

# Prevention 101

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PREVENTION POLICY AND THE  
CONTINUUM OF CARE

# Course Objective

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To provide an overview of the policies and history of prevention policies in the United States that have led to the current state of prevention policy, as well as the interconnection of these laws to how prevention operates within the Continuum of Care. This also highlights the responsibilities of Prevention Professionals in ensuring adequate knowledge and equity in providing service to communities which have been the most affected by past prevention policies, discuss ways in which the profession is valuable to these communities and ways in which we can build stronger communities.

## Prevention 101 Agenda

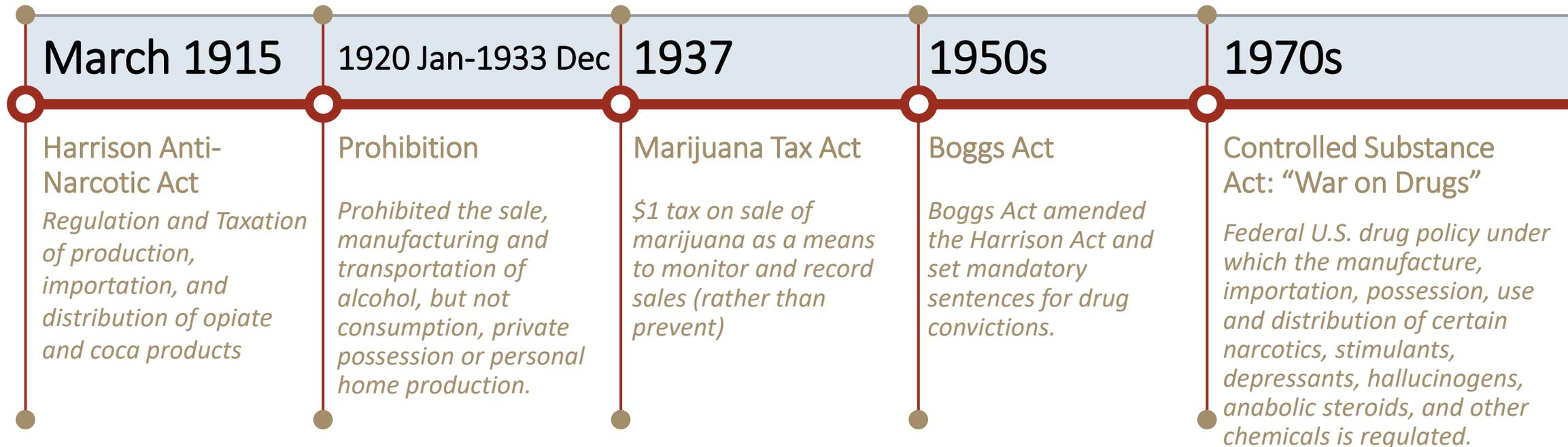
- History of Prevention in the United States
- Prevention and Cultural Equity: What are Our Responsibilities?
- The Continuum of Care
- Prevention & Promotion: Overlap Within the Continuum

# Evolution of Prevention Education and Strategy

Date	Prevention Strategy Employed
Late 1920s-1930s	Prevention of sale and manufacturing of alcoholic beverages to reduce crime, corruption and other unlawful social acts.
1950s	Scare tactic and education through film and speakers
1960s	Scare tactics
1970s	Drug education via curricula using factual information
1980s	Formation of parent watch organizations combat drug abuse, social skills curricula, refusal skill training and parenting education
1990s	Community based environmental approaches; media campaigns; culturally sensitive programs; evaluation of prevention programs
2000-2010s	Evidence-based approaches targeting many contexts (family, school, community); data-driven decision making through a strategic planning process
Late 1990s-present	Use of evidence-based practices; strategic planning process; improved access to health insurance with better benefits for mental health and substance abuse services and support

