

I am honored to be here today representing Community Anti-Drug Coalitions of America (CADCA). I was asked to provide the perspective of the constituents my organization serves and so I hope to provide not only a substance abuse prevention perspective but also that of community coalitions addressing substance abuse prevention.

The National Research Council and IOM should be commended for engaging in such a comprehensive undertaking in this call to action on prevention of Mental, Emotional and Behavioral Disorders and the promotion of mental health. This is a very comprehensive report and the emphasis on prevention AND promotion is much needed.

Some observations that CADCA would like to offer to this panel is that many of the examples for substance abuse prevention seem to be focused more on prevention for at-risk communities and less about mental health promotion. Mental health promotion is where many environmental strategies and systems change efforts can occur to create healthier environments. This emphasis is important because prevention on the population-level is the ultimate goal of our efforts. Coalitions engaged in substance abuse prevention are trying to accomplish this for their entire communities, not just a subset of youth. As such, prevention programs are necessary but not sufficient to achieve prevention and promotion for the entire community. One concern is that while many evidence-based programs exist, communities also need to think about the policy and practice shifts they can make to reduce risk and enhance protection. In the substance abuse field, these are called environmental strategies. For example, an evidence-based prevention program to prevent underage drinking for all 7th graders is necessary but not sufficient to achieve population-level reductions in substance abuse outcomes. We also need to address the home, school and community environments that are also contributing to risk and unhealthy behaviors. Consequently, it is critical to additionally focus on improving the environment, such as reducing access/availability (compliance checks, reducing alcohol outlet density, enforcing underage drinking and anti-drug policies). If we want to achieve population-level outcomes, then we need to go beyond individual and family-focused interventions and also look to ways to improve the environment and community systems.

Additionally, we need to think about how our prevention efforts fit local context. While interventions may be evidence-based, it is important to determine how well they may fit local conditions that are unique to each community. Ultimately, it is communities that are implementing prevention efforts. Since the response is local, we need to help communities implement community-based plans that address risk and promotion locally. Also, while we can look at interventions in isolation, communities implement a wide variety of interventions, and we need to help communities pick the right combination of programs, policies and practices to achieve the best health outcomes.

Finally, one of the recommendations of this report is a need for more research and to build researcher-community partnerships. This is critical to not only to reduce the research to practice gap but also to help practice inform research. Dr. Frances Dunn Butterfoss, a coalition researcher, spoke at a recent CADCA training event and said that “practice has outpaced theory” and this really is what we see with our coalitions.

Communities require solutions right now and so the timing of carefully planned, longitudinal research does not match the real-life urgency that exists in communities to respond immediately to growing problems. While additional research is needed and important, we also need to value knowledge that comes from community practice and determine how we can get solutions into the hands of communities more quickly but also to value the knowledge and lessons that come from the experience of our community practitioners.

Thank you for your time today and CADCA looks forward to continued conversations about how we can put mental health prevention and promotion at the forefront of policy and action.