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Prevention
in
Perspective

A Statement of the
National Association of State
Alcohol and Drug Abuse Directors
and the
National Prevention Network

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ACQUISITIONS

The most rapid and dramatic improvements in the health of the public will result not from medical care but from preventive measures. This was true in the past, when infectious diseases were the major focus of concern. It is just as true today when noninfectious diseases are the most important causes of illness, disability, and death.

This quote, excerpted from an article titled "Elements of a National Health Program" by Milton Terris, M.D., provides the basic premise on which this document is founded.

About the document:

This document was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) through its affiliate, the National Prevention Network (NPN). It presents the philosophy of the NASADAD and the NPN as based on the public health model of prevention. It also outlines principles required for effective prevention programming and presents issues affecting the future of prevention.

The document is designed for prevention practitioners as well as other individuals interested in becoming involved in the field. Further, it is intended for use among public policymakers at the community, State and national levels. It is not a textbook on the history or practice of prevention but provides guidelines to assist in planning, developing and implementing effective prevention programming.

Because the field of prevention is constantly growing and adapting to the needs of an ever-changing environment, the NASADAD and the NPN recommend this document remain open for further development and refinement in the years ahead.

Acknowledgments

Special recognition and appreciation are extended to the members of the NPN Policy Committee, co-chaired by Steven M. Gold of Vermont and Barbara Stewart of Kentucky, for their hard work and dedication to developing and refining this document. Special thanks are also extended to the members of the NASADAD Prevention Committee, chaired by William H. Pimentel of Rhode Island, for their support of and assistance to this project.

Personal and special thanks are given to Gale Held, director of the Division of Prevention Implementation of the Office for Substance Abuse Prevention, for her leadership and recognition of the need for this document to enhance prevention programming.

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and
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Chapter I

Introduction

Activities designed to prevent alcohol- and other drug-related problems began to emerge at both the State and national levels in the early 1970s when Federal legislation first authorized funding for prevention services.

Since that time, the field of prevention has grown rapidly as evidenced by a tremendous increase in programming and a concomitant increase in the public's awareness of problems related to the use of alcohol and other drugs. These facts, coupled recently with greater legislative interest in this area, have brought more players into the field than ever before.

The NASADAD and the NPN work together to provide national leadership to this expansive field. The NASADAD, comprised of the directors of the State and U.S. territorial authorities responsible for alcohol- and other drug-related programming, develops and funds prevention, intervention and treatment services within the public sector. The organization also serves as a national advocacy group that seeks to influence public policies affecting the field as a whole.

The NPN is comprised of individuals appointed by the respective NASADAD directors who work to ensure the provision of quality and effective alcohol and other drug prevention services in their individual States and territories. This organization provides a communications network for the field of prevention and advocates prevention efforts designed to reduce the incidence and prevalence of alcohol- and other drug-related problems and promote overall health and wellness.

The NPN membership represents a significant level of research and practical experience garnered through efforts dating back to the early 1970s. This collective knowledge has been drawn upon to develop this document which provides guidelines to assist prevention practitioners and public policymakers in planning, developing and implementing effective prevention programming at the community, State and national levels.

Chapter II

Philosophy

Alcohol and other drug use and misuse represent a major health problem if not *the* major challenge to public health and safety promotion today. But before prevention practitioners and public policymakers can develop strategies to deal effectively with it, they must first examine and clarify their own attitudes, values and beliefs with regard to the problem. By improving their own understanding of the salient issues, they will then be prepared to develop the conceptual framework on which to base their philosophy, and ultimately, their program design.

Following years of experience in the field and the leadership afforded by the NASADAD through its adoption of the public health model of prevention, the NPN has chosen to address the issue in accordance with this same model. The public health model recognizes that prevention is a dynamic process and attempts to reduce both the supply of and the demand for alcohol and other drugs by focusing attention to three elements: the agent, the host and the environment.

