

ADAMHA's Mission of Prevention

My personal commitment to prevention stems from a conviction that it is a fundamental means of improving the health of all Americans. Primary prevention activities directed toward changing behavior are effective; there is recent evidence that the adult American population has modified its health behavior in important ways (for example, alcohol consumption, cigarette smoking, and diet control). In the past decade we have also seen a significant increase in longevity for adults due primarily to a decrease in the number of cardiovascular deaths.

One of my first actions as Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) was to call for the development of an agency options paper laying out the significant issues of prevention for discussion and debate. A national conference was then held in Silver Spring, Md., in September 1979 to provide an opportunity for State and local input in formulating the agency's prevention policy and to determine if consensus could be reached on major prevention policy issues facing the alcohol, drug abuse and mental health (ADM) fields. This conference drew nearly 300 participants from around the nation; representatives of academia and major prevention constituency organizations as well as State and local program officials attended. The conference was organized around three central themes:

- Health promotion and disease prevention—opportunities and challenges;
- Commonalities in alcohol, drug abuse, and mental health prevention programs for children and youth;
- Multicultural approaches in alcohol, drug abuse, and mental illness prevention programs.

An emphasis on programing for children and youth seemed particularly important. We have not seen in young people, as we have in adults, behavior changes conducive to improved health, especially changes in alcohol and drug use and in mental and emotional health. Conference debate around this issue stimulated the agency to explore the potential for an increased number of jointly funded prevention programs directed to adolescents.

In another valuable conference exchange, ethnics of color questioned the relevance of evaluation requirements to the concerns of different cultural groups, sparking a review of the agency's practices in this area. In addition, the conference pointed up the need for a firmer conceptual base for prevention activities and the necessity of examining current funding policies, and it raised questions about the boundaries of ADAMHA activities relative to social change.

But the Federal Government's mandate for social change remains unclear. As an agency such as ADAMHA moves away from its more basic functions of research and community consultation and

education, much more controversy is generated in defining appropriate and realistic interventions.

The papers in this special section that follow demonstrate, I think, not only the cogent and thoughtful level of interchange which characterized this conference but also the participants' strong, shared commitment to prevention. This commitment continued to mark the shaping and refinement of ADAMHA's prevention policy as it evolved in the months following the conference. "ADAMHA's Prevention Policy and Programs 1979-1982", with chapters on prevention concepts, social change, evaluation, joint programing and funding, as well as other matters, is scheduled for publication in early 1981.

A number of issues remain unsolved and represent future possibilities for policy development. These include appropriate Federal-State-local roles in ADM prevention programing, concerns related to the elderly population, the role of schools, and opportunities for ADM prevention at the worksite.

I take pride in commending to researchers, policymakers, and others in the alcohol, drug abuse, and mental health fields these major documents in the evolution of ADAMHA's prevention policy.

Gerald L. Klerman
former Administrator
Alcohol, Drug Abuse, and
Mental Health Administration