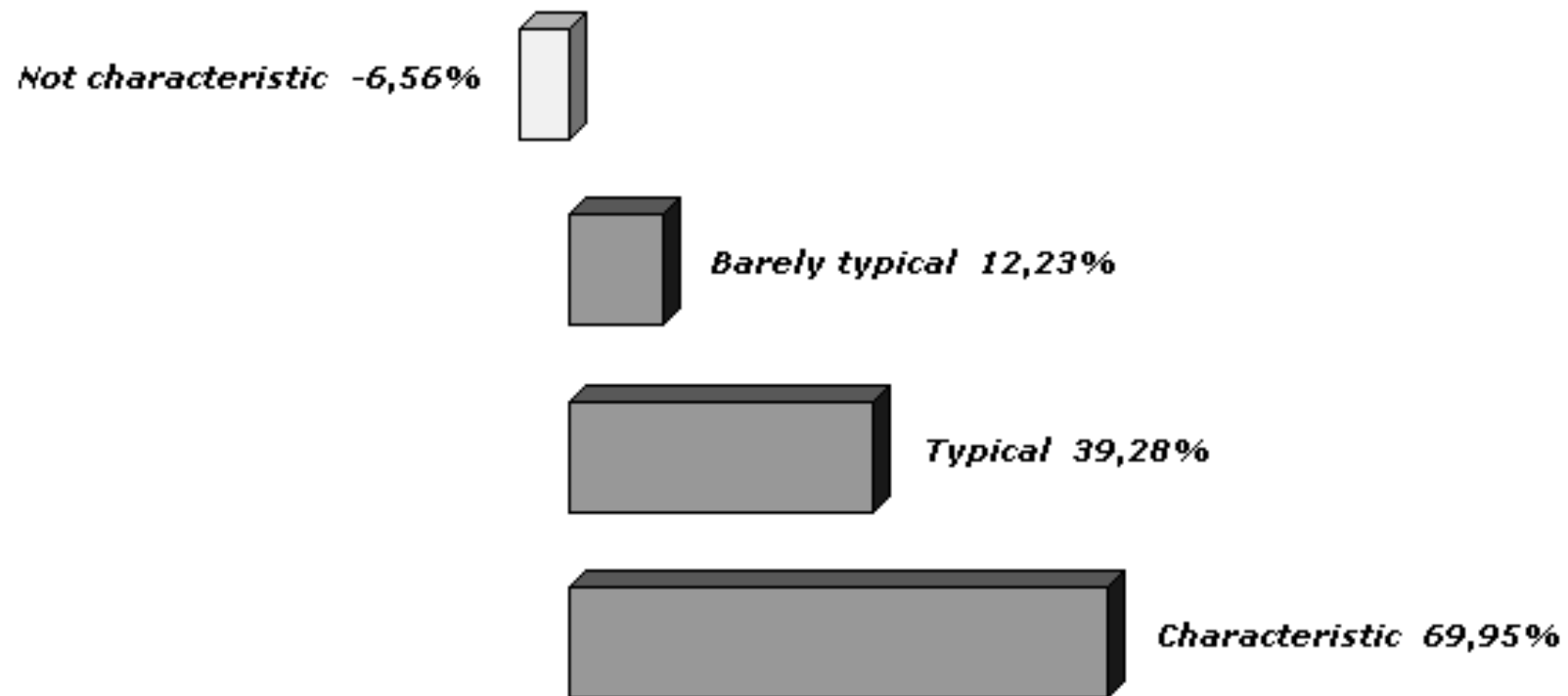
Age under 35 years



Negative affect
Mean:3,887 SE:0,063 F:149,638 Sig.:0,000
"I am usually bored"
Age under 35 years



Hospital anxiety scale
Mean:4,903 SE:0,065 F:34,566 Sig.:0,000
"I am usually bored"
Age under 35 years