According to this model, the agent is defined as alcohol and other drugs. The host is defined as the individual and/or group, their particular susceptibilities to alcohol- and other drug-related problems and their knowledge and attitudes that influence the drinking and other drug-using behavior. The environment is defined as the setting or context in which the drinking and other drug-using behavior occurs or is influenced and includes specific institutions and systems, such as schools and religious institutions; the community in which they exist; and the larger society and its norms and mores.

Prevention strategies that focus on the *agent* are aimed at reducing both the supply of and the demand for alcohol and other drugs by addressing the following factors:

- availability;
- advertising and promotion;
- pricing and taxation;
- enforcement;
- deterrence;
- content labeling;
- health and safety warning labeling; and
- other related issues.

These social policy approaches aimed at supply and demand reduction are a vital component of any comprehensive community, State or national prevention program.

Equally important are efforts aimed at reducing the demand for alcohol and other drugs by focusing on the *host*. Individuals use these substances for any number of complex biological, environmental or psychosocial reasons. In some instances, this use interferes with the constructive, pleasurable and meaningful benefits of life that are naturally derived

- to initiate a process among the general public that promotes overall health and wellness;
- to deter the illegal use of alcohol and other drugs through the enforcement of appropriate sanctions;
- to support abstinence as a legitimate choice;
- to delay the age of onset of use of alcohol and other drugs or to prevent onset altogether; and
- to avoid the development of problems related to the use of alcohol and other drugs.

Intervention, the next phase of the continuum, focuses on early detection and remedial action among persons identified through the school system, the family, the work place, the criminal justice system or other social systems. These demand reduction efforts are designed to identify those individuals or families who may be experiencing alcohol- and other drug-related problems; to assess the nature and extent of those problems; and to refer them to the appropriate services as needed to prevent the development of more severe problems in the future.

The final phase of this continuum consists of treatment strategies that include aftercare and ongoing support for recovery. These strategies attempt to arrest the disabling effects resulting from the misuse of or addiction to alcohol and other drugs in order to avoid further problems or disability. Because a relatively small percentage of the population consumes a disproportionately large amount of alcohol and other drugs, effective treatment strategies provided to this small but significant consumer population can greatly reduce the demand for these substances.

All three components of this continuum of care are designed to identify and respond to critical points in an individual's, group's or society's life where an investment of limited resources will have a higher likelihood of promoting the practice of healthy, low-risk lifestyles and of changing lifestyles in a positive direction.

In conclusion, the NPN and the NASADAD advocate the conceptual framework as provided by the public health model of prevention. This comprehensive approach addresses problems related to the use of alcohol and other drugs by focusing on the agent, the host and the environment. Thus, it acknowledges the importance of prevention, intervention and treatment strategies designed to reduce both the supply of and the demand for these substances.

Chapter III

Principles of Effective Prevention Programming

Increased emphasis on problems related to the use of alcohol and other drugs has encouraged prevention practitioners and public policymakers to promote a variety of programs using a multitude of strategies to accomplish their goals. In an attempt to ensure the quality and efficacy of these myriad approaches, the NPN has used research, practical experience and application of the public health model of prevention to identify several principles essential to prevention programming. These principles are critical for individuals, groups and organizations involved in alcohol and other drug prevention activities if they are to be effective at the community, State and national levels.

The NPN principles of effective prevention programming are as follows:

Philosophy

Effective prevention programming researches and adopts a conceptual framework through which it defines its respective attitudes, values and beliefs as they relate to the use and misuse of alcohol and other drugs. For example, the NPN and the NASADAD have adopted the public health model of prevention as previously addressed in Chapter II. This model recognizes that prevention is an ongoing process, not a single activity or event. It promotes strategies that attempt to reduce both the supply of and the demand for alcohol and other drugs. It provides the framework for a balanced approach to prevention programming targeting individuals, families, groups, communities and society as a whole through strategies that address the agent, the host and the environment.