# A Brief History of Substance Prevention Policy

*United States*



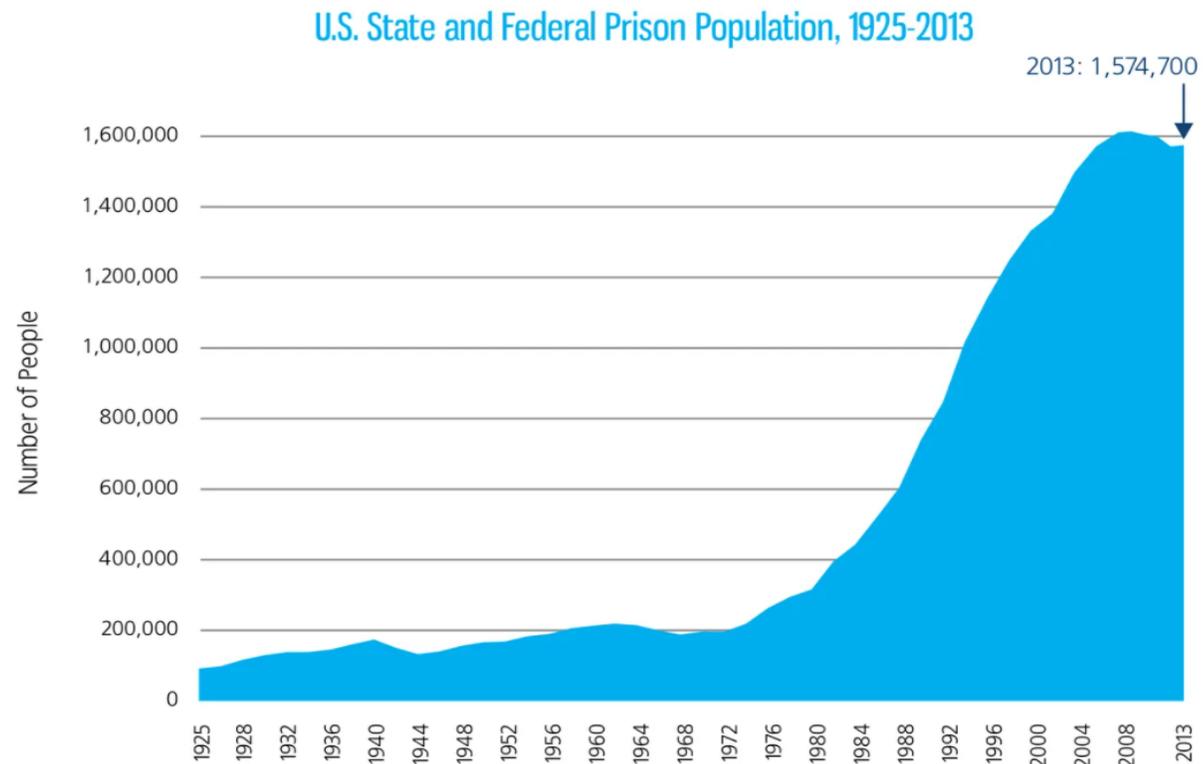
# Policies Enacted Due to Controlled Substance Act

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Now referred to as the War on Drugs:

- Increases in drug use as “recreational” activity led to President Nixon targeting substance abuse as “public enemy #1”
  - Creation of Drug Enforcement Administration (DEA) whose task was to act as a special police force to target illegal drug use and smuggling into the United States.
  - Increase funding for drug-control agencies
  - Impose mandatory prison sentencing for drug related crimes.
- President Nixon’s domestic policy chief, John Ehrlichman, also explained that the War on Drugs also had ulterior motives, explaining that the enemy of the Nixon campaign were the “antiwar left and black people.”
  - *“We knew if we could get the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did.”*

