



Age of Risk Behavior Debut: Trends and Implications

Most discussions about youth risk behaviors focus on rates of participation. Studies that report increases or decreases in numbers of teens using alcohol, drugs, or tobacco, participating in sexual activities or violent acts make banner headlines and drive the intensity of prevention efforts.

And rightly so. These data are essential to an understanding of youth risk behavior nationwide. But they do not provide a complete picture. An equally important data set relates to the age at which young people first participate in these risk behaviors, since age of initiation is directly related to not only subsequent risk behavior, but also to level of risk exposure and long-term health impact.

Studies focused on age of risk behavior debut reveal the critical reality that the earlier young people begin to participate in unhealthy risk behaviors, the greater their overall and long-term risk.

Adolescents who initiate health-risk behaviors such as sexual intercourse and substance

abuse at an early age frequently have poorer health later on in life, lower educational attainment and less economic productivity than their peers. Early initiation of these behaviors is associated with longer periods of risk taking in later adolescence and early adulthood and also may be a marker for risk taking in adulthood.

It is essential to recognize that the majority of youth do not participate in these unhealthy risk behaviors. However, to comprehend the full implications for those who do participate in unhealthy risk behavior, it is important to examine how age of risk behavior debut impacts young people.

While research consistently shows that young people who engage in one unhealthy risk behavior are more likely to engage in others, looking at specific data is valuable to gain a better understanding of how early risk behavior debut relates to each of five risk behaviors: alcohol, drugs, sex, tobacco, and violence.

Alcohol

Alcohol is the most widely used and abused drug among America's youth. Approximately 11 million 12 to 20 year olds currently drink, according to the 1997 National Household Survey on Drug Abuse; of those, 4.8 million were binge drinkers and two million were heavy drinkers.

The same survey reported that among youth ages 12 to 17, the rate of current alcohol use fell from 50 percent in 1979 to 21 percent in 1992, and has remained relatively stable since. This finding is consistent with other studies showing declining or steady rates of regular alcohol use among teens.

Juxtaposed to that encouraging data are statistics showing that youth are beginning to drink at younger ages. The mean age of first alcohol use has declined from 17.7 years in 1965 to 16.2 years in 1995. In that same time period, the rate of initiation of use among 12 to 17 year olds has more than doubled, from 63.5 per thousand in 1965 to 165.4 per thousand in 1995.

This is an alarming trend in light of National Institute on Alcohol Abuse and Alcoholism (NIAAA) research revealing that the younger the age of drinking onset, the greater the chance of the individual developing a clinically defined alcohol disorder. Young people who begin drinking before age 15 are more than twice as likely to develop alcohol abuse and are four times more likely to develop alcohol dependence than those who began drinking after age 21.

Overall, the study reported that the risk for alcohol dependence decreased by 14 percent with each increasing year of age of drinking on-

set. Similarly, the risk for lifetime alcohol abuse decreased by eight percent with each increasing year of age of drinking onset.

Age at first use is a powerful predictor of lifetime alcohol abuse and dependence. The prevalence of each of these disorders showed a striking decrease with increasing age at onset of use. Study findings identified preadolescence and early adolescence (ages 16 and younger) as a particularly vulnerable period for initiation of drinking, one that is strongly associated with an elevated risk of developing an alcohol use disorder.

Early onset of alcohol use is a major public health concern in terms of its impact on adolescent morbidity and mortality. Among adolescents and young adults, early onset of alcohol use has been associated with motor vehicle accidents, tobacco and other drug use, sexual intercourse, infrequent condom use and pregnancy, sexually transmitted diseases, violence, depression and suicide, and alcohol abuse and dependence. Long-term consequences of early onset of alcohol use is also associated with greater risks of other drug use and abuse.

Drugs

Data on how often and how early in life Americans start to consume drugs are important for tracking effects of prevention policies, explaining life-cycle patterns of drug use, and predicting drug problems. As with alcohol and cigarettes, age of initiation of illicit drug use is a powerful predictor of consequences and dependence. Epidemiological and clinical studies suggest that adolescents who begin drug use at early ages not only use drugs more frequently, but also



escalate to higher levels more quickly and are less likely to stop using.

According to the National Household Survey on Drug Abuse, while current illegal drug use rates among other age groups have remained stable or declined slightly over the past few years, the percentage of 12 to 17 year olds using illicit drugs in the past month in 1997 was 11.4 percent, marking a rise from nine percent in 1996.