Theory/Research Base

Effective prevention programming broadly examines theoretical and empirical research in order to ensure the accuracy, efficacy and credibility of its approach. In addition to reviewing specific alcohol and other drug research, it explores and incorporates into its program design any pertinent findings from other content areas. Research and experience in the fields of education, behavioral sciences and community development provide valuable tools for developing and implementing effective prevention programming.

Program Planning

Effective prevention programming is based on a sound, long- and short-term planning process that includes needs assessments and incorporates relevant state-of-the-art research into program policy, implementation and evaluation. The planning process is conducted and/or affirmed by a group that is representative of the multiple

systems within the community. For this reason, one community does not adopt the prevention strategies of another community without redesigning and tailoring those strategies to meet the specific needs of its respective individuals and groups and including components that are ethnically and culturally relevant and cognitively and developmentally appropriate.

The process includes a plan for program management that addresses staffing, staff development, funding and organization. Mechanisms by which the program can achieve self-sufficiency are also built into the design.

Goals and Objectives

Effective prevention programming develops a written document that establishes specific realistic goals and measurable objectives that focus on the prevention of alcohol- and other drug-related problems. The goals and objectives are based on needs assessments and are used to develop specific action plans appropriate for the target populations.

Evaluation

Effective prevention programming identifies the results it hopes to accomplish among the different target populations, sets specific criteria for defining success and establishes measurable indicators for such. It includes a mechanism for data collection on an ongoing basis and a method of cost analysis that can be used to calculate cost effectiveness. In addition, the outcomes of the evaluation include both an analysis of the process and a focus on behavior change and are tied back into the planning process so that appropriate programmatic changes can be made as needed.

Promotion

Effective prevention programming includes a promotional component that attracts people to prevention by showcasing its positive effects within the community and the respective target populations. It also includes a strategy for heightening public awareness, because increased public awareness can serve as a catalyst for coalescing public support, commitment and involvement. Potential prevention practitioners and public policymakers are key targets for promotional and public awareness strategies.

Comprehensive Approach

Effective prevention programming is comprehensive in its approach and recognizes the interrelatedness of the use and misuse of all psychoactive substances—alcohol, tobacco, over-the-counter medications, prescription medications and inhalants, as well as all illicit drugs. Ideally, programming includes the following components:

Multiple Strategies—Effective prevention programming involves the use of multiple strategies implemented in sufficient scope, intensity and duration so as to accomplish its goals and objectives and have a positive effect on the target popula-

cohol, tobacco, over-the-counter medications, prescription medications and inhalants, as well as all illicit drugs. Ideally, programming includes the following components:

Multiple Strategies – Effective prevention programming involves the use of multiple strategies implemented in sufficient scope, intensity and duration so as to accomplish its goals and objectives and have a positive effect on the target populations. Promising strategies include information, education, social competency skills, alternatives, law enforcement, community development and social policy. The social policy component is particularly important because it gives voice and articulation to the community's changing norms regarding the use of alcohol and other drugs. Specific social policy approaches include the development of written policies and/or the enactment of local, State and Federal legislation addressing availability, marketing and other relevant alcohol and other drug control issues.

Multiple Targets/Populations – Effective prevention programming addresses all segments of the population, including all age groups and social classes. It also takes into account the unique and special needs of the community and provides strategies targeting special populations, such as the elderly, high-risk groups and culturally, ethnically, and gender-specific groups. The impact and interrelatedness of each group upon the other is recognized and emphasized in program development.

Multiple Systems/Levels – Effective prevention programming uses multiple social systems and levels within the community in a collaborative effort. Each system's involvement is necessary but not sufficient by itself to ensure the maximum success of the program. In order to impact a full range of target populations, all relevant social systems must be included. These systems may include but are not limited to the following groups:

- families;
- religious institutions;
- schools;
- government;
- public and private sectors;
- community groups;
- law enforcement;
- judicial system;
- business and industry;
- media;
- service and social organizations; and
- health delivery systems, including alcohol and other drug agencies involved in providing referral, treatment and aftercare services.