# Consequences of the War on Drugs

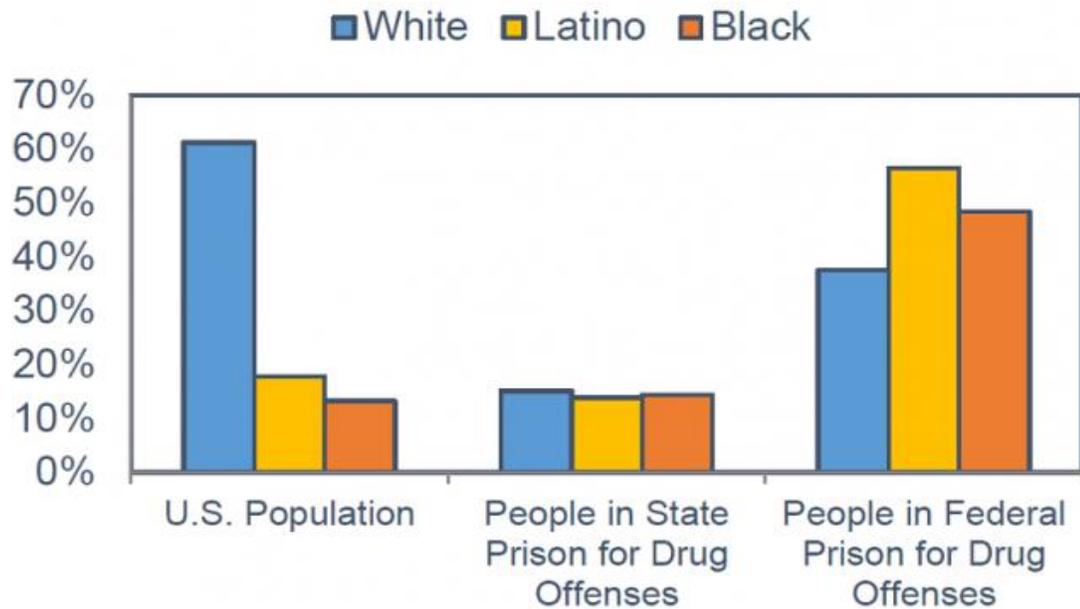


Source: Bureau of Justice Statistics Prisoners Series.

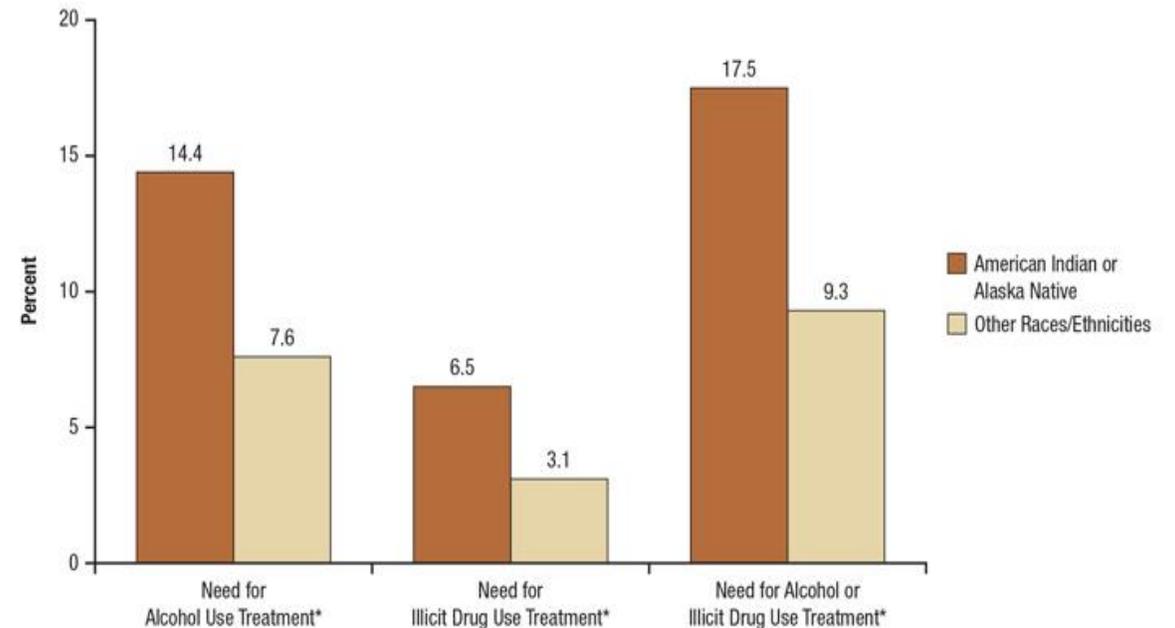
- Criminalization of people who used or were in possession of illegal substances, instead of providing treatment options.
- Excessive levels of imprisonment, and punitive sentencing practices including:
  - Mandatory sentencing
  - The death penalty
  - Enforced drug detention centers
- Direct impact on the vulnerable, poor and socially excluded groups, including people of color and women.

