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Phony 'Youth Risks' Are a Risk to Youth

By Mike Males

When Food and Drug Administration official Steven Galson recently blocked over-the-counter "Plan B" emergency contraception because he worried that 11- to 14-year-old girls might increase their "substantial amounts of sexual activity," I wanted to scream at liberal sex-education advocates like the Alan Guttmacher Institute, Advocates for Youth and the Kaiser Family Foundation:

This is why it's insane to participate in phony media panics about a "junior high sexual revolution."

Liberals should know that America's media can't handle teenage topics responsibly. Reporters routinely sensationalize nonexistent "epidemics" of junior high sex and teenagers "hooking up" (meaningless jargon for everything from e-mailing to orgies), citing voyeuristic gossip and fevered "experts" who stoke the media fear factory.

The endless appetite of interest groups and the media for torrid teen-sex crises inflames anger at youths and causes reactionary backlash, such as draconian "welfare reform," abstinence-only school curricula, and ignorant, health-endangering moralizing like that by Galson, who is acting director of the FDA's Center for Drug Evaluation and Research.

As competition over funding, media attention and who can trumpet the most absurdly puritan stance on teenage behaviors becomes more fanatic by the week, the needs of institutions diverge from those of the youths they're supposed to serve. Obsession with broadly defined "risk behaviors" (many of which are just normal growing-up events) is burying the real, un-sexy hazards that young people face.

The latest Youth Behavior Risk Surveillance (YBRS) from the U.S. Centers for Disease Control (CDC) deplores yet again the fact that the leading causes of death among young people are traffic crashes, other accidents, homicide and suicide – as they have been since 1950, because teens rarely die from cancer or heart disease. The YBRS lists youth behaviors that supposedly put them at risk, led by use of alcohol and marijuana.

When examined, however, the YBRS and vital statistics measures from around the country show that these alleged risky behaviors have little to do with real risks. In fact, in states where more youths smoke marijuana, teens have significantly lower rates of homicide, drunken driving, traffic deaths, fatal accidents, gun deaths and total violent deaths, as well as lower birth rates and less gun-carrying. Teen pot-smoking is heaviest in New Hampshire, Vermont, Rhode Island and Massachusetts, exactly the states where teens are safest from violent deaths.

North Dakota youth drink alcohol 2.5 times more than Utah youth, but teen traffic death rates and suicide rates in the two states are very similar, and Utah youths are twice as likely to be murdered. Where students drink alcohol more, high school graduation rates are significantly higher and student obesity rates lower.

Worried about teens carrying guns? Relax. Murder rates are a bit lower where kids pack steel. West Virginia teens are three times more likely to carry guns than Massachusetts teens, but Massachusetts teens suffer higher homicide rates.

Dismantle those metal detectors. The YBRS shows that how many students take weapons to school has nothing to do with how many students are injured by weapons at school. Likewise, the rate of students reporting suicide attempts bears no relationship to actual teen suicide rates. Ohio students are twice as likely as those in Indiana to attempt suicide, yet Indiana students kill themselves considerably more often.

The above findings sound incredible, but they're based on sound comparisons of YBRS tables with each other and with state vital statistics and health statistics, using standard correlation and regression techniques. Analysis shows that most "behavior risks" that the CDC deplors are not risks at all. They don't reliably correlate with or predict bad outcomes among teenagers. They're not even consistent with each other.

The CDC could scrap the misleading measures in its surveillance and assemble a truer picture of teenage risks by using just one factor: how many adults in each state, community and family smoke, drink, use drugs, drive drunk, commit murder, commit suicide, etc.

For example, two behavior risks that the CDC identifies – carrying a gun and riding with a drinking driver – do indeed connect to higher likelihood of teenage suicide and traffic fatalities. But these aren't risks that teens invent. On a state-by-state basis, the rates for these fatal outcomes among youth closely parallel the suicide and traffic death rates among middle-aged adults – that is, the youths' parents.

Unfortunately, the CDC doesn't mention that adult misbehaviors create the biggest risks for teens – in fact, we define any attempt by teens to act grown up as "risky behavior" because American grownups act in risky ways. Agency goals focus simply on reducing the raw percentages of teens reporting so-called behavior risks, most of which appear to reflect the CDC's moral disapproval, not provable danger.

Authorities' fixation on invented risks and their neglect of real risks has become a major risk of its own to young people.

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