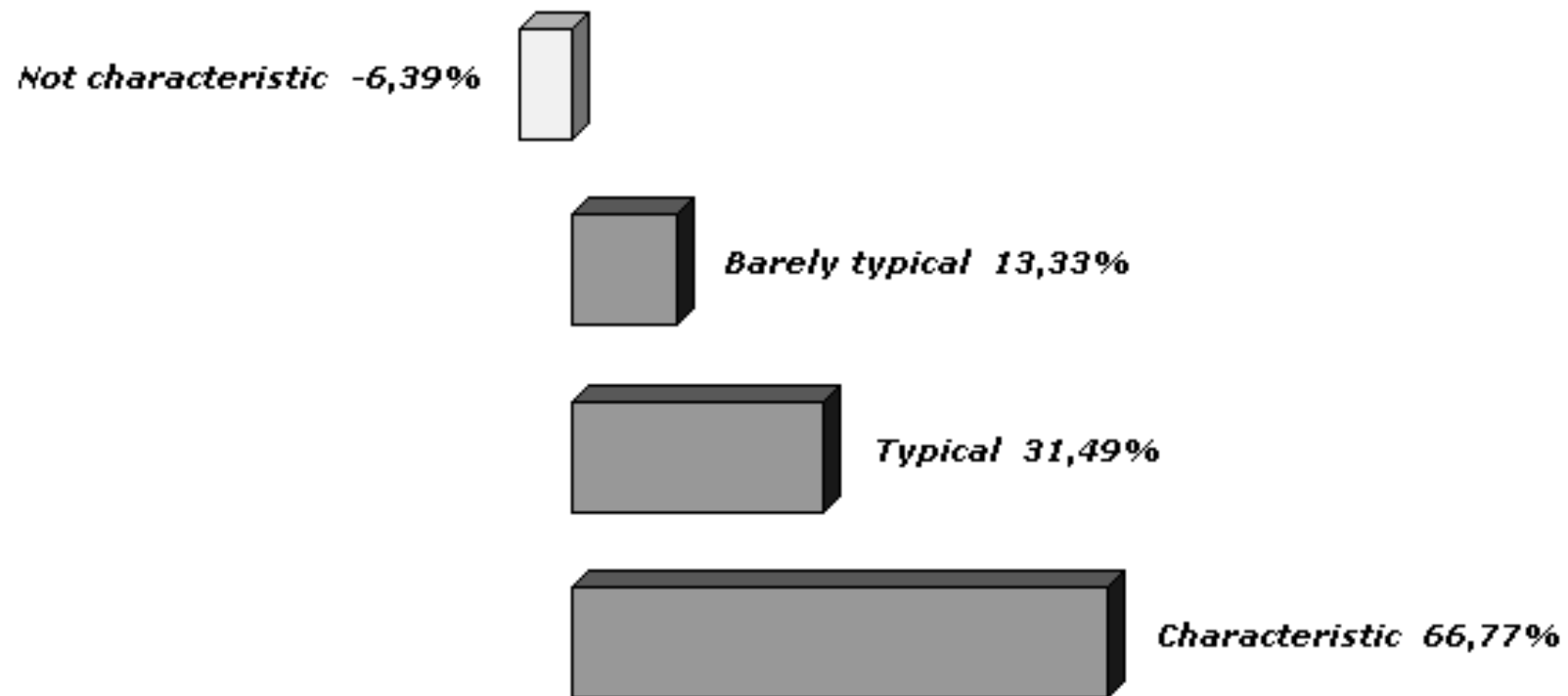


Hostility

Mean:3,740 SE:0,043 F:40,478 Sig.:0,000

"I am usually bored"

Age under 35 years

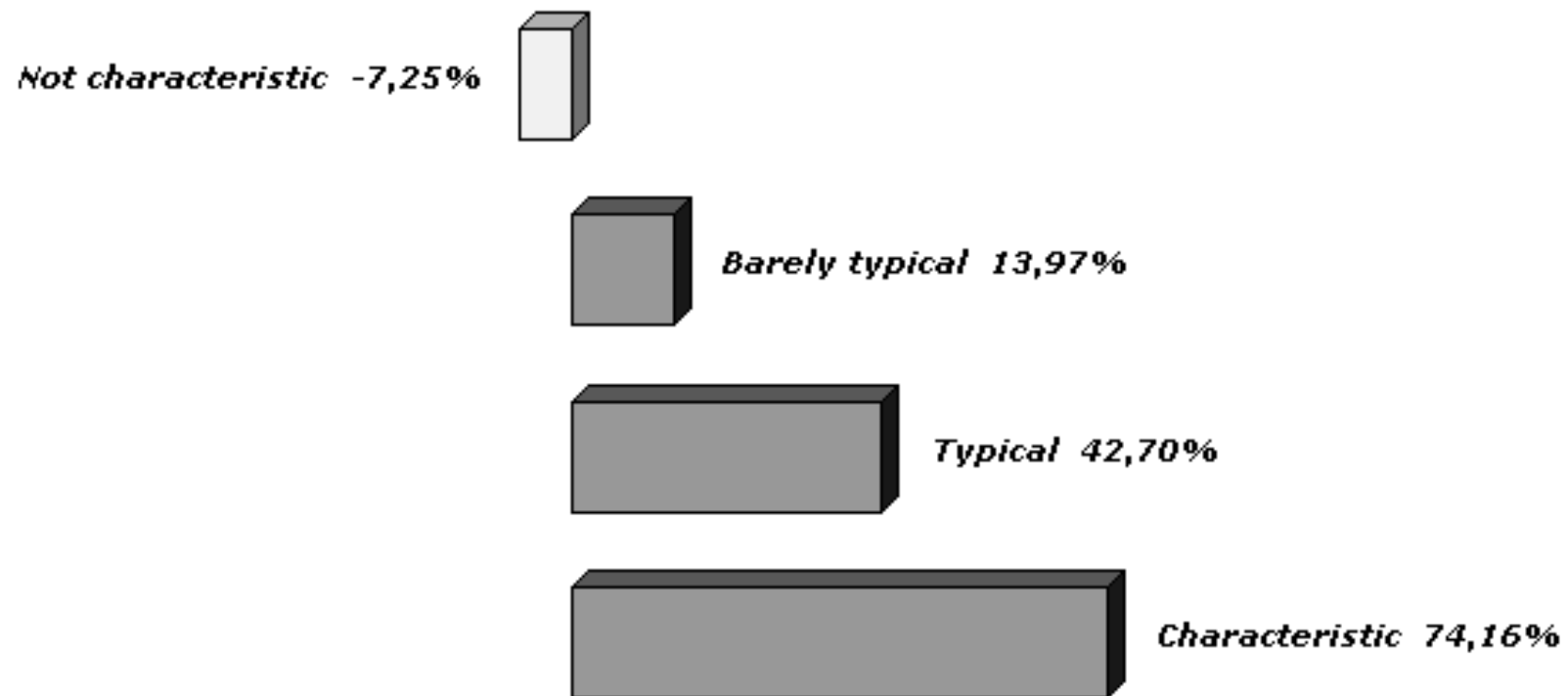


Cynicism

Mean:0,810 SE:0,016 F:18,341 Sig.:0,000

"I am usually bored"