Some effective prevention efforts target specific groups or individuals using a particular strategy and do not attempt to be comprehensive in nature. These approaches also must be developed, implemented and understood within the framework

of this comprehensive system in order to maximize the effectiveness of the community's overall health promotion and disease prevention effort.

Integration with an Overall Health Promotion System

Effective prevention programming is an integral, essential component of an overall health promotion and disease prevention effort that provides a variety of services offered along a continuum of care. Although this continuum is divided into three programmatic areas including prevention, intervention and treatment, it represents a continuous progression of strategies that meet needs identified from the prenatal stage of life until death. The prevention component of this continuum actually serves as an advocate for the intervention and treatment components, because prevention programs can increase knowledge and awareness of individuals or groups who are experiencing problems, and as a result, generate the concomitant need for intervention and/or treatment services.

Effective prevention programming includes broad-based wellness strategies as well as specific alcohol- and other drug-related strategies. In addition, it promotes partnerships with other agencies that also provide health promotion and disease prevention services. Through such partnerships, roles and responsibilities are clearly defined so that all agencies work together to promote clear, consistent messages and build a supportive community environment for the development of healthy lifestyles, behaviors and attitudes.

Community Involvement and Ownership

Effective prevention programming reflects the understanding that prevention is a shared responsibility among community, State and national agencies and organizations but that specific strategies are best accomplished at the community level. "Grassroots" ownership and responsibility are the key elements in program planning, implementation and evaluation. Such programming empowers the community not only to examine its problems, but also to take ownership and responsibility for their solutions. Public and private partnerships are a vital component in this area.

Long-Term Commitment

Effective prevention programming recognizes that there is no such thing as a "quick fix" solution to the problem and thus seeks to promote a long-term commitment that is flexible and easily adaptable to an ever-changing environment. It seeks to build upon its successes and continually enhances its efforts in an attempt to obtain the desired results. The long-term process integrates prevention activities into existing organizations and institutions, such as families, religious organizations, schools and communities, and ensures that strategies begin early and continue throughout the life cycle.

Replicability

Effective prevention programming documents its philosophy, theory, methods and procedures in sufficient detail and clarity so as to permit other organizations to assess its usefulness and applicability in their particular settings and to permit the development of similar or related efforts in these new and somewhat different settings.

In conclusion, effective prevention programming delivers clear, concise, coherent and unambiguous messages, programs and policies that occur in all aspects of the community. It is part of a planned, comprehensive, long-term and systematic effort that is soundly researched, evaluated and communicated. Approaches that ignore these principles are in danger of being both ineffective and wasteful and can cause an escalation of the very problems they are trying to prevent.

Chapter IV

Issues for the Future

The field of prevention has made great strides since the early 1970s when Federal legislation first provided funds for alcohol- and other drug-related services at the State level. As with any new and unfamiliar area, however, this progress at times has been difficult. Even today, the field is not without problems.

During recent regional and national meetings, members of the NPN facilitated the identification of a number of issues that must be addressed if the field is to continue to grow in the years ahead. Many of the identified concerns stemmed from inconsistencies among programs or ineffectiveness of specific prevention approaches, both of which have been discussed in Chapter III. Other issues warranted further consideration and more formal action.

Therefore, in concluding this document, the NPN and the NASADAD recommend the following:

- widespread and consistent application of the principles of effective prevention programming as presented in Chapter III;
- increased resources for the development, implementation, research and evaluation of prevention services;
- strengthening and utilization of existing State alcohol and other drug prevention systems and networks;
- increased involvement of cultural and ethnic minorities as prevention researchers and practitioners;
- development of a national five-year plan for prevention programming that outlines specific measurable goals and objectives as identified by the respective systems and target populations;
- development and implementation of strategies designed to retain competent practitioners in the field of prevention, such as competitive salaries, career development, educational opportunities and credentialing;
- recognition of the relationship between alcohol and other drug use and AIDS and the development and implementation of strategies to deal effectively with it;
- increased collaboration between researchers and practitioners in the design, development and dissemination of prevention research; and
- recognition of the underlying economic forces that tend to encourage the continued problematic use of alcohol and other drugs in our society and the development of strategies to deal more effectively with them.

