

Achieving the Policy Goals of the Institute of Medicine Prevention Report: Implementing Prevention for All American Youth, Families and Communities

Executive Summary

In March of 2009, the Institute of Medicine issued a new report on the Prevention of Mental, Emotional and Behavioral Disorders Among Young People.¹ Fundamentally, the report calls for ending the ration of prevention of mental, emotional and behavioral disorders among America's youth and young adults. Continued rationing of access to scientifically proven prevention causes a serious threat to the country's national security² and to our economic competitiveness compared to 22 other rich countries.³ Such mental, emotional and behavioral disorders are also the leading preventable cost center for local, state and the federal government.^{1 4} These are the disorders that cause our health-care costs to continue to spiral up and up.

The IOM Report calls for a public-health approach to mental, emotional and behavioral disorders—basically like how America dealt with the polio epidemic, measles, mumps, car passenger injuries to children, and accidental poisoning from medications and toxic chemicals. Why is this necessary? America's rates of some of these mental, emotional and behavioral problems are worse than other developed countries,^{5 6} and rates of some of these problems have objectively increased over the past 50 years in America.⁷ A public-health approach begins with key facts:

- 1) Potential harm to the population is high;
- 2) Individual risk is widespread;
- 3) Everyone deserves protection;
- 4) Stigmatizing people or groups reduces engagement in prevention; and
- 5) Universal approaches are cost-effective.

This document cites multiple examples of how a public health approaches can and have reduced or prevented mental, emotional and behavioral disorders for less per child than being spent for medical vaccines for childhood diseases. Many of these prevention approaches are being used by America's economic competitors, an ironic event since the approaches were largely developed and tested in America. This document suggest several key policy actions to improve America's by:

- 1) Unleashing consumer access to behavioral prevention strategies like car seats,
- 2) Creating third-party reimbursements that would reduce health-care costs,
- 3) Initiating public/private prevention mobilizations,
- 4) Using proven, powerful marketing campaign strategies, and
- 5) Creating cost-saving estimators like business software to calculate profit/loses from prevention strategies.

Achieving the Policy Goals of the Institute of Medicine Prevention Report: Implementing Prevention for All American Youth, Families and Communities

The Institute of Medicine Report on the Prevention of Mental, Emotional and Behavioral Disorders Among Young People¹ provides a powerful map for how the United States might significantly prevent mental illnesses and behavioral disorders like alcohol, tobacco and other drug use among America's youth. Mental, emotional and behavioral disorders among America's youth and young adults present a serious threat to the country's national security² and to our economic competitiveness compared to 22 other rich countries.³ Such mental, emotional and behavioral disorders are also the leading preventable cost center for local, state and the federal government.^{1 4} Further, safe schools and healthy working environments are seriously compromised by these disorders as well. Below are some brief highlights of the report:

"Behavioral health could learn from public health in endorsing a population health perspective"—(IOM, page 19).

"Families and children have ready access to the best available evidence-based prevention interventions, delivered in their own communities...in a respectful non-stigmatizing way"—(IOM, 387).

"Preventive interventions are provided as a routine component of school, health, and community service systems..." (IOM, page 387).

"Services are coordinated and integrated with multiple points of entry for children and their families..."(IOM, page 387).

"...Prevention strategies contribute to narrowing rather than widening health disparities..." (IOM, page 388).

The Why and How of a Public-Health Approach to Prevention

Why is a public health approach to the prevention of mental, emotional and behavioral disorders (which includes all addictions) necessary in the United States? A few simple facts make the point:

- Every family in America has one or more family members who have been touched with mental, emotional disorders.
- Every American business has one or more employees who are directly or indirectly affected by mental, emotional and behavioral disorders.
- Schools and communities across America are struggling with the costly burdens of these disorders.
- Some of these disorders are rising in prevalence in America,⁷⁻⁹ particularly the more disturbing costly problems such as conduct disorders.⁷
- The United States has more of these problems than many other rich countries,^{5 6} and there are increasingly clear epidemiological reasons why this might be so.^{10 11}

How is a public health approach different? A public-health approach to the prevention of mental, emotional, and behavioral disorders would look much different than only a risk and protective

factor based approach, and much more like the successes in European countries, according to the IOM Report (page 388-395). The impact of such policies are evident in the Netherlands, for example, where the utilization of psychotropic drugs among children and youth is ½ of that of the United States.¹² In the Netherlands, for example, two of the most highlighted prevention “behavioral vaccines”—Triple P (Positive Parenting Program) and the Good Behavior Game—are widely available to parents or teachers. Both are delivered as a matter of course, rather than selecting families, school or neighborhoods based on “rationing model” of prevention in which only those who have positive “screening” at an individual, family, school or neighborhood level receive prevention services.

