

## Prevention Of Problems Gets Emphasis By Group

**BY BILL NOBLITT**  
Prevention of a host of social and personal problems before they reach a crisis stage is surely a desirable goal, a growing number of health and education experts agree. But there are a variety of stumbling blocks in the way of that aim. Existing special interest

treatment systems, well funded and backed by organized supporters; the political savvy of already organized interest groups; and the lack of political understanding or clout on the part of "preventers" are the principal problems, according to a group of local, state, and national proponents of prevention who participated in a

clinic at Charlotte. What is prevention all about? A statement growing from that conference sums it up:

**Fragmented**  
"Our health delivery agencies and even our educational institutions have become more and more specialized to address symptoms and problems rather than enhancing the growth and coping capacity of the total person."

"Primary Prevention is an obligation of all health delivery and educational systems; has no selective target population; addresses the need of the total

person before the case becomes history; and offers alternative styles and skills for coping with stress to an individual (through) preventive health measures, preventive social measures, psychological growth and personal skills, and spiritual growth."

Dr. Sarah Morrow, secretary of the North Carolina Department of Human Resources, has said essentially the same thing in other words. She doesn't think the system has done enough to prevent problems; and has concentrated on rehabilitation after the problem is severe.

Dr. Morrow says she would like to lead the social programs in this state in the direction of treating the whole person, with particular attention to early childhood intervention.

But the Charlotte conference sponsored by the Charlotte Drug Education Center and the College of Human Development and Learning at the University of North Carolina at Charlotte helps to ferret out the roadblocks in that path.

Dr. Jonnie McLeod, a Charlotte pediatrician, associate professor at the Charlotte campus, and chairman of the

North Carolina Drug Commission, was a chief organizer of the session and is pushing for statewide participation in an Alliance for Primary Prevention.

**The Blocks**  
Some brief excerpts from remarks by participants in the conference help to focus on the problem:

Dr. Charles Palmgren of Atlanta: "Our task is one of making institutions personal and accountable...We must reduce the competitive fragmentation...There must be a willingness to share information,

personnel, and financial resources. Turf protecting must be phased out in favor of turf sharing..."

Dr. John Olsen, chief of preventive services, national drug agency: "At the present time, we spend two per cent of our money on (prevention), or less, I would say that if we looked at the other institutes...we might find the percentage is even less..."

"Why is this?...it is much cheaper to deal with people before they become addicted (but) why spend \$70 when you can hold out for a little while and

get \$1,700...prevention is just much of a threat to the whole treatment industry...if we prevented illness, it would be cost effective that it would pay for itself..."

Phillip J. Kirk, Jr., former secretary, N.C. Human Resources: "...what is wrong with America is the sum total of what is wrong with parents...problems are identified a solved early, future serious a costly troubles...can avoided...(and with existing resources) by recognizing a training those already available locally."

## Health Watch

True or false?  
- A generic and a "brand name" drug are exactly the same.

- "Brand name" drugs are always more expensive than generic drugs.

The answer to each of the above questions is false.

For the past few years there has been an escalating controversy about whether or not the prescription you receive from your physician should be for generic drugs rather than brand name drugs in most cases. Proponents claim that generic and brand name drugs are exactly the same and result in substantial savings.

Each drug has a specific chemical name - its generic

name -- but several pharmaceutical companies may use the same chemical in making its own tablet or solution. They call this drug by a brand name that only they can use.

To illustrate the difference, carbon is a generic term, but it could mean a diamond or a chunk of coal. There are generic equivalents but they are certainly not the same.

But just because the chemical is the same in two drug products does not mean that the two are exactly the same. There are, in fact, 32 different factors which affect the therapeutic action of a drug product. For them to be exactly the same they must include exactly the same ingredients, exactly the same methods of formulation, and exactly the same quality control. No two manufacturers make the same drug product exactly the same way.

When your doctor prescribes a brand name drug for you he does so for a specific medical reason. His medical and professional opinion is based on hard earned academic knowledge and experience. He has access to your personal medical factors that no one else has, factors that could influence how a particular drug formulation acts on your body. If you have questions about your prescription, ask him.

As far as costs are concerned brand name drugs are not always more expensive than generic drugs. In states such as Massachusetts, Maryland, and Kentucky, where generic substitution has been allowed for some time, surveys have been unable to demonstrate consumer savings.

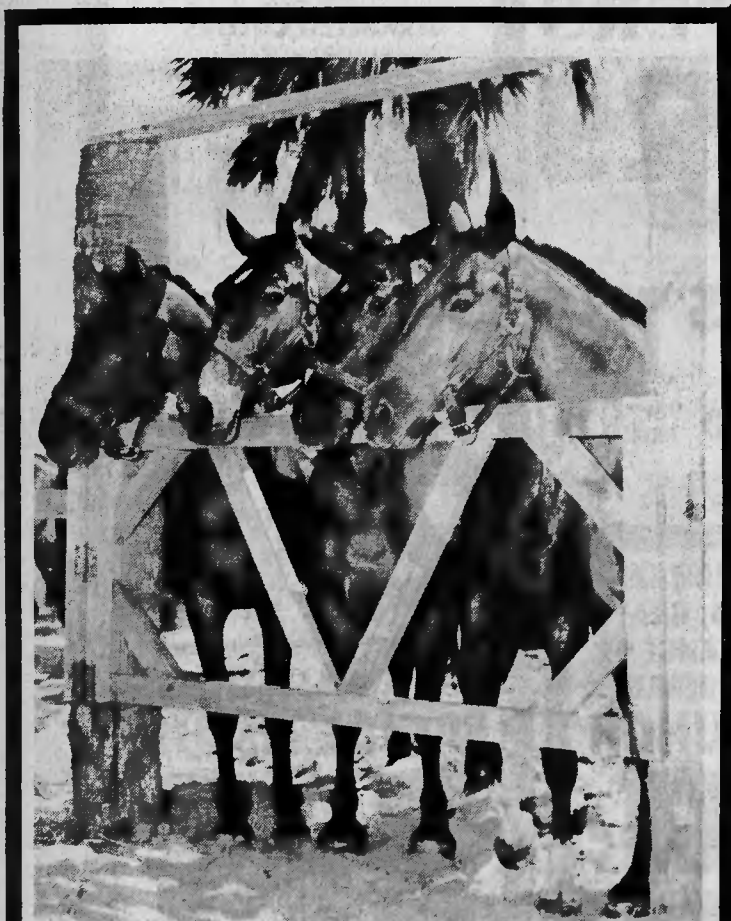
The fact remains that you have a right as a patient to have the specific drug that will work the best for you. Which would you rather have, a diamond or a chunk of coal?



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