All of these issues affect the future of prevention programming at the community, State and national levels. Thus, prevention practitioners and public policymakers must adequately address each one. Only then will the field be prepared to realize its maximum potential and respond to new areas of concern in the years ahead.

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Addenda

Prevention Policy of the National Association of State Alcohol and Drug Abuse Directors

Adopted June 1981 at the Annual Meeting in New Orleans, Louisiana

The National Association of State Alcohol and Drug Abuse Directors, viewing alcohol and drug abuse as the major public health problem, addresses itself to the issue of prevention along a multi-faceted dimension: (1) the host (the individual); (2) the agent (alcohol and drugs); and (3) the environment (society).

This three-factor approach—the host, agent and environment—coupled with the concept of primary, secondary and tertiary prevention provides the conceptual foundation for NASADAD's prevention efforts. Primary prevention and treatment are not polarized, but constitute aspects of a continuum.

Alcohol and drug abuse programs relating to this continuum, while divided into three major components—primary, secondary and tertiary prevention—should not be seen as separate entities. Rather, they are a continuous progression of strategies that meet identifiable needs ranging from birth to death. There are no clear divisions between primary, secondary or tertiary programs. These various approaches are designed to identify critical points in an individual's, group's, or society's life where an investment of limited resources will have a higher likelihood of changing lifestyles in a positive direction. The development of programs and strategies along this continuum has widely varying personal, social, political and economic considerations.

Host factors in alcohol and drug abuse involve an individual's motivation for using alcohol and other drugs. Individuals are frequently motivated to engage in alcohol and drug abuse by a perceived need to eliminate distress and to find pleasure through chemicals. By engaging in the uncritical use of these drugs, individuals replace the constructive, pleasurable and meaningful benefits that are naturally derived from healthy development and effective living. Consequently, NASADAD supports policies and programs that promote healthy development and effective living skills gained through effective education and alternative recreational activities.

In particular, the Single State Agency Authorities support those activities that (1) strengthen identification with viable role models (2) strengthen identification with and responsibility for "family processes"; (3) develop problem-solving abilities; (4) develop intrapersonal skills; (5) develop interpersonal skills; (6) strengthen system skills; and (7) develop judgmental skills. Such primary prevention activities provide opportunities and support for the development of personal living skills and responsible decision-making. By strengthening individuals, families and groups with resources necessary to constructively confront complex, stressful life conditions, people are enabled to live personally satisfying

and enriching lives. Through this there is the reduction of demand for chemicals. Proactive prevention is accomplished in part by having a society of healthier individuals.

It is known that agent factors such as kinds, amounts, effects of, and availability contribute significantly to alcohol and drug abuse problems. Therefore, NASADAD supports informing the public about the effects of alcohol and other drugs and the hazards of using them uncritically.

NASADAD also attempts to promote policies and practices that influence alcohol and drug availability, price, distribution, arrangements and consumption practices. Such goals are best pursued through an array of public education efforts as well as advocating appropriate legislation. Groups such as physicians, legislators, pharmaceutical companies, distilleries, breweries and wineries can act in an effective and expanded manner by doing their part to reduce substance abuse. However, these groups need to be sufficiently motivated to prevention and mobilized by those in the field of prevention. This represents an acknowledgment that we all have a shared goal in minimizing the occurrence and severity of disability and reducing the incidents of premature death related to the abuse of alcohol and other drugs. Herein, organizations and systems are seen as benefiting society and its human beings by reducing illegal, irresponsible and inappropriate use of alcohol and other drugs.