Age under 35 years

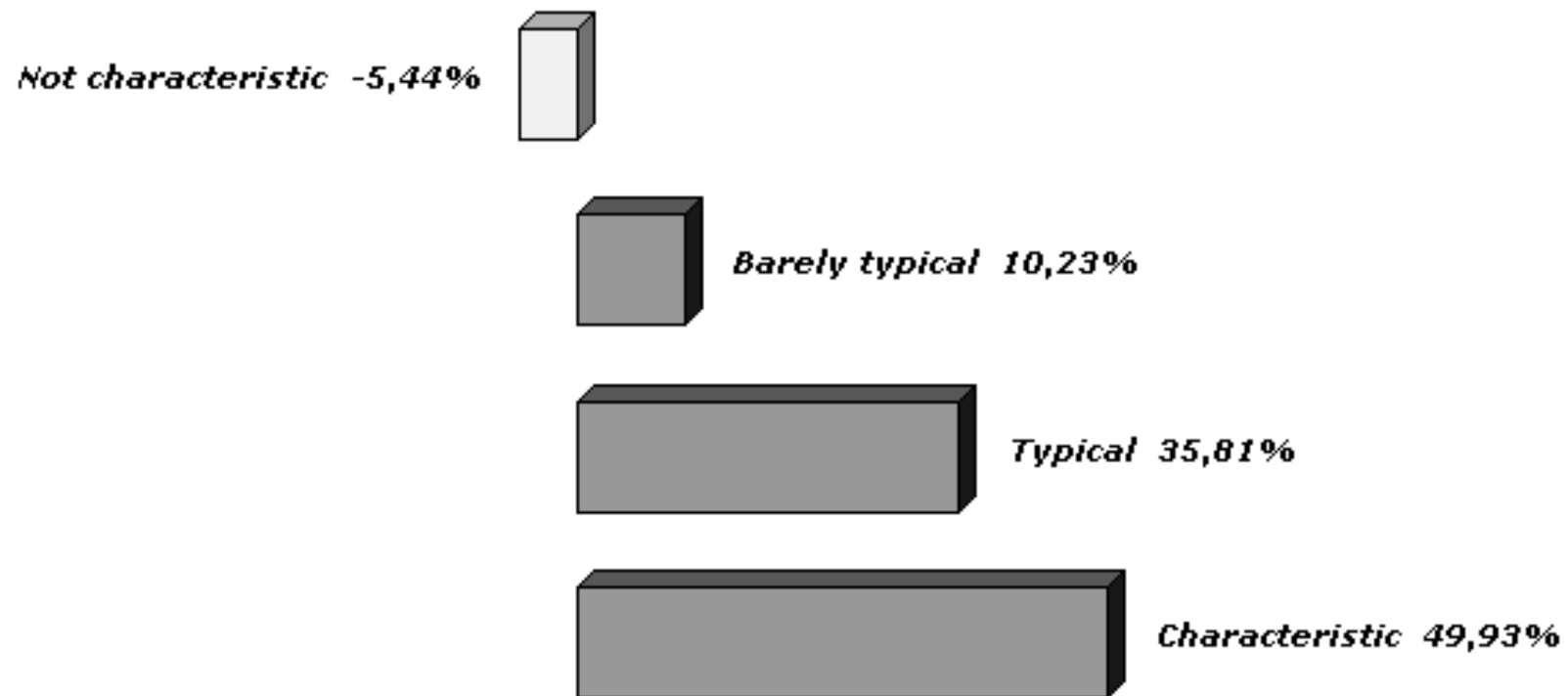


Anomie

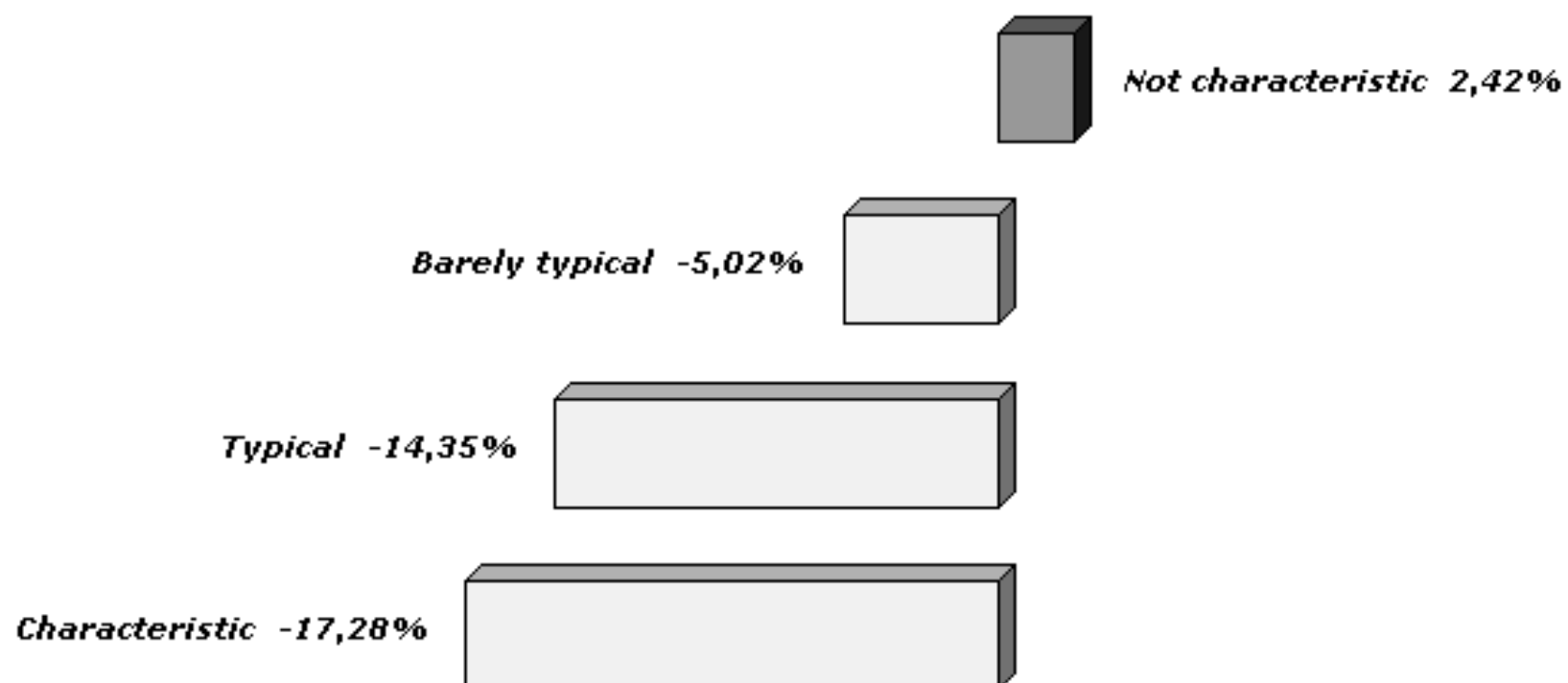
Mean:4,344 SE:0,047 F:34,571 Sig.:0,000

"I am usually bored"