The rise in use among youth ages 12 to 17 is the result of an increase in marijuana use. Regardless of age, marijuana is the most commonly used illicit drug; 80 percent of all past month illicit drug users reported using marijuana in 1997, either by itself (60 percent) or in combination with other drugs (20 percent).

The Household study found that nearly one in 10 youth ages 12 to 17 were current marijuana users in 1997. Prevalence of marijuana use among youth more than doubled from 1992 to 1997, and increased significantly between 1996 and 1997 (from 7.1 to 9.4 percent).

An even more important finding is that while prevalence of marijuana use among 12 to 17 year olds has decreased overall in the past two decades (with significant overall increases in recent years), the same age group is beginning to smoke marijuana at younger ages. The mean age of first use of marijuana dropped from 19.4 years in 1986 to 16.4 in 1996. In that same decade, among 12 to 17 year olds the rate of first use rose from 50.4 to 83.2 per thousand. In 1996, the rate of marijuana use initiation for youth ages 12 to 17 is similar to the estimated rates in the late 1970s, the peak years for marijuana incidence

among youth.

Other substances of concern in regard to first-time use trends are cocaine, heroin, inhalants, and hallucinogens. While, again, overall numbers of youth using these substances are not high, rates of cocaine initiation among youth ages 12 to 17 increased from four percent in 1991, to 11.4 percent in 1996. Historically, most initiation of cocaine use took place among young adults ages 18 to 25. Recent data shows decreases in use initiation in the older age group and increases in the younger.

The rate of heroin initiation among this age group increased from below 1.0 during the 1980s to 3.9 percent in 1996. A large proportion of recent heroin initiates are young and are smoking, sniffing or snorting heroin. Among recent initiates found in the 1996 and 1997 Household studies, 90 percent were under age 26 and 75 percent had never injected heroin.

Likewise, rates of first inhalant use among 12 to 17 year olds rose from 10.3 to 21.0 per thousand between 1991 and 1996.

In 1996, there were an estimated 1.1 million new hallucinogen users, approximately twice the annual number during the 1980s. The rate of initiation among youth ages 12 to 17 increased from 11.7 to 25.8 per 1,000 person years between 1991 and 1996.

The consequences of early drug use are myriad. One recent study by the National Institute on Drug Abuse (NIDA) found that individuals who abuse any one type of drug are at significant risk of abusing every other category of illicit drug. According to a study by Columbia



University's Center on Addiction and Substance Abuse, children who smoke marijuana are 85 times more likely to use cocaine than peers who never tried marijuana. While this does not mean that young people who use marijuana are going to use other drugs, it simply implies that they are much more likely to do so than their peers who have never used marijuana.

It is important to note however, that early drug use often leads to other forms of unhealthy, unproductive behavior. Illegal drugs are associated with premature sexual activity, delinquency, and involvement in the criminal justice system. Self-reported problem behaviors among 12 to 17 year olds associated with marijuana use included withdrawal; somatic complaints (dizziness, tiredness, nausea); anxiety and depression; social problems interacting with peers; thought and attention problems; delinquent, aggressive and criminal behavior.

Sex

The U.S. Centers for Disease Control and Prevention (CDC) announced in 1998 that for the first time in two decades fewer young people are engaging in sexual behavior that puts them at risk for HIV infection, other sexually transmitted diseases (STDs) and pregnancy. Percentages of high school students who reported having sexual intercourse in 1997 range from 38 percent in grade nine to 60.9 percent in grade 12, compared to 1991 figures of 39 percent for grade nine and 66.7 percent for grade 12.

This news is encouraging in the face of approximately three million cases of STDs annually among teens; approximately one million teen pregnancies per year; and HIV as the sixth

leading cause of death among persons ages 15 to 24.

Yet it is vital to view the statistics related to overall participation in sexual activity with data regarding first participation: age of first intercourse directly impacts overall risk and behavior patterns.

Just as overall trends in participation rates are promising, so are the statistics that show young people are delaying sexual activity longer. According to the 1997 Youth Risk Behavior Surveillance report, 7.2 percent of students nationwide had initiated sexual intercourse before age 13. That is a decrease from 10.2 percent in 1991. The largest decrease was seen among young males, dropping from 15.1 to 9.4 percent, compared to a modest decrease among young girls, from 5.1 to 4.5 percent.

