

EDITORIAL

Putting prevention back on the agenda

This special section in the *Drug and Alcohol Review* is devoted to the theme of prevention. It is particularly timely that the *Review* should focus on prevention in early 2004 following the recent launch of Australia's National Drug Strategy Prevention Agenda by the Australian Government Department of Health and Ageing. Over recent years, there has been growing attention directed towards prevention in public policy both in Australia and overseas. There is also increased recognition of the capacity of prevention initiatives to offer protection from alcohol and other drug-related harms and to decrease the likelihood of a range of social and health outcomes.

Over the past two decades there have been significant expansions in the scientific evidence base underpinning prevention [1]. The literature in this area has grown exponentially. More importantly, as reflected in the papers included in this special section, the conceptualization of what constitutes 'prevention' has also broadened and taken into account perspectives from a variety of disciplines. Like Australia's National Drug Strategy Prevention Agenda, which has taken a broad public health systems approach, this section is equally broad in its sweep. We have included coverage of both legal and illegal drugs, and not only use of drugs but risky use and related harms. In addition, it is not only the role of treatment and intervention specialists that are considered but the crucial contributions of key partners such as the police, general practitioners, the criminal justice system, education and the wider array of human services system responses.

The recent groundswell of interest in prevention culminated in targeted activities by the Australian Government Department of Health and Ageing and the Intergovernmental Committee on Drugs (IGCD), including commissioning one of the largest and most comprehensive reviews of prevention activities undertaken nationally or internationally [1]. Also indicative of this interest was the Department being a major sponsor of an International Symposium held in Fremantle, Western Australia in February 2003 entitled 'Preventing substance use and harm: what is evidence-based policy?'. A selection of papers from this symposium forms the basis for this special section.

The symposium was also sponsored by the World Health Organization, NCETA, NDARC, the US-based Prevention Research Center and the WA Drug and Alcohol Office. It was also designated a Thematic Meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol.

The papers presented in this issue reflect an acknowledgement of the complex web of influences and processes, ranging from those at a macro-social global level through to national and local forces, that impact on individual health outcomes. No single prevention approach is indicated from the literature; rather, what is increasingly clear is that a range of strategies and approaches will be required that operate at different levels of and points on a prevention matrix.

An important aspect of this issue is coverage of the policy development process (see papers by D'Abbs [2] and Room [3] in particular) and the settings in which problems are often concentrated or which form a focal point of attention such as licensed premises (see Graham *et al.* [4] and Homel *et al.* [5]), schools (Caulkins *et al.* [6]) and primary care (Roche & Freeman [7]). Importantly, several papers also address methodological issues. The efficacy vs. effectiveness conundrum of basic secondary prevention measures such as brief interventions is examined by Roche & Freeman [7]. Caulkins *et al.* [6], in examining school drug education, also assesses the issue of efficacy vs. effectiveness and cost-effectiveness. He throws up a further challenge about the importance of juxtaposing behavioural outcome measures with the educational value or opportunity costs of school drug education. The application of an evidence-based approach to planning tobacco interventions for Aboriginal people is addressed by Ivers [8], while the paper by Stockwell *et al.* [9] provides an important, empirically driven examination of the question of whether prevention initiatives should be targeted or universal and applied in early in childhood and taking precedence over interventions in adolescence and adults. Important questions are raised in these papers that have implications for both practitioners and policy makers.

Several papers in this section also provide new information and insights about what constitutes effective

tive prevention under what circumstances and for whom. Room [3] provides an overview of the unique and important Scandinavian experience with alcohol controls, including government alcohol monopolies, variations in types of liquor outlets and changes in the days or hours of sale. Both the Graham *et al.* [4] and the Homel *et al.* [5] papers present outcomes of pioneering interventions designed to reduce alcohol-related violence in public places.

There are those that argue that prevention initiatives continue to be based on simplistic aetiological models—focusing on too limited a range of factors and placing too much burden for countering substance abuse on the individual.

Several deficiencies in current prevention trends have been identified (Adelman & Taylor [10]). These include insufficient attention to:

- 1 Greater understanding of the linkages among psychosocial problems
- 2 Expanding the breadth of prevailing models of prevention
- 3 Increasing standards for accepting ‘efficacy’
- 4 Moving forward to demonstrate ‘effectiveness’.

We believe that the papers presented in this special section go some way towards addressing these identified deficits. We also hope that the ideas, research findings and conceptual explorations offered here will form a useful contribution to improved prevention practice.

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