# Ethnic Disparity Due to the War on Drugs

### Disproportionate Impact of Drug Laws on Black and Latino Communities



### Indigenous Peoples Substance Treatment Needs



\* Difference between American Indians or Alaska Natives and persons of other races/ethnicities is significant at the .05 level.  
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2003 to 2005, 2006 to 2010 (revised March 2012), and 2011.

# Impact of the War on Drugs

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## Fractured Families

- Domestic abuse
- Neglected children
- Incarceration or deportation in some cases

## Cycle of Abuse

- Lack of resources to treat disorder.
- Lack of resources to promote healthy lifestyle

## Limitation on Socioeconomic Mobility

- Record of incarceration and drug use leads to limited SE mobility.
- Limitation on civic ability, such as voting rights

# Drug Criminalization And Substance Prevention

Drug and substance use has previously been treated as a criminal problem, as opposed to a public health crisis:

- People are afraid of drug stigma to seek assistance and face fear of imprisonment, deportation or the removal of their family.
- Drug use and misuse have contributed to overdose deaths, HIV, and hepatitis C infections. Addiction is not the only public health issue to be concerned about with drug use; criminalization increases other risk factors to include the contraction of STDs.

**We can win the War on Drugs when we begin to view it as a Health Crisis instead of a Criminal Crisis!**

# Decriminalization

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WHAT IS DECRIMINALIZATION?

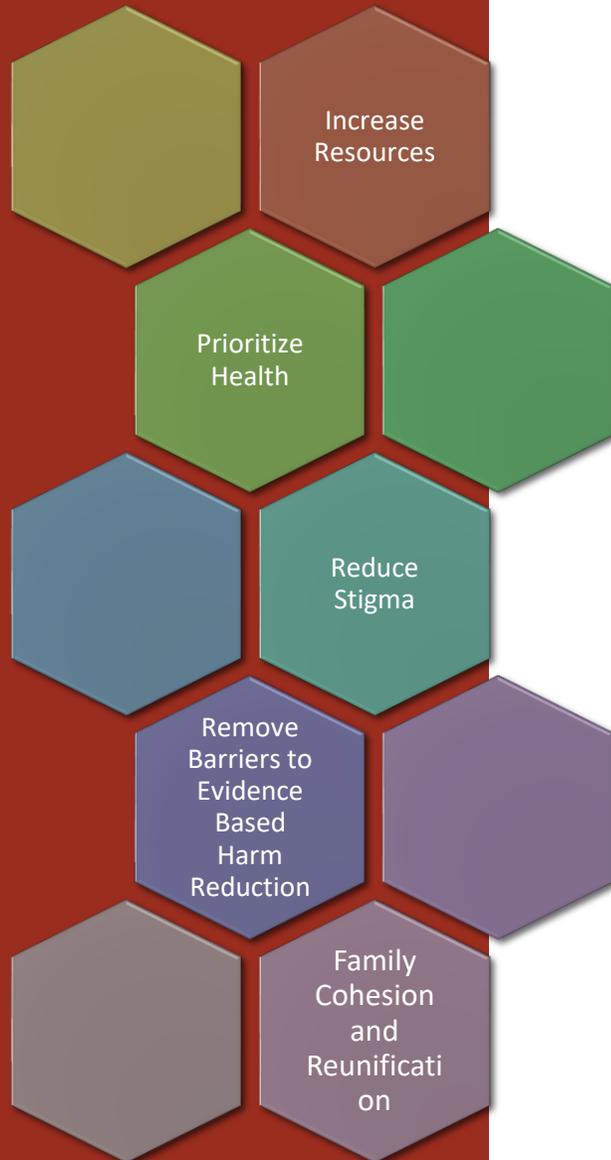
# Decriminalization vs Legalization

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***Decriminalization*** is the act of removing *criminal sanctions* against an act, article, or behavior. Substance decriminalization means the substance remains illegal, but the legal system would not prosecute a person for possession under a specified amount. Instead, the penalties would range from no penalties at all, civil fines, drug education, or drug treatment.

***Legalization*** of a substance is the process of removing *some legal sanctions* against it for use in the adult population or under certain prescribed uses. Certain uses of the substances may remain if they endanger the general public or minors under the age of consumption (driving under the influence, public intoxication, etc).