Age under 35 years



Sense of coherence
Mean:9,899 SE:0,045 F:34,339 Sig.:0,000
"I am usually bored"
Age under 35 years

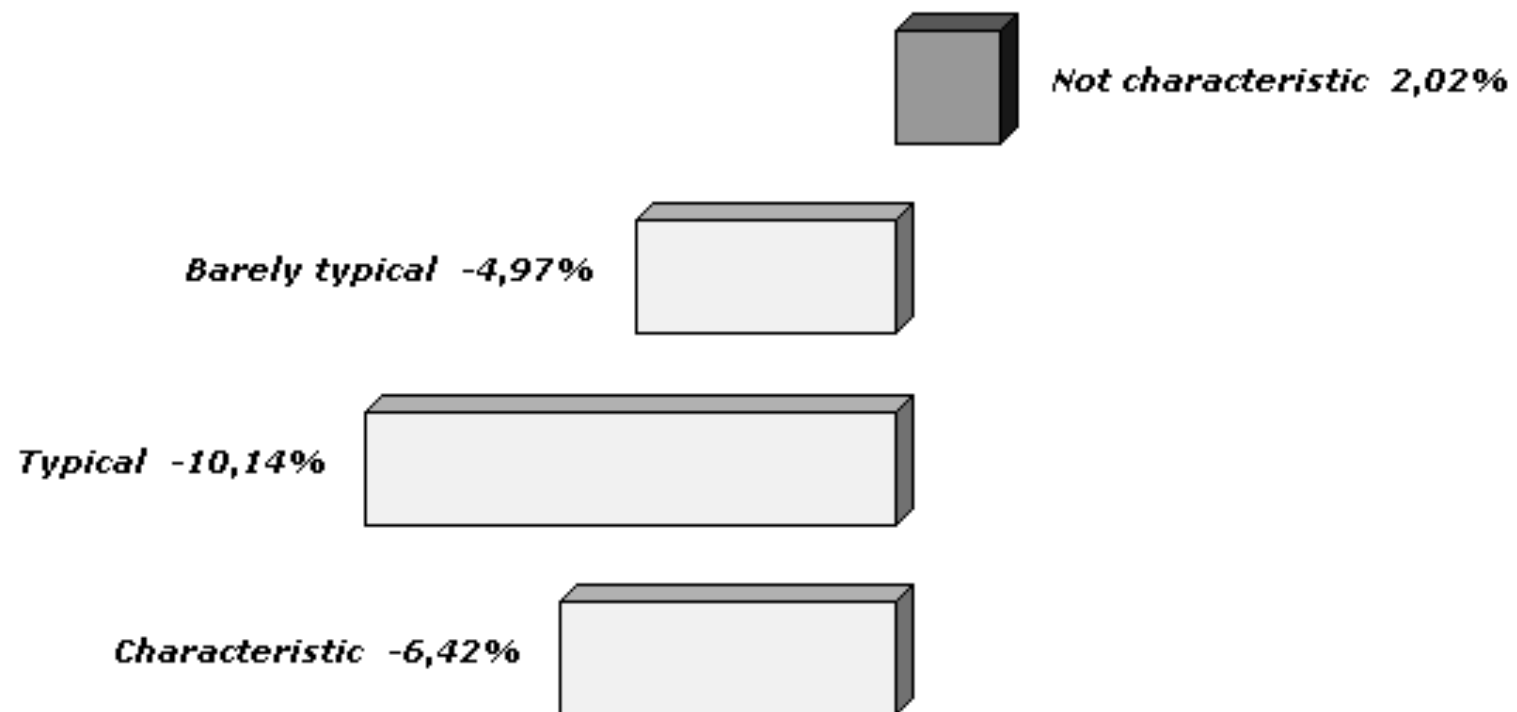


Cooperativity

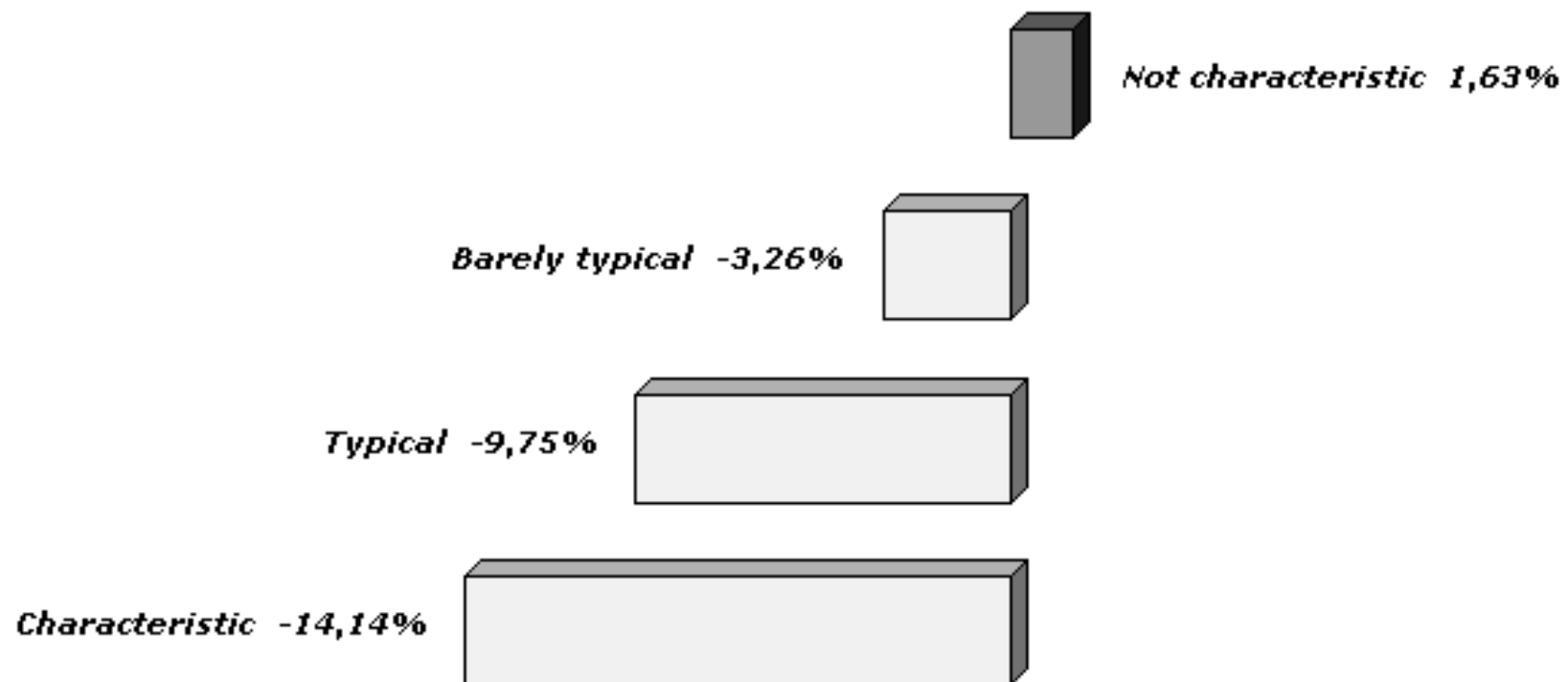
Mean:13,834 SE:0,047 F:37,468 Sig.:0,000

