FREQUENTLY ASKED QUESTIONS ABOUT PREVENTING ALCOHOL, TOBACCO, AND OTHER DRUG PROBLEMS

1. What is prevention?

Prevention is the sum of our efforts to ensure healthy, safe, and productive lives for all Americans. As applied to alcohol, tobacco, and other drugs (ATOD), prevention means keeping the many problems related to the use and abuse of these substances from occurring.

Successful ATOD problem prevention means that underage youth, pregnant women, and others at high risk do **not** use alcohol, tobacco, or other drugs. They do **not** cause harm to themselves and to those around them.

Prevention reduces the risk of danger and fosters a safe environment. Successful prevention leads to reductions in traffic fatalities, violence, HIV/AIDS and other sexually transmitted diseases (STDs), rape, teen pregnancy, child abuse, cancer and heart disease, injuries and trauma, and other problems associated with substance abuse. Thanks to prevention, our children stay in school. Our workers stay on the job. Prevention works! Let's make prevention work for everyone!

2. Why is prevention of ATOD problems important?

ATOD problems cost years of quality life. And, they cost money. For example, alcohol and other drug problems cost each man, woman, and child in America $800 a year, or nearly $200 billion.[1] If alcohol were never used carelessly in our society, about 100,000 fewer people would die annually from unnecessary illness and injury.[2] Each year, smoking takes the lives of about 400,000[3] and passive smoking about 50,000.[4]

In addition, prevention efforts strengthen our communities, schools, families, and individuals. Drug dealers are less likely to infiltrate strong communities. Schools with strong policies against smoking and drinking are healthier. Family members who serve as healthy role models help inoculate their offspring. Mentors offer support for healthy individual development.

These facts also help explain why ATOD problem prevention is important:

- Nearly 7 out of 10 manslaughter offenses occur after a person has been drinking or using other drugs.[5]
- Smoking and use of other tobacco products cause cancer and heart disease. Alcohol also is a factor in these diseases.
- The use and abuse of these substances frequently contribute to teen pregnancy, HIV/AIDS/STD transmission, child abuse, and other social problems.
- According to one analysis, persons who abuse alcohol and other drugs use two and one half times the medical benefits as non-abusers; and children of substance abusers also use more health care services.[6]

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Violence and disease represent large costs to taxpayers struggling with a record-setting deficit and ever increasing health care costs. Prevention means less money must be spent on preventable diseases. Incarceration is one part of the cost of violence and crime associated with ATOD problems. Violence diverts law enforcement personnel, clogs the courts, causes economic loss and mental anguish for victims, and dulls the potential of our Nation and our people.

Without prevention, young people make unhealthy and unsafe choices, jeopardizing our future abilities to compete in the global marketplace. We are unable to foster vital communities and ensure our Nation's vitality. Alcohol, tobacco, and other drug problems reduce human capital–people who can be working, paying taxes, making neighborhoods safe, and enhancing our ability as a country to compete in a new global economy.

3. What is the importance of prevention in health care reform?

Prevention is a major key to reduced health care costs. We can reduce costs associated with:

- Spinal cord and head injuries resulting from alcohol- and drug-impaired driving.
- Health, education, and rehabilitation costs associated with children born with Fetal Alcohol Syndrome or who are addicted, at birth, to illegal drugs.
- Chemotherapy and radiation for treatment of cancer occurring in passive smokers.
- ATOD-related emergency room visits.
- Imaging for broken bones and internal injuries associated with alcohol and other drug use.
- Burn treatment and rehabilitation for persons injured by cigarette-caused fires.

According to one analysis, we could reduce the Nation's expenditures on health care by $90.4 billion if alcohol and other drug problems were prevented.[7]

4. What do we now spend on ATOD problem prevention efforts?

Currently, the Federal Government spends only about $50 per person each year on prevention, treatment, and interdiction related to fighting drug problems (including $3.7 billion to State and local governments).[8]

5. How can prevention efforts reduce costs and boost the economy?

In two ways. As stated above, prevention can help reduce health care costs. Second, if we can keep our children in school and learning the skills they need, and if we can keep our workers productive in the workforce, we will boost revenues in a highly competitive environment.

We will produce the goods and services needed to expand our resources to reduce the deficit.

6. How do we know that prevention works?

Percentages of the population engaging in high-risk behaviors are decreasing. For instance, in 1979, nearly 20 percent of all adolescents ages 12 to 17 were drinking regularly. By 1991, that number dropped to under 10 percent.[9] The incidence of liver cirrhosis also has dropped significantly.[10] Alcohol-related traffic fatalities decreased by 10 percent, representing large numbers of young lives saved.[11]

7. Why should we continue to invest resources in prevention?

There are two very important reasons. First, we have to set up more intensive and repetitive interventions among those who have not been easily persuaded by previous efforts.[12] For example, there are still over 4 million youngsters who drink illegally. There are young people and adults who are at very high risk, for example, school failures, runaways, those who have been abused, children of substance abusers, and those living in high-risk environments. We have not yet achieved great success with these high-risk audiences despite demonstrations of promising approaches.

Second, if prevention efforts are not continued at an intensive level, the gains fall off. Young people entering school today, for instance, believe that smoking is harmful, but the rates of smoking begin to increase without "resistance" skill training and practice and policies that restrict availability, and other prevention efforts. Because prevention efforts have decreased, significant gains have not been made in reducing the use of tobacco products by youths.

More clearly, we can see that if we do not continue prevention efforts, diseases return. The recent resurgence of TB and measles underlines what happens when prevention efforts are not sustained.

8. How does prevention work?

Several strategies are used effectively, especially in combination:

- Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of ATOD use, abuse, and addiction and their effects on individuals, families, and communities, as well as information to increase **perceptions** of risk associated with ATOD use. It also provides knowledge and awareness of prevention policies, programs, and services. It helps set and reinforce norms (for example, underage drinking and drug dealers will not be tolerated in this neighborhood).