A public-health model of preventing mental, emotional, and behavioral disorders—including the prevention of alcohol and substance abuse—would resemble the implementation of medical vaccines for childhood illnesses or behavioral vaccines like car safety seats for children or tobacco-use prevention.

A public-health approach begins with some basic assumptions that merit a bit of detail:

1. Universality of Harm. A public-health approach is predicated on data showing that risk of the problem or disease is widely distributed, and that vulnerability is common because of national, regional or even basic human vulnerabilities. Thus, car safety seats are needed because any child can be in a serious car crash, and any child can fall victim almost any of the serious childhood illnesses prevented by CDC designed medical vaccines. Similarly, the adverse impact of tobacco can harm any person. It is useful to note that virtually every family in America has one or more family members who have a serious addiction or have other serious mental, emotional or behavioral disorders.
2. Personal or Group Risk is Common. While some individuals or groups may have higher levels of vulnerability due to genetics, social conditions, or history, the overall risk of the problem or disorder is widely distributed. This means that attempts to isolate or identify the individuals or groups at risk is inefficient and prone to error. While it is true that some children and their families, for example, are more likely to be victims of car crashes, morbidity and mortality risk of such crashes is widespread. With a successful public health approach, the individuals or groups who need more intensive supports are easier to find.
3. Protection of the Whole Population. Protection against car crashes, against contagious life-threatening diseases, and against second-hand effects of tobacco are examples, wherein the health, safety and wellbeing of the whole of society are best served by a public-health approach. The burden of mental, emotional and behavioral disorders fits this framing. For example, a child with lifetime conduct disorders costs about \$1.4 million dollars, impacting public safety, health-care, social services, school and work-place productivity, etc.¹³
4. Stigmatizing Persons or Groups At Risk Reduces Prevention. When policies or practices focus only or mostly on presumed persons or groups at risk, there is often a paradoxically loss on inclusion of such individuals because of perceived stigmatization.
5. Cost Efficiency. Population-level or public health approaches are often more cost-effective in terms of preventive results, because of the problems of accurately identifying those at risk, recruiting participation and stigma. The tobacco control efforts in America and Europe clearly demonstrate the benefits of a public-health approach versus a risk-selection only approach.¹⁴

The Cost-Efficiency of A Public Health Approach

Can a public health approach work for the prevention of mental, emotional and behavioral disorders? The answer is, “yes” based on clear scientific data—especially when paired with a

“consumer” approach that allows individuals or groups to participate easily in the adoption, implementation, and maintenance of proven strategies. Let’s examine the evidence and rationale.

It is important to begin with an obvious, but not well-recognized detail about evidence-based prevention strategies for mental, emotional and behavior disorders (including alcohol and other drugs) in the United States. That is, not a single evidence-based prevention tool on the National Registry of Effective Programs and Practices (NREPP) for mental, emotional or behavioral disorders is available at Amazon or national retail chain in America.

Compare that to the prevention of childhood diseases or the prevention of childhood injuries. Most people can obtain a “walk-in” vaccination for children’s illnesses at “minute clinics” at Walgreens or CVS dotting major intersections all across America. Most families can obtain injury prevention devices (car seats, bike helmets, fall gates, electric socket protectors, medicine cabinet safety latches, etc.) at Walgreens, CVS, Target, Walmart or Amazon with minutes. Of course, the easy availability of such proven strategies does not mean that everyone uses them. Some people may need to be provided with free vaccines or car seats. Some people may need special supports to use or apply the strategies. Some groups, including schools, may need special marketing or cultural adaptations to succeed. Nevertheless, the reach, adoption and maintenance of these prevention strategies far out-strips the reach, adoption and maintenance of prevention strategies for mental, emotional and behavioral disorders in the United States.

While the proven strategies that can prevent mental, emotional and behavioral disorders are not easily accessible to individuals, families, schools or other groups in America, the things that we are trying to prevent are very easy to obtain directly as consumers. Ironically, alcohol, tobacco, and illegal drugs are accessible to students on virtually every school campus, but not effective prevention. Prescription drugs that are widely abused are, too frequently, promoted on TV channels everywhere, in print, on the Internet, in movies and on the radio. Your doctor gets free samples provided by, delivered to his or her office every week by pharmaceutical sales staff.