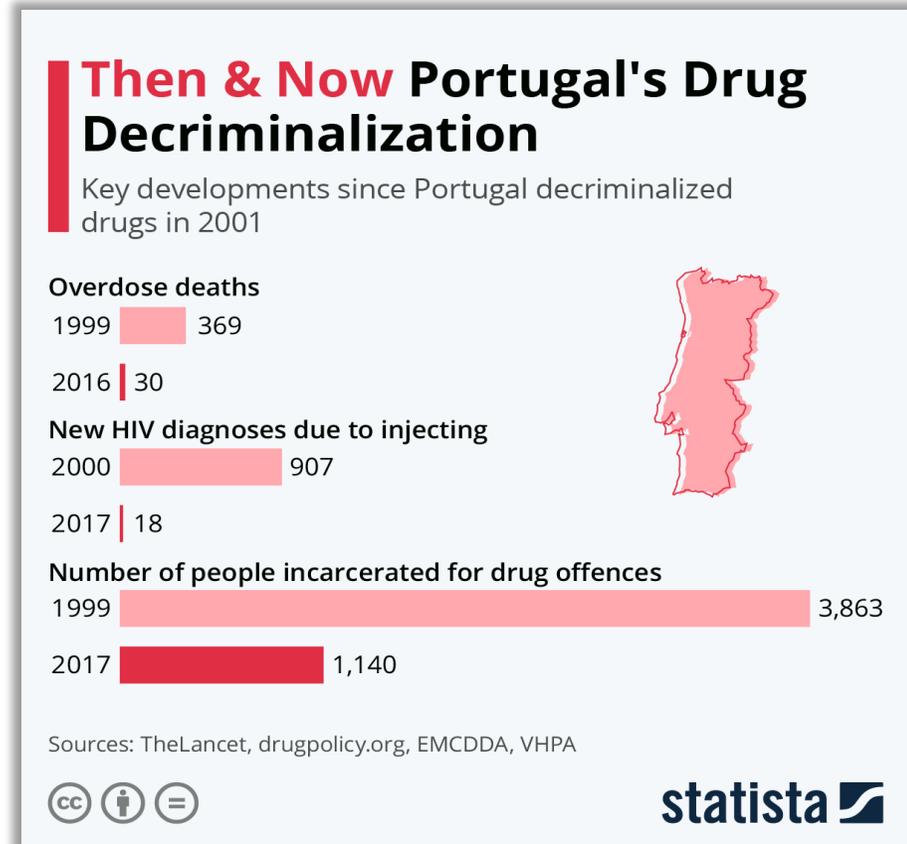
# Benefits of Decriminalization



- **Decriminalization can save local governments money and law enforcement resources by reducing prison populations and rerouting resources to more appropriate avenues.**
- **Decriminalization prioritizes health and safety over punishment for people who use drugs.**
- **It reduces the stigma associated with drug use so people who use drugs are encouraged to seek treatment and other support.**
- **It removes barriers to evidence-based harm reduction practices such as drug checking, heroin-assisted treatment, and medical marijuana.**
- **It provides a pathway to keeping families who may have previously been affected by the War on Drugs together and creates an avenue to reunification of communities and families who had been affected by this policy**

# Will Decriminalization Increase Drug-Related Dependency, Use or Crime?

- The rate of drug use or crime did not increase.
- The rate of addiction, overdoses, and HIV/AIDS sharply decreased.
- More people entered drug treatment programs.



## Consequences of Decriminalization

- Reduction in drug prices
- Treatment infrastructures must be in place for decriminalization to have maximum effectiveness.
- Potential for safety issues to become worse rather than better.

# Consider This...

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- Generational trauma: families and youth are dealing with the trauma of substance abuse and policies that have either directly affected themselves or loved ones, whether through domestic violence/abuse, incarceration, separated families, etc.
  - What are some ways that you believe that you could affect change in a young person/community who handles these risk factors daily?
  - How would you build transparency and trustworthiness in your ability to support this community, especially if you do not come from similar cultural, religious, SES as your partner community?

# Consider This...

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Adult use and medical marijuana legalization has been a hot topic in the media. Many have lamented that marijuana is a “healthier” alternative to many other drugs that are on the market currently and many also see the sale of Big Marijuana as a great chance at revenue.