Research shows that age of sexual debut directly impacts the number of sexual partners an individual has over time. Young people who participate in first intercourse before age 14 are significantly more likely to have more lifetime sexual partners. Fifty seven percent of girls who initiate sex before age 14 report six or more lifetime partners, compared to 10 percent of girls who initiate sex at age 17 or older. Likewise, 74 percent of boys who initiate sex before age 14 report six or more lifetime partners compared to 10 percent of boys who initiate sex at age 17 or older.

Because partner frequency — the number of new sexual partners over time — is a key factor in the spread of STDs, including HIV/AIDS, later age of sexual debut will result in fewer numbers of lifetime partners and, in turn, should



lower rates of STDs and HIV.

In addition, age of sexual debut is directly related to age of first partner, contraceptive use and coercive sexual activity. The age difference between adolescent girls and their first sex partners is related to their own age at first sex; the younger a girl is the first time she has sexual intercourse, the greater the average age difference between her and her partner. Only 18 percent of girls who were younger than 14 when they first had sex had a partner within a year of their age.

The narrower the age difference between teen girls and their first partners, the fewer the number of sexual partners they have during their teen years. While only one-third of teen girls whose first partner was two years older or more have no additional partners as teens, 42 percent of those girls whose partners were closer in age to themselves have no other partners. Conversely, 36 percent of teen girls with similar-age partners have two or more additional partners as teens, while 56 percent of teen girls whose first partners were five or more years older have two or more additional partners.

The closer in age teen girls and their partners are, the more likely they are to use contraception at first sex. Additionally, the degree of the age difference between teen girls and their first partners is correlated with the likelihood of ever giving birth while a teen. Teens whose first partner was five or more years older are almost twice as likely to have a birth during their teen years than teens whose first partner was within a year of their own age.

Non-voluntary first sex is particularly common among very young girls. Among girls who

had sex before age 13, 22 percent reported that first sex was non-voluntary and an additional 49 percent categorized it as unwanted. These figures decline among those whose first sex occurred at later ages.

Tobacco

According to the 1997 Youth Risk Behavior Survey conducted by the CDC, 70 percent of U.S. student's report ever smoking cigarettes (even one or two puffs). More than one-third of students nationwide (36.4 percent) were current cigarette users (had smoked cigarettes on one or more of the 30 days preceding the survey). More than 16 percent were frequent users (had smoked cigarettes on 20 or more of the 30 days preceding the survey). Slightly more than nine percent had used smokeless tobacco on one or more of the 30 days preceding the survey.

Most significant in terms of youth and risk behavior debut is the trend in the number of adolescents who become daily smokers before the age of 18, which increased by 73 percent from 1988 (708,000) to 1996 (1.226 million); from nearly 2,000 to more than 3,000 young people under age 18 becoming regular daily smokers.

In addition, the incidence of first use of cigarettes among individuals ages 12 to 17 has risen steadily during the 1990s. By 1996, there were an estimated 78 new daily smokers per 1,000 potential new users ages 12 to 17 — a rate that surpasses those of all other age groups.

Nationwide, one fourth (24.8 percent) of students have smoked a whole cigarette before 13 years of age. Overall, male students (28 percent) were significantly more likely than



female students (20.9 percent) to smoke; white and Hispanic students (25.6 and 24.9 percent, respectively) were significantly more likely than black students (17.4 percent) to have participated in this behavior before age 13.

Trends in earlier initiation of youth smoking determine long-term risk and health consequences. Experts agree and studies show that age of initiation is a powerful predictor of consequences and dependence. The likelihood of cessation is significantly higher in smokers who initiated smoking after age 13. Elementary school-aged initiators of cigarette smoking are least likely to try to quit or to succeed in those attempts, and are most likely to smoke as adults. The vast majority of people who become addicted smokers started smoking regularly before 18 years of age and will be addicted for an average of 16 to 20 years.

Violence

Media attention to juvenile violence has fueled the belief that juvenile delinquents are becoming younger and committing more serious crimes at earlier ages than young offenders of past decades. To gain a comprehensive understanding of youth delinquency and violence, and implications of its early onset, it is important to look at a broad picture.