Evidence for a Public-Health Approach

Is there high-quality evidence – meeting the standards of evidence by the Society for Prevention Research¹⁵ – that population level, public-health approaches can prevent mental, emotional and behavioral disorders? Yes, here are a few examples, in which science-based prevention was not rationed but made widely available:

- Triple P Parenting Support System (IOM, page 167). There are now three population-level studies providing universal access to a system of parenting supports that families (not professionals) get to determine how little or how much they wanted.
 1. A broadcast TV show (“*Driving Mum and Dad Mad*”) resulted in viewership outdrawing “*Desperate Housewives*” in the same time slot in the United Kingdom. Of the family viewers, some 360,000 families had children with high-levels of mental, emotional and behavioral disorders, and 48% of those “high-risk” families were able to bring their children beneath the clinical score range using the tools from the TV show and website.¹⁶
 2. An 18-county randomized study, sponsored by the US Centers for Disease Control and Prevention using Triple P, was able to reduce three major population-level indicators of child-maltreatment in the nine randomly selected Triple P counties.¹⁷ All families, rather than risk selected families, were the target of the strategy, and the strategy was highly cost efficient at reducing maltreatment indicators at the cost of less than \$13.00 per child (ages 0-9) in the targeted counties.¹⁸ Reducing exposure to adverse childhood experiences is one

of the key pathways of preventing lifetime mental, emotional and behavioral disorders as well as high-health care costs.¹⁹⁻²²

3. A multi-city comparison study, called “Every Family”, was conducted in Australia. The target population was all parents of 4- to 7-year-old children residing in ten geographical catchment areas in Brisbane (intervention communities) and ten socio-demographically matched catchment areas from Sydney (5) and Melbourne (5), care as usual (CAU) comparison communities. At post-intervention there were significantly greater reductions in the number of children with clinically elevated and borderline behavioral and emotional problems in the intervention communities compared to the CAU communities. Similarly parents reported a greater reduction in the prevalence of depression, stress and coercive parenting. Findings show the feasibility of targeting dysfunctional parenting practices in a cost-effective manner and the public acceptance of an approach that blends universal and targeted program element. This is the first positive parenting system to demonstrate longitudinal, population-level effects for parents and children on mental, emotional and behavioral disorders.
- Tobacco Prevention. The following paragraph is from a recent publication on evolving communities with sustainable prevention strategies:²³ *“Project SixTeen is an example of a multimodal community intervention trial aimed at preventing youth tobacco use by random assignment, eight Oregon communities received an intervention that included classroom-based prevention curricula, media advocacy, youth anti-tobacco activities, family communication activities, and a systematic campaign to reduce tobacco sales to underage youth;”*²⁴ *another eight schools received classroom curricula only (i.e., Project PATH).*²⁵ *At one- and five-years post intervention, communities receiving the comprehensive intervention showed a significantly lower prevalence of cigarette use compared to those receiving the school-based intervention alone. At two years, ninth-grade boys in the comprehensive intervention, compared to those in the school intervention, reported lower use of smokeless tobacco. Over a span of four years, alcohol and marijuana use increased less rapidly in intervention communities than in the school-only communities.”* A recently completed systematic replication took elements from Project SixTeen²⁴ ²⁶ and applied it across two whole states, showing population-level reductions for two whole states on YRBS data for any 30-day tobacco use and everyday tobacco use—resulting in NREPP designation as “environmental policy” with a valid experimental design.²⁷
 - Behavioral Vaccines. A behavioral vaccine is a repeated behavior pattern that prevents or reduces morbidity or mortality, like hand washing or buckling a seatbelt. The Institute of Medicine Report (IOM, page 48) notes that the prevalence of disruptive behaviors has been increasing for the past two decades in America,^{7,9} and that America’s rate of such problems is worse on standardized measures than other rich countries.^{5,6} Most teachers can speak to this. Such early disruptive behaviors are core predictors of lifetime mental, emotional and behavioral disorders (including addictions) unless remediated or prevented.⁴ Such behaviors likely contribute disproportionately to the rise in psychotropic medications among American youth.¹² This finding suggests our country might require one or more “behavioral vaccines” that can address this in schools or homes as cultural universals (e.g., like the use of car safety seats) to prevent morbidity and mortality. Several candidate behavioral vaccines in the IOM Report could potentially protect large numbers from mental, emotional and behavioral disorders:
 - Prevent Sleep Deprivation. The IOM Report (IOM, page 212) points out that there is a need for a public campaign to increase healthy sleep among the nation’s children and

youth to prevent mental, emotional and behavioral disorders—including risk of addictions.²⁸⁻³⁰ Good sleep also reduces obesity in children and young adults.³¹⁻³³