Once critic of the legalization of adult use and medical marijuana are the racial and economic biases which were present in the past. Black and Latino communities and many lower income communities faced mass incarceration for non-violent possession and use of marijuana. These communities still face after-effects of the prison system and lack of resources for treatment while over 90% of marijuana pharmaceutical companies remain owned by white men who are allowed to profit.

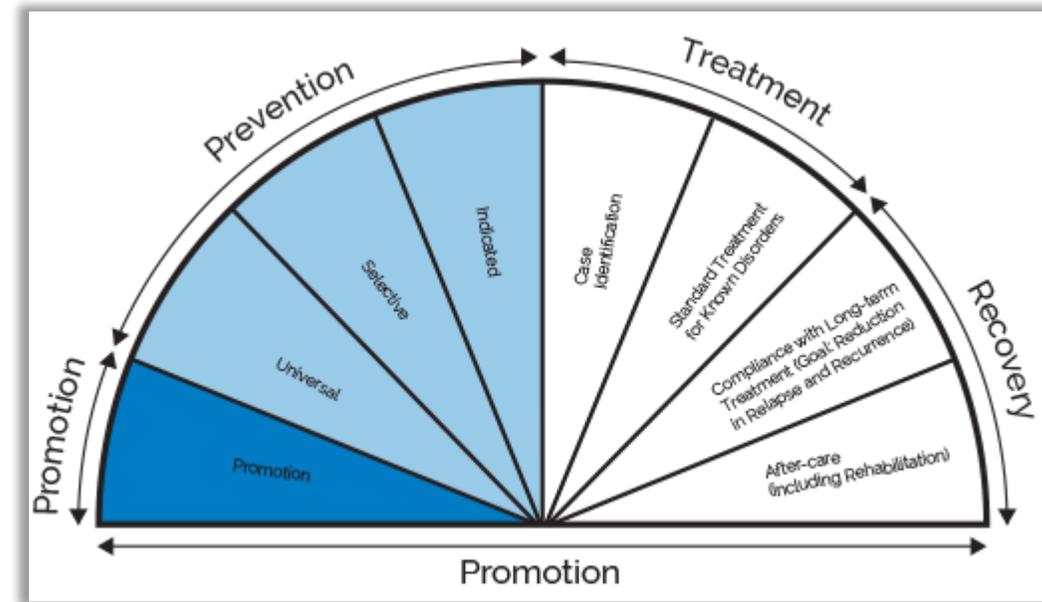
**How can we as a profession promote healthy lifestyle choices across the lifespan, but also provide equity in this issue from the standpoint that engagement in this market could have socioeconomic benefits to certain communities that were denied through incarceration?**

# Prevention Policy is Based in Trauma

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- Based upon the history that we have learned about prevention policy and control in the United States, we understand:
  - The origins of prevention policy have torn apart families in some communities.
  - Cycle of abuse and re-entry into the prison pipeline.
  - Policy has helped contribute to some of the risk factors which we must work against in our work to create positive change.
    - Fighting an uphill battle.