Most juveniles who come into contact with the juvenile justice system do so only once. A study of the juvenile court careers of 69,000 Arizona and Utah youth found that 59 percent of all youth referred to court intake once did not return to juvenile court again. Both studies found males more likely to recidivate than females, and minorities more likely to have multiple official

contacts than whites. Another study of Philadelphia males who turned 18 in 1976 found that 42 percent of those with police contacts had only one by their 18th birthday.

In general, a juvenile law-violating career involves a wide variety of offenses. Most juveniles who commit violent offenses are persistent offenders who, as they continue to offend, eventually commit a violent act. As the delinquency career continues, more serious behaviors are added, but do not replace less serious law-violating behaviors.

The earlier the onset of a delinquent career, the greater the number of delinquent offenses juveniles are likely to commit before their 18th birthday. However, the average seriousness of the offenses in a delinquent career is not related to the age at onset. With age and the related increase in physical ability, and access to delinquent peers, weapons, drugs and situations that could lead to law-violating behavior, juveniles become more able and likely to commit serious delinquent acts

The National Youth Survey results confirm what other studies have found: a small portion of the population is responsible for a majority of the offenses. More than half of all offenses reported by this nationally representative sample and 83 percent of serious crimes, were committed by five percent of the youth.

The earlier a youth commits a serious violent offense, the more likely the youth is to continue this behavior in the adult years. The National Youth Survey found that 45 percent of youth initiating serious violent offenses before age 11 continued to commit violent acts into



their twenties, compared with about one-fourth of those who started at ages 11 and 12, and a lower relatively constant proportion for those who began such behavior at ages 13 to 17.

Data from the Rochester Youth Study indicate that among those who began committing violent offenses before age nine, nearly 40 percent became chronic offenders by the age of 16, compared with 30 percent who began committing violent offenses between the ages of 10 and 12, and 23 percent who began at age 13 and older. Similar data from the Denver Youth Study show that of those who initiated violent behavior at age nine or younger, 62 percent became chronic violent offenders during adolescence, and almost half (48 percent) of those who initiated violent behavior between 10 and 12 years of age eventually became chronic violent offenders.

Serious and violent juvenile (SVJ) offenders comprise a troubled and often dangerous population. Although their numbers are small, they are responsible for a disproportionate amount of crime. The majority of SVJ offenders are male and usually display early minor behavior problems that lead to more serious delinquent acts. When these youth begin to commit more serious delinquent acts, they typically also continue to commit less serious delinquent acts. The majority of SVJ offenders also tend to have multiple problems such as substance abuse and mental health difficulties in addition to truancy, suspension, expulsion and dropping out of school. SVJ offenders are also disproportionately victims of violence.

SVJ offenders differ from non-SVJ offenders in the following ways: the majority of SVJ

offenders tend to start offending early and continue offending longer than non-SVJ offenders. Also the age of onset of nondelinquent behavior problems is much earlier in SVJ offenders; chronic offenders account for more than half of all serious crime committed by juveniles, the vast majority of them are SVJ offenders; from childhood to adolescence, SVJ offenders tend to develop behavior problems such as aggression, dishonesty, property offenses, and conflict with authority figures; SVJ offenders typically advance simultaneously in each problem behavior area, beginning with minor problem behaviors and progressing to increasingly more serious forms of delinquency.

Offenders under age 15 represent the leading edge of the juvenile crime problem, and their numbers have been growing. Violent crime arrests, for example, grew 94 percent between 1980 and 1995 for youth under age 15, compared with 47 percent for older youth. As a result, the age profile of juvenile offenders has changed since 1980. Offenders under age 15 accounted for an increased proportion of all juvenile arrests for violent crime in 1995 (30 percent) compared with 1980 (25 percent).

The most recent juvenile arrest trends suggest that the juvenile justice system may have turned a corner since 1994. Violent Crime Index arrests declined three percent for all juveniles between 1994 and 1995, but dropped six percent among youth ages 13 and 14. The Property Crime Index arrests did not change between 1994 and 1995 for youth age 15 and older, but decreased three percent for youth age 12 or younger and dropped five percent for youth ages 13 and 14.



In 1996, the juvenile arrest rate for murder was at its lowest level since the beginning of the decade. A 1996 analysis of juvenile homicides examined where such crimes occurred and found that 56 percent of the country's juvenile homicide arrests were made in six states and that four large metropolitan centers (containing only 5.3 percent of the nation's juvenile population) accounted for 30 percent of such arrests.