- *The Good Behavior Game.* The Good Behavior Game (IOM, pages 158, 184, 209, 284) is an universal classroom intervention, invented by a 4th grade teacher.³⁴ This simple strategy gives teachers and students more time to have engaged learning,³⁵ and immediately reduces disruptive disturbing behaviors multiple studies across the world.³⁶ The Game also prevents the following mental, emotional and behavioral disorders in randomized trials with long-term follow up: ADHD,³⁷ oppositional defiant disorder,³⁷ conduct disorder,^{38 39} lifetime anti-social personality disorder,^{40 41} tobacco use,⁴² lifetime alcohol and substance abuse disorder,⁴¹ suicidality⁴³ while increasing academic achievement and high-school graduation.⁴⁴ This can be a behavioral vaccine³⁶ in any classroom, in any school and in any community. This is the only IOM discussed mental, emotional or behavioral preventive strategy that can be adopted by an individual teacher, not just whole schools or districts.
- *Parental Monitoring.* Data released after the publication of the IOM Report using the Monitoring the Future Survey and the Pride Survey Data show that substance use among America's adolescents has increased for three years in a row. The IOM Report notes that effective, warm and clear parental monitoring is an important protection against multiple problems such addictions, delinquency and sexual behavior (IOM pages, 168, 171, 189). Strategies that improve parental monitoring clearly reduce risky actions associated with mental, emotional and behavioral problems.⁴⁵⁻⁴⁷ Parental monitoring may be improved by simple media,⁴⁸ and a recent multi-community trials (after the IOM report) shows that such monitoring can reduce binge drinking and delinquency at a community level.⁴⁹ The PROSPER studies show that such parental and community monitoring skills can be promoted in whole communities, using high-quality experimental designs with reductions in multiple mental, emotional and behavioral problems among youth.^{50 51}
- *Omega 3.* As noted in the IOM report (Page 211-2), extensive epidemiological data show that omega-3 deficiency predicts many mental, emotional and behavioral disorders as well as disease prevalence rates.^{10 52} Randomized trials and other high-quality experimental studies now show that reducing omega-3 deficiency can prevent or reduce mental, emotional and behavioral disorders.⁵²⁻⁶⁰

Behavioral vaccines are easy to nest into a multi-level model of intensity. A behavioral vaccine typically begins with a near universal epidemiological finding that a pattern of behavior promotes wellbeing and reduces morbidity or mortality. Hand washing is a clear example, which benefits all. Thus, every federal and state health related agency has a universal focus on promoting hand washing. There are layers of intensity below the universal. Young children need more intensive coaching and reinforcement for hand washing. People with disabilities may require even more intense special supports for hand washing. Health-care settings in general have intense focus on hand washing, and the most intensive focus on hand washing will be in a surgical theater or intensive-care unit. Still, the cardinal principle is: everyone needs to do the behavioral vaccine of hand washing, and some need varying degrees of support to do so.

The most well developed example of a multi-level model of behavioral vaccines for mental, emotional and behavioral disorders is the Triple P system of parenting supports.^{61 62} Triple P begins with a core epidemiological finding that certain small behavioral patterns improve child-family wellbeing and reduce morbidity of mental, emotional and behavioral disorders.⁶³⁻

⁷³ From that epidemiological fact, Sanders and colleagues created a system to support that behavioral pattern. The accumulated evidence shows that their behavior vaccine is effective at a mass level on TV,⁷⁴ via the delivery of the behavioral vaccine in everyday work settings of parents,⁷⁵ via brief supports to use the behavioral vaccine in primary care settings,⁷⁶ via moderately intensive supports for individuals or groups to apply the behavioral vaccine,^{77 78} and via intensive supports for families with the highest clinical risk markers.⁷⁹ Using a behavioral vaccine multi-level model, it is possible to nest supports for the broad population and have rapid prevention impact on significant population-level indicators of mental, emotional and behavioral indicators.^{17 80} Such multi-level models are clearly more cost-efficient, and not just cost effective in terms of QALYS (Quality Adjusted Life Years).^{18 81}