"I am usually bored"

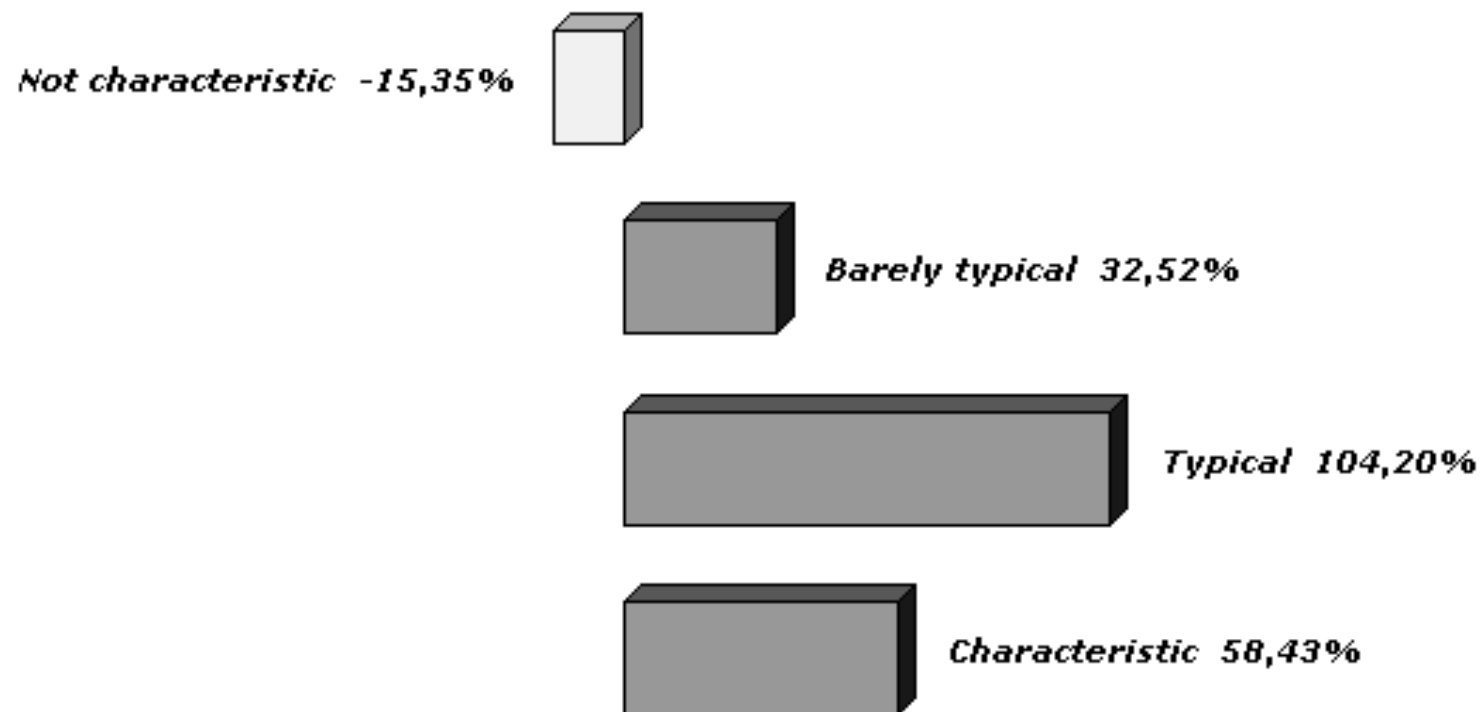
Age under 35 years



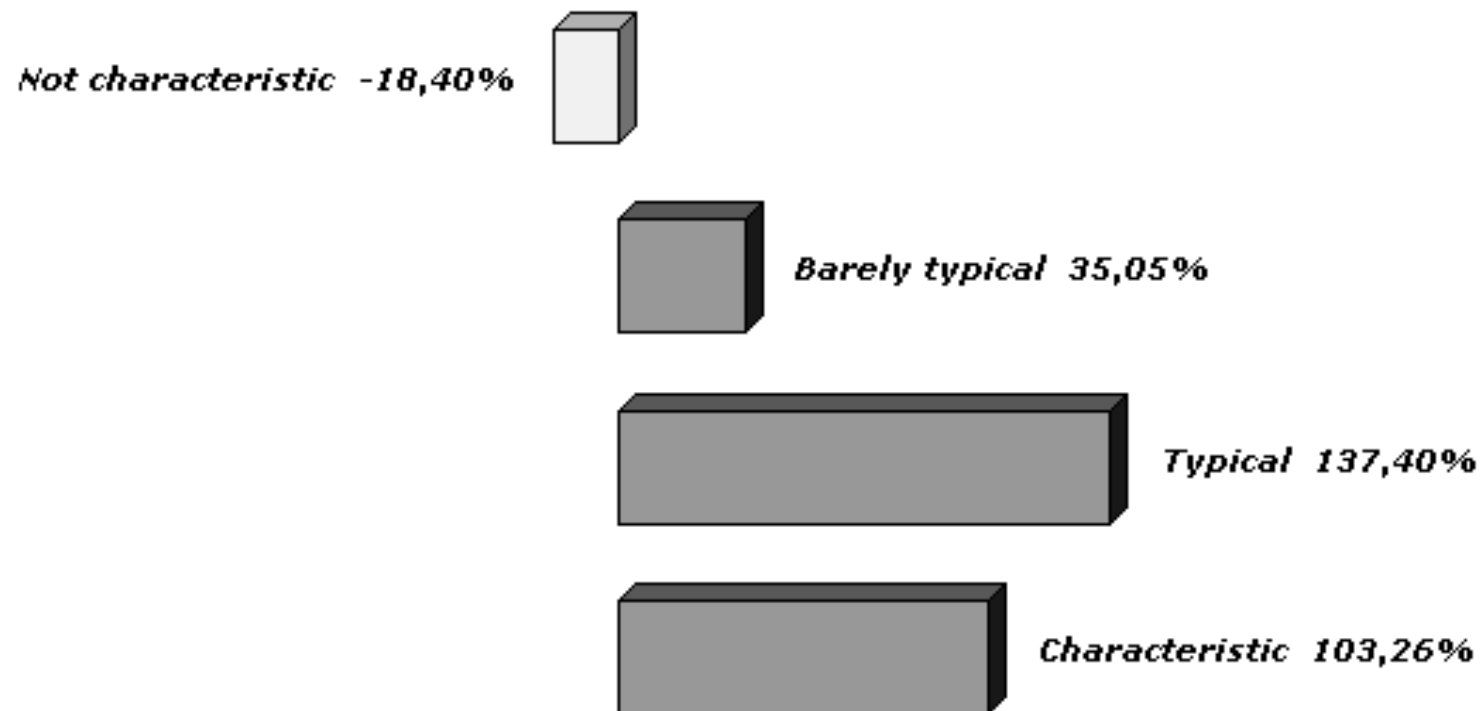
WHO - Wellbeing questionnaire
Mean:8,766 SE:0,054 F:8,677 Sig.:0,000
"I am usually bored"
Age under 35 years



Have you ever thought about suicide?
Mean:0,113 SE:0,005 F:13,029 Sig.:0,000