Environmental factors in alcohol and drug abuse also need to be addressed. It is known that the social, cultural, political, geographical, religious, ethnic, educational, legal, economic and family milieu has an influence on the degree of consequences of alcohol and drug abuse in this pluralistic society. Therefore, NASADAD supports those prevention efforts that enhance each community's capacity to mobilize organizational and legislative efforts to change these systems that impact negatively on the environment relative to substance abuse. One example of this is the phenomenon of the Parent Power Movement and its potential to shape our communities toward a drug-free culture. The aim here is to minimize those environmental norms and factors that contribute to the problems of alcohol and drug abuse. NASADAD advocates those actions, policies and procedures that are designed to shape our culture and our systems with their norms and policies in a way that is supportive of healthier lifestyles. These efforts take for granted that strengthening the individual is insufficient and that responsible citizens and agencies ought not to neglect the environment but rather to build on social and cultural bases.

NASADAD does not endorse any one of the above approaches to the exclusion of the others. Balance and combination of approaches is the key within the unique demands of each situation. More than likely, the situation will help determine what combination of approaches is best.

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<i>Tennessee</i>	Alcohol and Drug Abuse Services Tennessee Department of Mental Health and Mental Retardation 706 Church Street, 4th Floor Nashville, Tennessee 37219 Telephone: (615) 741-1921	C
<i>Texas</i>	Texas Commission on Alcohol and Drug Abuse 1705 Guadalupe Street Austin, Texas 78701 Telephone: (512) 463-5510	C
<i>Utah</i>	Division of Substance Abuse Utah Department of Social Services 120 North 200 West, 4th Floor P.O. Box 45500 Salt Lake City, Utah 84110-0550 Telephone: (801) 538-3939	C

		Type of Agency*
<i>Vermont</i>	Vermont Office of Alcohol and Drug Abuse Programs 103 South Main Street Waterbury, Vermont 05676 Telephone: (802) 241-2170, 241-1000	C
<i>Virginia</i>	Office of Substance Abuse Services Virginia Department of Mental Health and Mental Retardation P.O. Box 1797 109 Governor Street Richmond, Virginia 23214 Telephone: (804) 786-3906	C
<i>Washington</i>	Bureau of Alcoholism and Substance Abuse Washington Department of Social and Health Services Mail Stop OB-44W Olympia, Washington 98504 Telephone: (206) 753-5866	C
<i>West Virginia</i>	West Virginia Division of Alcohol and Drug Abuse State Capitol 1800 Washington Street, East, Room 451 Charleston, West Virginia 25305 Telephone: (304) 348-2276	C
<i>Wisconsin</i>	Wisconsin Office of Alcohol and Other Drug Abuse 1 West Wilson Street P.O. Box 7851 Madison, Wisconsin 53707 Telephone: (608) 266-3442	C
<i>Wyoming</i>	Wyoming Alcohol and Drug Abuse Programs Hathaway Building Cheyenne, Wyoming 82002 Telephone: (307) 777-7115, Ext. 7118	C
<i>American Samoa</i>	Social Services Division Alcohol and Drug Program Government of American Samoa Pago Pago, Samoa 96799 Public Health Services LBJ Tropical Medical Pago Pago, Samoa 96799	C
<i>Guam</i>	Department of Mental Health and Substance Abuse P.O. Box 9400 Tamuning, Guam 96911 Telephone: (671) 646-9262-69	C
<i>Puerto Rico</i>	Puerto Rico Department of Anti-Addiction Services Box B-Y, Rio Piedras Station Rio Piedras, Puerto Rico 00928 Telephone: (809) 764-3795	C

		Type of Agency*
<i>Trust</i>	Health Services	
<i>Territories</i>	Offices of the High Commissioner	C
	Saipan 96950	
	Telephone: (615) 741-1921	
<i>Virgin Islands</i>	Virgin Islands Division of Mental Health, Alcoholism and Drug Dependency	C
	P.O. Box 520	
	St. Croix, Virgin Islands 00820	
	Telephone: (809) 773-1992	

- * A = Single Alcoholism Agency
- D = Single Drug Abuse Agency
- C = Combined Alcohol and Drug Abuse Agency

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