Policy Actions

The IOM Report (page 388-392) notes that other rich countries are far more advanced in applying prevention science, with the irony that most of the research comes from the United States for these efforts. This is even true in the case of our Northern neighbors in Canada. For example, the Province of Manitoba established the Ministry of Healthy Living, which embraces Healthy Child Manitoba, inclusive of universal parenting supports as a true population-level, public health model using the Triple P model highlighted in the IOM report. Norway has implemented the original parenting behavioral vaccine discovered in America⁶⁸⁻⁷⁰ in their entire country,⁶⁷ which is probably one of the reasons that Norway has clear lower national incidence of mental, emotional and behavioral disorders noted in the IOM Report.⁵ As injury-control research on car safety seats was translated into broad public policy years ago, so can prevention science for mental, emotional and behavioral disorders. Here are a few policy actions that could make a big impact:

1. **Unleash Consumer Access:** Expand the scope of Centers for Disease Control and Prevention and other health and/or prevention agencies, to deliver and promote behavioral vaccines, just as the CDC promotes medical vaccines for common childhood diseases. These agencies could facilitate and enable direct consumer access (e.g., parents, teachers, business owners) to scientifically proven “behavioral vaccines” that can be easily adopted and implemented in homes, classrooms, and community settings. This would follow along the same lines as injury control products that are now easily accessible consumer products, and have clearly reduced injuries and deaths—from car seats, to latches, to non-slip rugs, to protective helmets, etc. The expansion of behavioral vaccines could include special calls for SBIR or STTR initiatives as well as special private sector incentives or state/local initiatives.
2. **Create Third-Party Reimbursements.** Make “behavioral vaccines reimbursable in health-care reform just as childhood medical vaccines are. If simple, cost-efficient strategies in the IOM Report like Triple P, the Good Behavior Game, or supplementation to end omega-3 deficiency can prevent or reduce costly problems such as ADHD,^{37 81} oppositional defiance,^{37 81} conduct disorder,^{39 81} or schizo-affective disorder,^{53 56} then these cost-effective strategies must become reimbursable in the context of the reconciliation bill for Health-Care Reform passed by the US Senate. Quick deployment of these incentives gives patients and physicians additional, low-cost options, which could significantly impact health-care costs quickly, as well as improve public indicators of wellbeing.
3. **Initiate Public/Private Prevention Mobilizations.** Key leaders (e.g., governors, mayors, first spouses of high elected officials, CEOs, corporate boards, and other leaders) could convene these partnerships to facilitate focused community mobilization prevention efforts. When communities mobilize around clear, simple evidence-based prevention strategies for many or all, there is consistent evidence that rapid change in major outcomes can happen. This

evidence comes from multiple sources including parenting literature,^{17 50 51 80} tobacco control literature,^{24 27 82} alcohol prevention efforts for communities,⁸³⁻⁸⁵ youth substance abuse,^{50 51} health disparities efforts⁸⁶ as well as a charitable activities such as United Way, Toys for Tots, etc. Focused community mobilizations or projects are different than broad capacity building or needs assessments efforts. Focused mobilizations or projects have clear objective goals and behavior change strategies, rather than emphasize developmental processes or attitudinal change. Successful focused mobilizations also avoid overt or accidental stigmatization by appealing to the broader good and not isolating those at risk or implying blame. Focused models are especially powerful when the risks are widely distributed, and the harms or benefits are widespread such as the prevalence of most mental, emotional and behavioral disorders (including addictions) among children and youth. These public/private partnerships leverage resources to contain the nation's most expensive problems, and reinforce and strengthen self-sufficiency rather than dependency.

4. Use Proven, Powerful Marketing Campaign Strategies. Collegiate and professional sports use powerful marketing strategies to engage many, and these same strategies have powerful analogues in public-health approaches for prevention. Media campaigns must urge people to join in common clear actions, rather than promote stigma, blame, fear, or just "awareness." Campaigns must have highly publicized "scoreboards" of people joining, participating and goals being achieved. They must:
 - Create a sense of belonging to something bigger and socially desirable.
 - Emphasize outcomes and measures that are visible or understandable to most citizens, not obtuse or infrequent measures.
 - Use "soft" competition between communities or groups to boost engagement in the goals
 - Give everybody something to do that makes a difference (which can include cheering, wear alignment symbols, etc).