"I am usually bored"
Age under 35 years



Have you ever tried to commit suicide?
Mean:0,029 SE:0,003 F:4,604 Sig.:0,003
"I am usually bored"
Age under 35 years

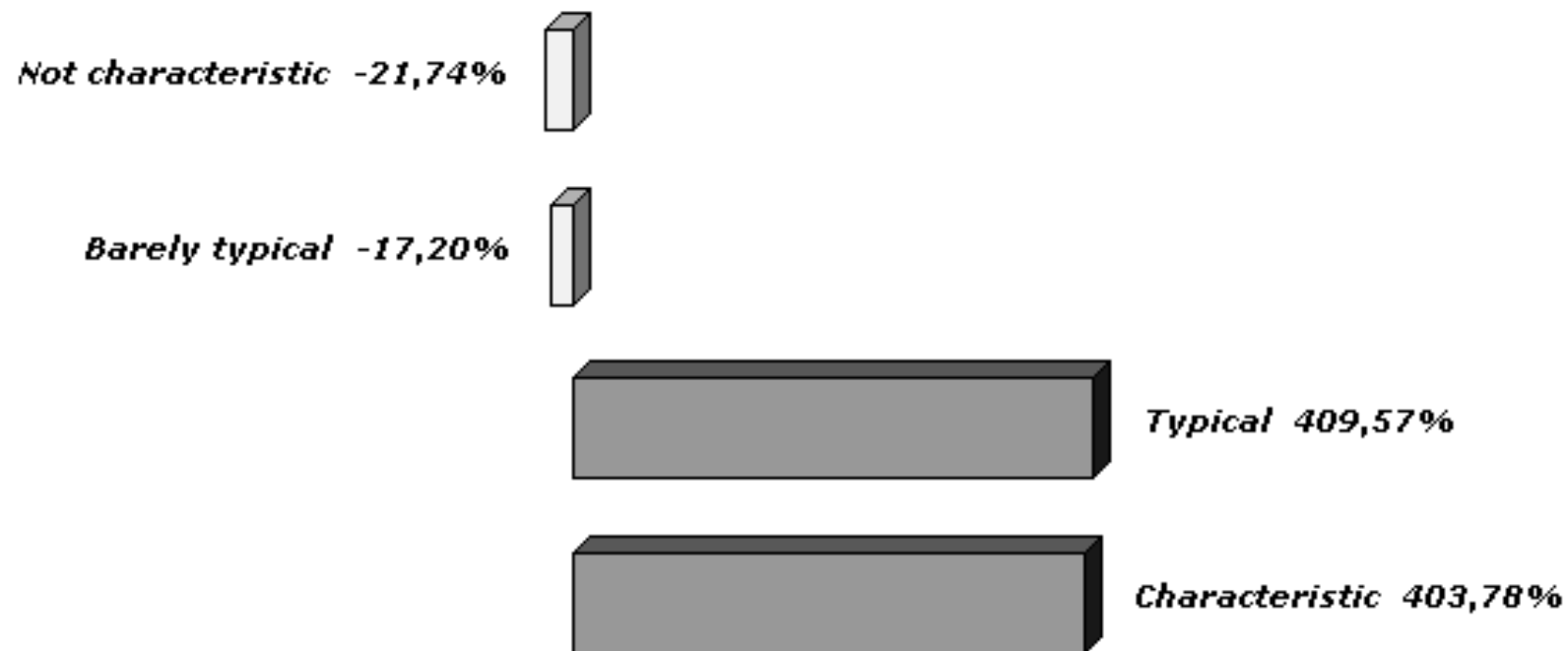


How often did it happen in the past year that you could not fulfil your duties due to heavy drinking?

