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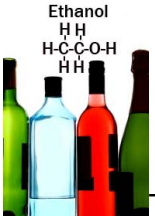
Part Two: Preventing Alcohol Problems



The harmful use of alcohol is the third leading risk factor for poor health worldwide and the estimated costs of alcohol abuse in the United States, which encompass lost productivity as well as medical problems, top $220 billion per year. There's a lot to be done. Fortunately, a lot is being done. April is Alcohol Awareness Month, a fitting time to acknowledge creative and effective prevention approaches that are reducing risk now—we've come a long way from the ineffective and sometimes harmful information-only scare tactics of the 1950s and 1960s.

Preventive interventions target the population at large (*universal*), persons at increased risk (*selective*), or persons with prodromal symptoms (*indicated*). Depending upon the characteristics of a particular person, existing programs might influence that individual at one or many points across his or her lifespan.

Universal interventions generally address an entire community, such as a state, county, or city. Most community-wide initiatives seek to either reduce the availability of alcohol or change the social norms that surround drinking. These efforts often use governmental regulations to promote change. They may, for example, impede opening new alcohol outlets, require Responsible Beverage Service training for alcohol outlet owners and staff, monitor alcohol outlets to ensure they comply with existing regulations, or establish Social Host Ordinances, which outlaw serving alcohol to minors in private residences. Raising taxes on alcohol increases the purchase price of alcoholic beverages and reduces alcohol consumption among drinkers who are price-sensitive, such as underage drinkers and some heavier drinkers.

Regulations that make alcoholic beverages less available or less attractive can protect

people from developing alcohol problems for the first time (*primary prevention*) and also may reduce drinking by people who already have problems (*secondary* and *tertiary prevention*). Further restrictions on alcohol advertising to youth and in low-income neighborhoods may be beneficial. Media campaigns such as designated driver programs influence attitudes and social norms, and help produce results at all three levels of prevention.

Selective interventions implemented by agencies and communities reduce present and future harmful drinking when they reduce risk factors and/or enhance protective factors in one or more target populations. When planning these interventions, rather than start from scratch, they often begin by reviewing the methods and results of programs developed elsewhere. They may even obtain direct assistance from the developers of the original program. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) organizes information on mental health and substance abuse interventions for all age groups. NIAAA recently published a review of programs for preventing alcohol abuse and alcoholism.

Selective interventions often focus on youth, and there are many good reasons to reduce drinking among people who are underage. For example, young people who drink not only place themselves at risk for immediate consequences, but they also place themselves at higher risk for future alcohol dependence. The RAND Corporation and the National Research Council and Institute of Medicine have published reports that examine a variety of specific approaches that reduce underage drinking.

Interventions to enhance protective factors in the very young (preschoolers) are often indirect, such as programs that bolster parenting skills. Other programs reach older children directly, frequently at school. Interventions to reduce risk factors may target youth involved in the juvenile justice system or who come from families where adults have substance use disorders. While programs for youth may aim to delay drinking, programs for college age youth and adults presume drinking and aim to deter binge drinking and other risky drinking behaviors. And while the need is growing, hardly any preventive interventions target older adults.

Preventive interventions designed to reduce the harmful use of alcohol likely reduce the harmful use of other addictive substances as well. Additional programs specifically target such problems as marijuana use and the nonmedical use of prescription medications. Yet a great

deal of work remains. It's time for us all to ***help make prevention a priority***.

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