# Continuum of Care



# What is Health Promotion?



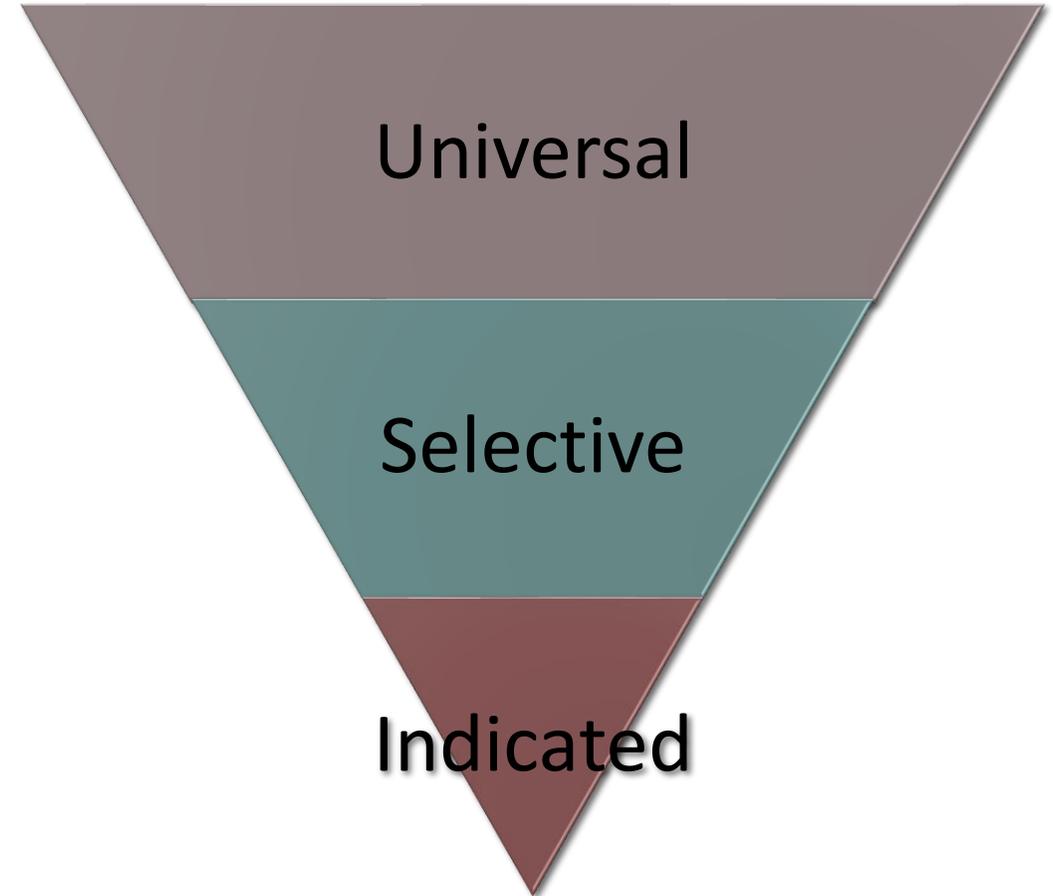
# Prevention

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**Universal prevention** refers to approaches designed for an entire population without regard to individual risk factors.

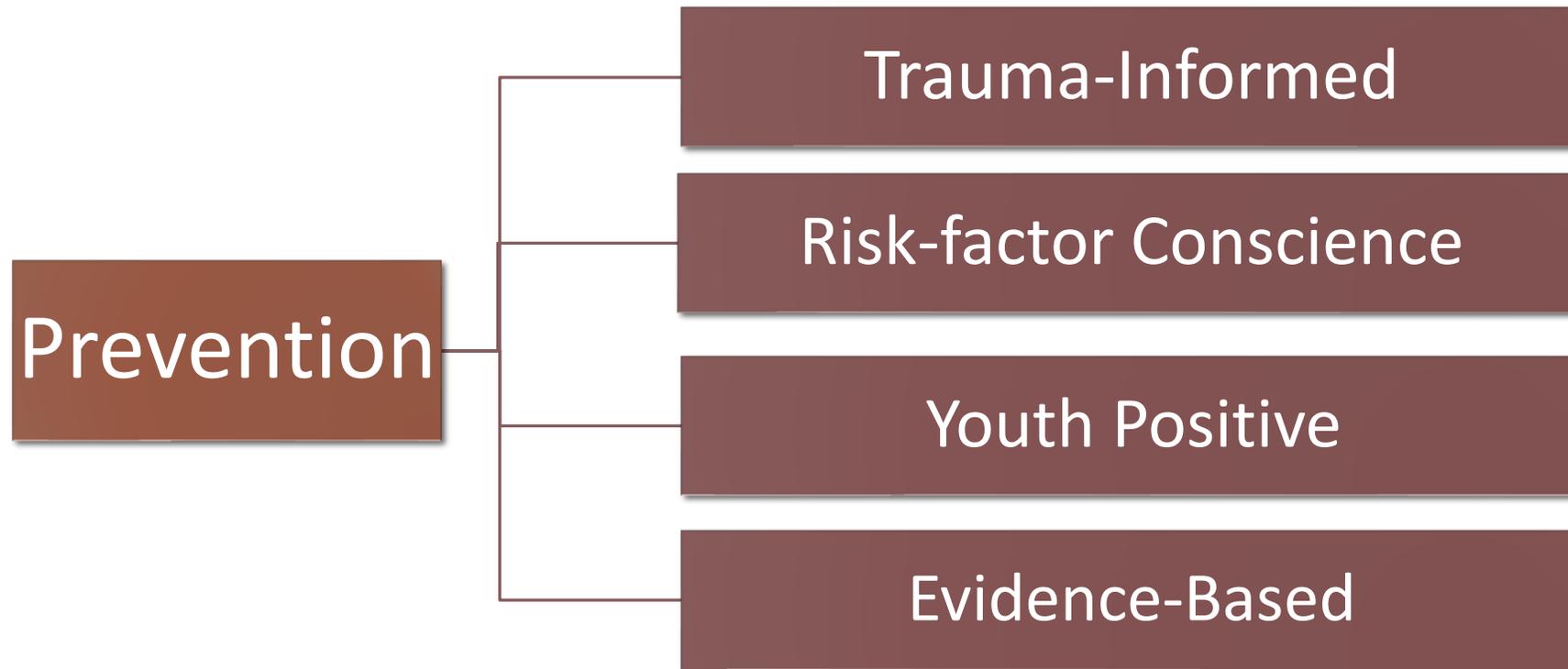
**Selective prevention** is when strategies are targeted to one or more subgroups of a population determined to be at risk for substance abuse.