While the significance of any single-year or short-term changes must be seen in an overall context, these recent trends are encouraging compared with earlier arrest trends and run counter to predictions of increased delinquency based on demographic trends of rising numbers of young people.

Trends

The long-term trends are clear. Over the past decades, young people have largely initiated these unhealthy risk behaviors at earlier ages. Without exception, the earlier young people begin to participate in alcohol, drug or tobacco use, sexual activity or violent acts, the greater their level and duration of risk.

A comparison study of age of initiation of alcohol use, cigarette smoking, sexual intercourse and marijuana use among male and female U.S. high school students found that the median age for female and male students for first use of alcohol was 14 years; for beginning to smoke cigarettes, 15 to 16 years; and for sexual intercourse, 16 to 17 years. Female students were found less likely than male students to initiate alcohol use, cigarette smoking, sexual intercourse, or marijuana use at very young ages. However, for all of these behaviors the pace of initiation

for female students accelerates so that by age 15 or 17 years, cumulative proportions having initiated each behavior for males and females are equivalent.

Using median values for age of initiation, the study found a common pattern for both female and male students: alcohol use started first, followed some 17 or 18 months later by cigarette smoking, then by first sexual intercourse about 10 to 11 months later. No pattern was established for marijuana use. For both female and male students, first alcohol use preceded first sexual intercourse by more than two years.

Indeed, these early risk behavior debut patterns are placing America's youth at heightened and long-term risk. "Adolescents — who should be the 34 million healthiest people in America — are dying at an alarming rate," a USA Today feature warned. "Most are not dying of incurable diseases or unavoidable mishaps. They are dying from the consequences of their own risky behavior."

The news report pointed out that of the 37,000 young people who die each year, 30 percent are killed in car crashes, almost half of them linked to alcohol. Roughly 10,000 are murdered, commit suicide or die of complications of AIDS.

Experts say that two-thirds of adolescent deaths could be averted if parents and their children did a better job of recognizing risks and guarding against them, that virtually all deaths due to injuries and HIV are preventable. But the death rate tells only a small part of the story. Just as worrisome are studies showing that unhealthy habits formed in childhood and early adolescence prime people for eventual heart dis-



ease or cancer, the nation's leading killers.

For youth who participate in these unhealthy behaviors, the risk is not only long-term but also quite broad. While involvement in one risk behavior does not guarantee involvement in another, multiple studies show connections and an increased likelihood that a young person will participate in other risk behaviors once the decision has been made to engage in one.

For example, youth ages 12 to 17 who drink and smoke are more likely to use illicit drugs. Youth who have as little as one alcoholic drink or one cigarette per month are ten times more likely to also use illicit drugs. Thirty-one percent of youth who reported having at least one drink in the month prior to the 1997 National Household Survey of Drug Abuse (current drinkers) said they had used illicit drugs during the same period, compared to just three percent of non-drinkers. Binge drinkers and heavy drinkers reported even higher rates of illicit drug use (60 and 74 percent, respectively). Among smokers, 43 percent reported using illicit drugs during the past month, compared to four percent of non-smokers.

The more frequently adolescents used marijuana in the past year, the more likely they were to report delinquent and depressive behaviors. Of the delinquent behaviors examined in an analysis of National Household Surveys on Drug Abuse over multiple years, being on probation, running away from home, and physically attacking people had the strongest relationship with frequency of marijuana use. Marijuana users age 12 to 17 were two to 20 times more likely to exhibit these behaviors than nonusers. Adolescents who used marijuana were also more likely

to report behaviors symptomatic of depression, such as thinking about killing themselves.

Sexual activity has been found to be an indicator of a larger pattern of unhealthy risk behaviors that includes using tobacco, alcohol, and illicit drugs and being involved in violence. A study of youth ages 12 to 16 published in *Pediatrics* found nonvirginal boys four times more likely to smoke and six times more likely to have ever used alcohol than boys who considered themselves virgins. Nonvirginal girls faced the same risks: compared to virginal girls they were seven times more likely to smoke and 10 times more likely to use marijuana.

Study researchers said, "Our data confirm that drug use, sexual activity, and other troublesome activities and feelings are common even among the youngest students. It has been increasingly recognized that these behaviors are interrelated." The report called sexual activity a "significant associate of the other health endangering behaviors."