Mean:0,019 SE:0,173 F:10,061 Sig.:0,000

"I am usually bored"

Age under 35 years

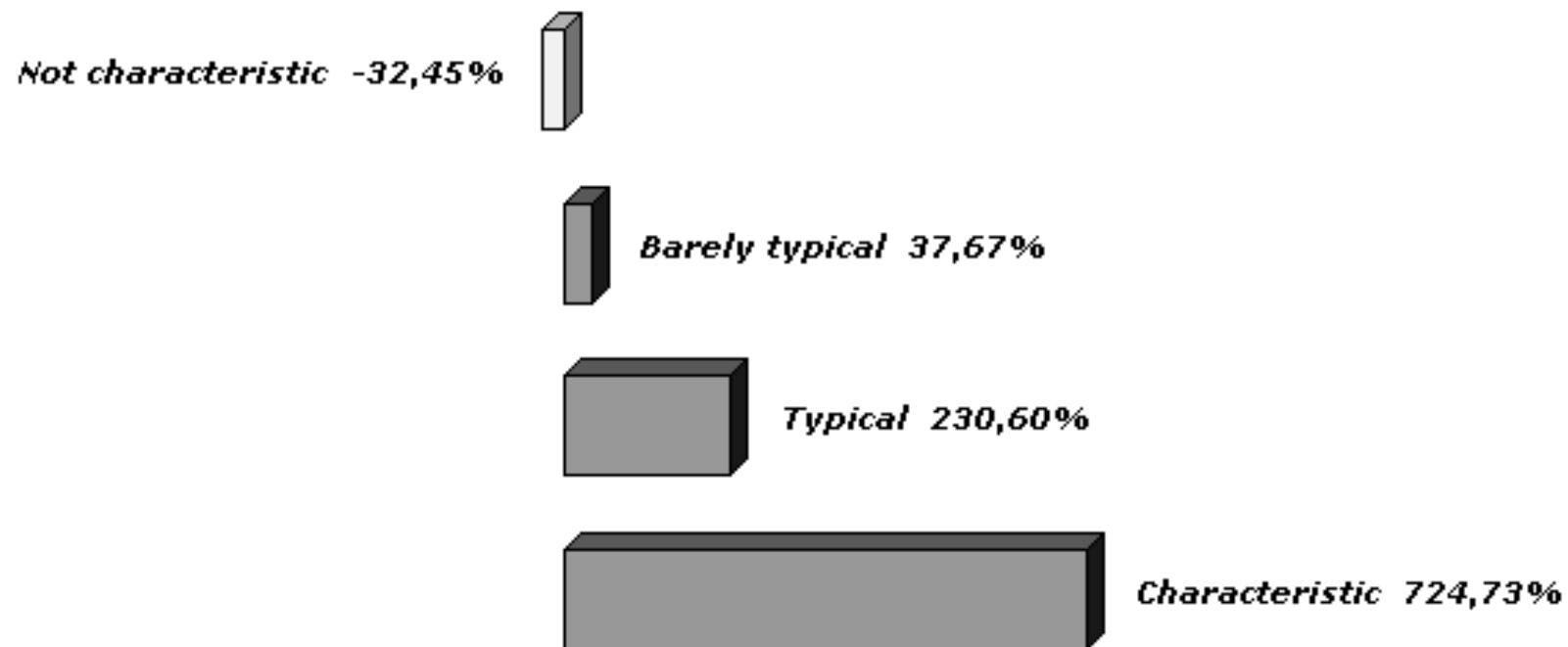


***How often did it happen in the past year that you had to
drink a beverage to start your day?***

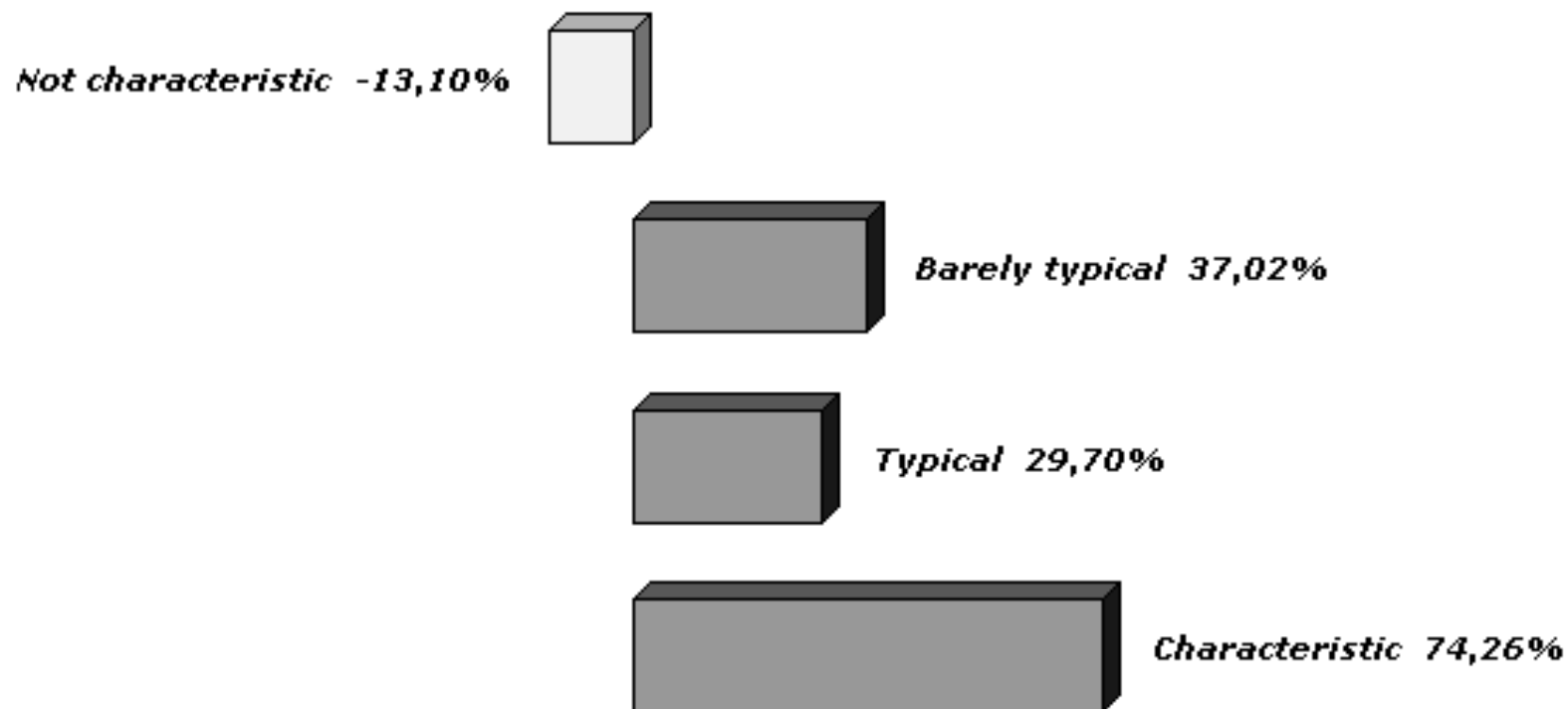
Mean:0,008 SE:0,111 F:4,277 Sig.:0,005

"I am usually bored"

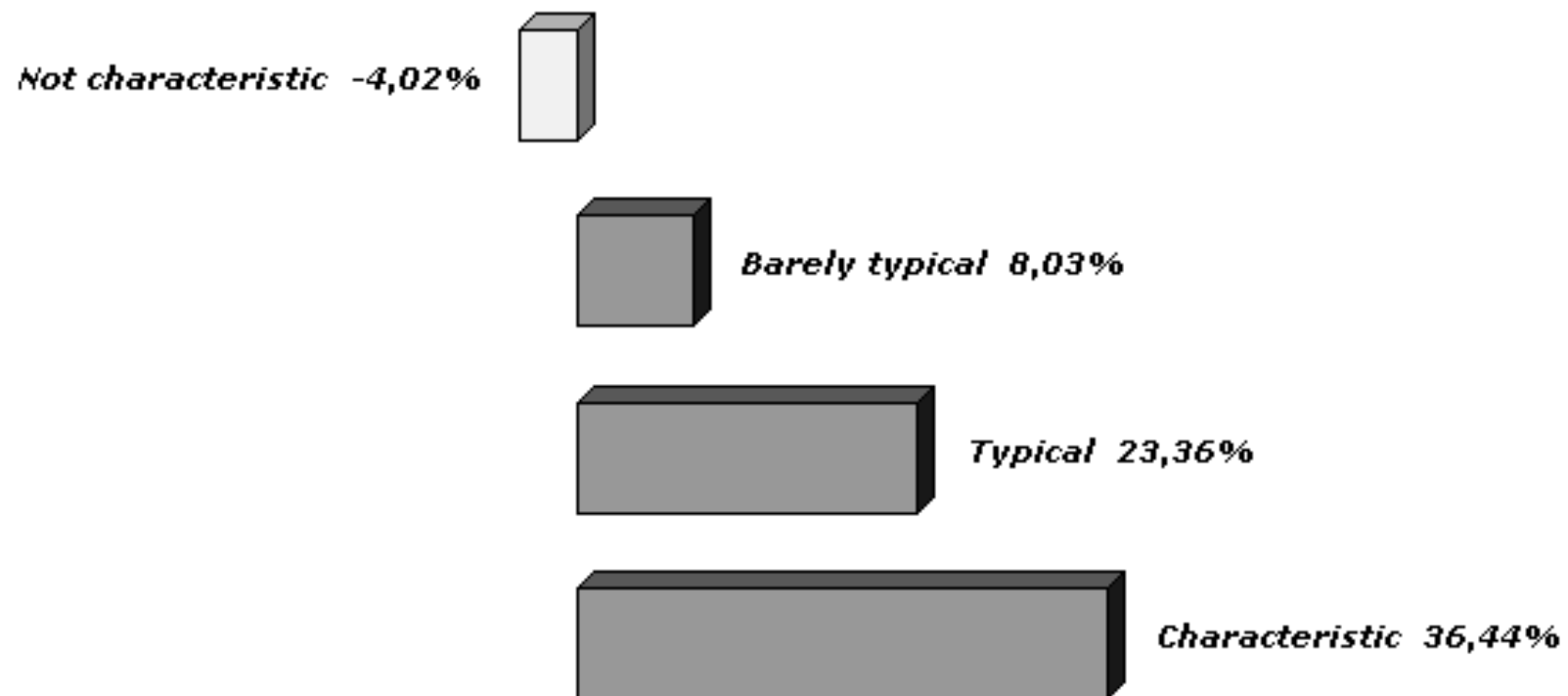
Age under 35 years



Have you ever taken drugs?
Mean:0,059 SE:0,235 F:3,760 Sig.:0,010
"I am usually bored"
Age under 35 years



TV watching (weekend, hours per day)
Mean:3,279 SE:0,037 F:16,184 Sig.:0,000
"I am usually bored"
Age under 35 years



The importance of boredom, lack of purposes in life

- Among adolescents the lack of purposes in life, that is lack of intrinsic motivation, which can be measured by boredom
- seems to be one of the most important determinants of psychological background factors of risky behaviours

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