Questions Asked During Live Webinar Broadcast on 02/12/2015

Q: How do you propose a prevention strategy with prisoners who often feel that their lives are damaged to the point of no return?
A: This is an excellent question and one that my agency has experience in covering based on several years of contract work with the local prison system. As a side note, the main source of funding for prevention agencies is the federal Substance Abuse Prevention and Treatment Block Grant. That grant prohibits services to the incarcerated population (on the premise that they receive separate federal funds for services) which is why we provided services under a different contract.

Although the classes we provided were for the inmates – a population whom one would think is beyond the reach of preventative efforts – we found that prevention courses and knowledge were still relevant and applicable. Some of the classes we taught were about anger management, parenting skills, life skills, and communication skills. We found that this provided inmates with a new sense of empowerment and the ability to be more mindful about how they could live their lives. The definition of prevention according to the federal Center for Substance Abuse Prevention is “... a proactive process. It empowers, individuals, and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.” One can see based on that definition that people are never beyond reach. The classes and knowledge provided to the inmates gave them hope, and that in turn helped them realize that their lives were not damaged beyond the point of no return.

This held particularly true when we were able to participate with them on family visitation days. For example, one group we worked with wrapped up their parenting class by doing an art activity with their children. The activity was to create a book with their child about their family, their life, and their hopes and dreams. In that setting we could see this amazing group of people begin using their new skills to more effectively interact, communicate and bond with their families. The seeds of prevention we planted with them gave them the opportunity to be proactive and positive in improving their relationships, interactions and communications with their children and spouses. It’s never too late. Even though some of the inmates were incarcerated for life, they became part of the prevention process for their own children, showing that it is never too late to change the course of a life.

Q: How does harm reduction fit in the prevention model? How do you bring the criminalization of addictions on board with prevention instead of incarceration?
A: These are definitely big, and sometimes divisive, questions in our addiction field right now. I wish I had “the right” answer, but there are many opinions as well as facts that support sometimes opposing perspectives. I can share my professional experience on this, and hopefully that will provide some useful insight.

Harm reduction as it fits with the prevention model: My agency is currently involved with a variety of community groups, one of which focuses on harm reduction. There are a lot of ways to look at harm reduction. One specific way is that the availability of naloxone (used to combat accidental overdose) prevents accidental, drug-related deaths which in turn provides individuals with another opportunity to make a positive change in their lives (although, yes, we know in our field that it also goes the other direction and creates another opportunity to abuse substances). So another and broader way to look at harm reduction is to view it in terms of larger social impact. One example of what I mean is that by preventing addiction we also prevent
public safety hazards related to access to alcohol and other drugs. In that way, harm reduction is prevention. Remember that the mindset of prevention is not limited to substance abuse prevention, but is an overall effort to prevent suffering, illness, and social and economic costs and so issues related to public safety would fall into that perspective.

Prevention instead of incarceration: The story about “Upstreamers” during the webinar outlined how many of us in the behavioral health (addiction and mental health) field are right at the edge of the waterfall facing the immediacy of saving lives, and that when faced with that immediacy it is difficult to be comfortable with even one person swimming away from the problem even if they are swimming towards the source of the problem so they can stop it. The National Prevention Strategy (NPS) provides us with a means by which we can prevent and decriminalize addictions. I mentioned that the NPS was developed by seventeen federal offices working together to create this roadmap to health and wellness. Some of the partners are those from whom a prevention-instead-of-incarceration movement could gain significant momentum – Office of National Drug Control Policy, Department of Justice, and the Domestic Policy Council. Their support and contribution to the National Prevention Strategy gives me hope that we will see more “Upstreamers” from within each of the seventeen agencies, and that increased focus on preventative efforts will create decreased access, use and abuse, which in turn will help move us away from the criminalization of drug use. As we know in the field, it is a medical issue and not a moral issue. The national strategy provides a way for our society to proactively work towards changing the social norms, and that is a pivotal aspect of the prevention field and one that is necessary in relation to how we view the relation of substance abuse to incarceration.

Q: I am wondering if there is a way to access information on successful, evidence-based prevention strategies targeting addictions and youth?
A: Yes! The federal Substance Abuse and Mental Health Administration’s (SAMHSA) National Registry for Evidence-based Programs and Practices (NREPP) is the go-to resource for curriculum targeting addictions and youth. On that website you can do a specific search by age group, demographic, topic, etc…. to find a program that fits your needs. That website is: www.nrepp.samhsa.gov

I also recommend the Community of Anti-Drug Coalitions of America (CADCA) as they have excellent resources and strategies related to targeting addictions and youth. That website is: www.cadca.org

Q: What are health disparities?
A: Health disparities are issues relating to the health of a community’s minority groups, in particular, that minority groups tend to have worse health than the general population for very specific reasons such as difficult access to care, lack of insurance, or barriers such as linguistic or financial challenges. Persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive in our country. Health disparities — differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play.

I recommend exploring the federal Office of Minority Health’s website for access to the federal Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Disparities. A link to that information is: http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=10