**Indicated prevention** interventions are aimed at targeted individuals showing signs of substance abuse or problems.



# What is Positive Prevention?

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# Intersection of Prevention and Promotion

## Prevention

- Risk Conscience
- Youth Positive
- Trauma Informed
- Evidence-based

- Mitigating risk factors
- Promoting overall wellness
- Strengthen protective factors

## Promotion

- Increase health capacity
- Develop health literacy

# Prevention Through Promotion: Encouraging Healthy Behaviors After Generational Traumas

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Prevention is not solely “preventing the problem” but also promoting the solution.

- In order to counteract substance, use and other risky behaviors, we must promote healthy lifestyle choices and alternatives to risk factors which can contribute to substance use.
  - Health promotion is an imperative process in the Continuum of Care and should not be overlooked when doing prevention work.
  - What are some services you can provide in health promotion?
  - Does your organization offer health screenings to increase awareness about current health?
  - Is awareness about a health issue/health literacy considered health promotion? Prevention? Both?
- Healthy outlets must be offered to counteract substance use.
  - What are healthy/safe activities which can be offered to curb substance use? Can these be used with different populations?
  - Consider the Stages of Change:
    - Pre-contemplation
    - Contemplation
    - Preparation/Determination
    - Action
    - Maintenance

# Tools for the Prevention Professional

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IMPROVING COMMUNITY PREVENTION READINESS IN THE FACE OF  
PAST PREVENTION POLICY TRAUMA

# Community Readiness Model

Is Your Community Ready to Take Steps to Address Health Disparity or Substance Use?

Community Tolerance/No Knowledge

- The community or leaders do not generally recognize that there is a problem. Community norms may encourage or tolerate the behavior in social contexts

Denial

- There is some recognition by some members of the community that the behavior is a problem, but little or no recognition that it is a local problem

Vague Awareness

- There is a general feeling among some in the community that there is a local problem and that something should be done, but very little motivation to act.

Preplanning

- Clear recognition by many that there is a local problem and something must be done. But may not have a clear idea how to progress.

Preparation

- Community has begun planning and is focused on practical details. Leadership active and energetic. Decisions being made and resources are sought and allocated.

Initiation

- Data is collected to justify prevention program. Action has begun and staff are being trained.

Stabilization

- Planned efforts are underway and supported by community stakeholders. Staff trained and experienced.

Confirmation/Expansion

- Program has been evaluated and modified. Leaders support expanding funding and scope. Data is collected regularly and used to drive planning.

High level of community ownership

- Universal, selective and indicated prevention efforts are in place for a variety of populations. Staff trained and experienced. Effective evaluation is routine and used to modify activities.

# Building a Stronger Community

Incorporation of the 12 Key Community Sectors



# Appendix

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Resources can be found from: *Study Guide for Prevention Specialist Certification Exam*  
<https://internationalcredentialing.org/resources/Documents/PreventionCertificationStudyGuide.pdf>

Moore, L. D., & Elkavich, A. (2008). Who's using and who's doing time: incarceration, the war on drugs, and public health. *American journal of public health*, 98(5), 782–786.  
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