- Prevention Education: This strategy aims to affect critical life and social skills, including decision making, refusal skills, critical analysis (for example, of media messages), and systematic and judgmental abilities. Children learn to comprehend and integrate no-use messages.

- Alternatives: This strategy provides for the participation of targeted population in activities that exclude ATOD use by youth. Constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, ATOD use.

- Problem Identification and Referral: This strategy calls for identification, education, and counseling for those youth who have indulged in age-inappropriate use of tobacco products or alcohol, or who have indulged in the first use of illicit drugs. Activities under this strategy would include screening for tendencies toward substance abuse and referral for preventative treatment for curbing such tendencies.

- Community-Based Process: This strategy aims to enhance the ability of the community to provide prevention and treatment services to ATOD disorders more effectively. Activities include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. Building healthy communities encourages healthy lifestyle choices.

- Environmental Approach: This strategy sets up or changes written and unwritten community standards, codes, and attitudes–influencing incidence and prevalence of ATOD problems in the general population. Included are laws to restrict availability and access, price increases, and community-wide actions.

9. Who should practice prevention?

Everyone. Policy makers can deliberate after assessing the impact of policy decisions on alcohol, tobacco, and other drug problems, for example: zoning regulations for liquor stores, excise taxes on alcohol and tobacco, and the access to alcohol by youth at sports stadiums. Educators can weave prevention themes and messages into their skill-building exercises–regardless of content–in science, math, reading, and social studies. The faith community can help set low-risk community norms. Youth-serving organization leaders can offer alternatives or mentoring programs. Parents and older siblings can serve as role models and reinforce healthy lifestyle choices and have a good dialogue about drugs, AIDS, and other sensitive topics. Grandparents can help children practice refusal skills. Media representatives can develop stories celebrating youth who have chosen not to drink, smoke, or use drugs; stations can air public service announcements and programs. Governments can transfer knowledge about what works, with whom, and under what conditions. Law enforcement personnel can enforce laws related to driving under the influence and underage sales of tobacco and alcohol. Health care providers can conduct 5-minute screenings at lifecycle points in their patients' lives, for example, when children enter school, when they get sports or camp physicals, when they enter college, when they get married, when they consider pregnancy, when they enter the job market, when they experience a crisis, or when they retire. Pharmacists can provide information about the harms associated with alcohol abuse, tobacco, and illicit drug use, as well as mixing medications with alcohol and tobacco. Businesses can sponsor alternative programs for youth, skill-building seminars, and mentoring programs. Volunteers can become a "friend" to a child of a substance abuser. Child welfare workers can look for signs of alcohol or drug abuse in the home and make referrals.

10. What is the Center for Substance Abuse Prevention seeking to promote?

A society of people who make low-risk or no risk decisions about alcohol, tobacco, and other drugs. Such decisions greatly reduce the incidence and prevalence of injury, disease, and death associated with the use and abuse of these substances. And, these decisions produce a society that encourages early identification and treatment of those who already have ATOD problems .

11. How is CSAP's position on drinking alcoholic beverages different from temperance and prohibition models?

For those 21 and over, CSAP discourages high-risk drinking and drinking that places the drinker or others at risk from harm–such as drinking by drivers, pregnant women, or people who are alcohol dependent or alcoholic. CSAP follows the U.S. Dietary Guidelines of the U.S. Departments of Health and Human Services and Agriculture that recommend men limit themselves to two drinks per day and women to one drink per day. CSAP also supports those who voluntarily abstain from alcohol and other drugs for health, safety, religious, or cultural reasons.

12. What are the major needs for substance abuse prevention?

- Better studies to assess exactly what prevention services and policies work best for whom and under what conditions. For example, what works best for high sensation-seeking youth? What works best in communities beset with high levels of unemployment, poverty, and crime? What works best with men who have few personal support systems?

- Additional resources for implementation of prevention policies and practices at the community level, especially where hopelessness, despair, and poverty prevail.

- Expanded resources for addressing the myths and misconceptions about ATOD use (for example, that alcohol intoxication is funny or is seen as a rite of passage for the young) and to increase the realistic perception of harm.

- More culturally appropriate prevention messages and mechanisms to reach audiences with less exposure to traditional information channels.

- Ways to change norms–especially within high-risk environments, for example, college and university campuses, military installations, and high crime areas.

- A reduction in the disproportionate share of messages aimed at promoting alcohol and tobacco products among low-income populations.

- A decrease of availability and access to alcohol and tobacco products by youth.

13. Who benefits from prevention?

Everyone benefits from prevention. We already practice many types of prevention–when we brush our teeth, fasten our safety belts, and look both ways before crossing an intersection. We keep medicines, poisons, weapons, and sharp instruments out of children's reach. We read the warning labels of over-the-counter and prescription drugs. We encourage good nutrition and physical fitness. We limit our intake of fat and salt. We protect the safety of our food and water, our housing, and our automobiles.

We make prevention happen in many ways and benefit from the results. Our children are not poisoned. We have fewer injuries. We do not experience overdoses. We avoid obesity and related illness.

We can do the same in terms of preventing alcohol, tobacco, and other drug problems and reap many benefits. Let's make prevention a priority. Let's keep our children in school, our workers employed, and our country on the leading edge in the global competition.

14. How do I get additional information?

Call or write CSAP's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686; P.O. Box 2345 Rockville, MD 20852. Free materials will be sent to you within 4 to 6 weeks.

References

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2. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives,* Public Health Service, U.S. Department of Health and Human Services, Washington, DC. DHHS Publication No. (PHS) 91-50212.

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12. Ibid.

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