Within the efforts, there are many opportunities for organizations (businesses, individuals, organizations, etc.) to be "sponsors" of the efforts. Further, such campaigns provide frequent rewards and recognition for change. These "social marketing" principles for prevention have been outlined in successful behavior change studies.^{27 87} The campaigns must utilize powerful techniques that have previously demonstrated success, including:

- Testimonials,⁸⁸
- Tupper-ware" type events or "tell two friends"—which, interestingly, has even been used to market new tobacco products,⁸⁹ and
- "Mobbing" or "viral" methods with Internet media.⁸⁹⁻⁹²

When these principles are used in prevention campaigns, very high levels of participation and behavior change are possible.^{27 80 87 93}

5. Create Cost-Saving Estimators. Every business plan includes a break-even analysis and a profit and loss analysis. This simply does not happen with the prevention of mental, emotional, and behavioral disorders (including addictions). Yes, the IOM Report includes a discussion of the benefits and costs of prevention (Chapter 9, page 241-62), and other documents such as the *Shoveling UP Report*⁹⁴ detail state-level burden of substance abuse. These documents are not sufficient for policy planning any more than reading an accounting textbook is sufficient to predict the profitability of any given business per se, in the absence of a specific financials. While QALYS (Quality Adjusted Life Years) are used in academic literature, they are not particularly useful for elected officials and the multiple agencies they

govern when it comes to figuring out how to balance federal, state, county or local budgets impacted by mental, emotional and behavior disorders and what the rate of return might be if major investments are made. Policy makers need straightforward spreadsheet estimators (like you find in package for a business plan) to show what the positive impact (costs averted or savings) might be across governmental and budgetary silos. These spreadsheet estimators need to have sliders, which policymakers or their staffs can easily adjust to examine different assumptions. These estimators are vital when considering prevention strategies, since there are proximal, immediate, and distal benefits—across budgetary silos.

Can this be done? The answer is yes. The population level study of the effects of the Triple P (see IOM, page 167 for description) study funded by the Centers for Disease Control and Prevention¹⁷ provides an excellent platform for illustration. First, the effect sizes for child maltreatment are at a population level, meaning that one only needs to input population data and matching prevalence rates for any selected political jurisdiction—all of which are federally collected. Second, the costs of implementation are established in a peer reviewed publication.¹⁸ Third, collateral benefits across silos have been demonstrated in a peer reviewed publication.⁸¹ Fourth, costs problems prevented by Triple P have independent assessments.¹³ Accordingly, a demonstration of such an estimator has been created showing three benefit domains for each state, with adjusters for some assumptions. This is visible and downloadable at www.paxis.org/triplep. If businesses routinely develop profit and loss estimates and break-even analyses for new products that have not even been sold, it is quite possible to develop similar estimators for proven and tested prevention strategies.

Summary

Policy and practice for the prevention of mental, emotional and behavioral disorders (which includes addictions) must include a public health approach—to reach all children, families and communities. This is one of the key messages of the IOM report. The response to unique individual, family, school, neighborhood or community risk factors will be most cost-efficient, if the “pump handle” for the contaminated well that serves all is cleaned up first. This must happen before implementing special interventions that might be needed for those more vulnerable to the contaminated water. This is the famous lesson of the cholera epidemic in London, and the analysis of water borne disease from a single pump by John Snow—the father of the public health approach.

The Institute of Medicine Report on Mental, Emotional and Behavioral Disorders¹ clearly outlines that we have a public health problem of mental, emotional and behavioral disorders, and a public health approach to affect all children and youth is required to move the population level indicators. The population-level public health approach often remediates the most difficult problems and difficult instances in controlled studies,^{17 80} which then lessens the costs of reaching higher-risk groups. In this spirit, the IOM report wisely calls on America to move from a “treatment oriented” approach to prevention, to a true public-health approach, wherein prevention is available for every child, family, school or community to prevent mental, emotional, and behavioral disorders—including addictions.

The time to act is now: we have the scientific knowledge from the IOM Report;¹ we have multiple proofs of large-scale prevention; we have an urgent need for the health of the Nation given epidemiological trends; we have economic necessity for safety and security of the Republic; our most potent economic competitors are already acting for their immediate and long-term benefit, and we have clear pathways for action via health-care reform and related initiatives. The true wealth of a nation derives from the health of all the minds, bodies, spirits, and behaviors of its children and youth. Let’s act for all our futures.

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