Yet another study of eighth to 12th grade students found that gambling is common in adolescence, and that risk behaviors are associated with gambling in adolescence. Among males, study results showed that any use of alcohol, infrequent use of cigarettes, any marijuana use, any inhalant use, infrequent steroid use, frequent illegal drug use, seatbelt nonuse, driving after drinking alcohol, being threatened, carrying a weapon, being involved in a fight, and years of sexual activity were all significantly associated with reported gambling in the 12 months preceding the study. Level of involvement in gambling was associated with engagement in a higher number of risky behaviors. Of study respon-



dents, 72 percent of students age 12 and younger reported gambling in the past 12 months, compared to lower percentages in higher age groups reporting this behavior.

Implications for Prevention

The implications for prevention are clear. The older the age of risk behavior debut, the lower the level and the shorter-term the risk. Risk avoidance through delaying the onset of risk behavior initiation should be a primary goal.

According to Kandel's 20-year cohort study of stages of drug use, early use of tobacco and alcohol is the strongest predictor of progression to the use of marijuana and other illicit drugs. Researchers conclude that early intervention to delay the onset of tobacco and alcohol use should constitute the principle approach to drug-use prevention.

A study of adolescents experimenting with cigarettes concluded that, while primary prevention is not possible with adolescents who have already experimented with cigarettes, delaying the development of an established smoking habit could have enormous impact on smoking-related morbidity and mortality. Previous studies suggest that the longer the adolescent takes to develop a stable pattern of smoking, the fewer the number of cigarettes he or she is likely to consume as an adult and the lower the adolescent's risk of developing a smoking-related disorder.

Joseph A. Califano, Jr., president of the National Center on Addiction and Substance Abuse, has stated: "An individual who gets through age 21 without using drugs, without

smoking cigarettes and without abusing alcohol is virtually certain never to do so."

Results of a Grady Memorial Hospital program focused on helping students resist peer and social pressures to initiate sexual activity found that among students who had not had sexual intercourse by the end of the eighth grade, students who had not participated in the program were as much as five times more likely to have begun having sex than were those who had had the program. Those who participated in the program were significantly more likely to continue to postpone sexual activity through the end of the ninth grade than those who did not participate in the program.

Clearly, programs focused on delaying age of debut are valuable and should increasingly be central to prevention programs. Evaluations over time will show the impact of such programs on age of initiation, rates of risk behavior participation, and long-term impact.

Data concerning unhealthy youth risk behaviors must be viewed in light of the knowledge we now have of the importance of early debut. For example, overall decreases in a specific behavior may not mean a net reduction in that behavior's long-term consequences if the age of initiation has at the same time gone down in years significantly. Conversely, we should take great delight when we see the age of debut rising.

The Role of Parents in Prevention

In terms of prevention, the single most important, consistent protective factor for youth across the spectrum of risk behaviors is parents.



Many studies discuss the reality that parental modeling influences adolescents' early experimentation with substances such as tobacco and alcohol. Research has shown that children who hear about the risks of illicit drug use from their parents are significantly less likely to use drugs.

The National Longitudinal Study of Adolescent Health (known as Add Health), a study of more than 90,000 youth, examined data related to emotional distress, suicidality, violence, substance abuse (cigarettes, alcohol, marijuana), and sexual behavior. Researchers found the primary consistent protective factor for young people grades seven through 12 was parent and family connectedness.

The study report states that "Controlling for the number of parents in a household, controlling for whether families are rich or poor, controlling for race and ethnicity, children who report feeling connected to a parent are protected against many different kinds of health risks including: emotional distress and suicidal thoughts and attempts; cigarette, alcohol, and marijuana use; violent behavior; and early sexual activity."

Add Health defined parent and family connectedness as the highest degree of closeness, caring, and satisfaction with parental relationship, including both resident and non-resident mothers or fathers; and feeling understood, loved, wanted, and paid attention to by family members.

Parental presence in the home at key times during the day--before school, after school, dinner, bedtime — was protective for a number of risk behaviors. High parental expectations for

school performance was protective for specific behaviors. Parental disapproval of adolescent sex and adolescent contraception use was protective for early sexual debut.

Clearly, prevention programs must include parents as a central component to any effort if it is to be effective.

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