The COVID-19 pandemic is dramatically altering US society. The virus and social distancing measures have disrupted nearly every aspect of life. Prevention professionals must be prepared for disruptions to persist. COVID-19 may increase rates of substance use while hindering the delivery of some prevention services. This brief discusses the short- and long-term need for substance use prevention and offers recommendations on how prevention professionals can safely continue work.

**COVID-19 & PREVENTION: GREATER NEED & OBSTACLES**

Prevention is facing a two-pronged challenge: the need for services is increasing while the workforce is facing new constraints. The COVID-19 pandemic presents a host of issues: health concerns, financial and vocational disruptions, physical and social isolation, childcare and eldercare responsibilities, and disruption of social activities or other routines. As a result, several risk factors for substance use may become more widespread, including isolation, anxiety, stress, trauma, grief, and depression. At the same time, certain protective factors, such as social activities and peer support, may be diminished. These changes in the social determinants of health may increase rates of substance use and other negative health outcomes, including “deaths of despair” (e.g., deaths from overdose, suicide, and alcohol-related liver disease).

Crucially, COVID-19 will also affect the members of substance use prevention workforce directly. COVID-19 may hinder prevention professionals’ ability to quickly and effectively execute their work. The prevention workforce must also adapt to telework situations, the closure of schools, government offices, and other spaces, and the constant flow of COVID-19-related news. Social distancing – the practice of closing most public spaces and encouraging people to remain home or stay apart – has significantly disrupted aspects of prevention. Many (perhaps, most) in-person prevention activities are not available or advisable right now. And some activities may be less effective, such as media campaigns drowned out by ongoing pandemic coverage. So, how can prevention professionals continue their jobs safely and effectively in a socially distanced world?

**ASSETS FOR PREVENTION IN A PANDEMIC**

**Collaboration Technology**

Substance use prevention professionals can continue meaningful work during the pandemic. The field is better positioned to respond today than at any prior point in history – though it may require innovative thinking and unfamiliar software. Many of the logistical challenges confronting prevention professionals can be addressed through existing technologies: home computers, broadband internet, and telephones. Video conferencing and document collaboration tools can facilitate most ongoing priorities. There may be some loss of productivity and certain in-person prevention activities will not be possible. But most work can continue, albeit under new and different circumstances.

**Changing Equilibrium - Risk & Protective Factors**

The Strategic Prevention Framework as a Guide

The Strategic Prevention Framework (SPF), SAMHSA’s approach to ensuring the development and delivery of an evidence-based approach to prevention, offers the best prism for organizing and thinking about prevention work. Even if a prevention organization is not formally using the SPF, their activities will fit within it. Importantly, the SPF
shows how much “regular” work prevention professionals can pursue during the pandemic. Needs assessments, capacity building, and evaluation can continue largely unimpeded. Planning and implementing specific prevention interventions will temporarily change, but there remain many opportunities for progress.

The following recommendations showcase how prevention professionals can use technology and the SPF to continue vital prevention work.

**POLICY RECOMMENDATIONS**

**Identify and Pursue Unimpeded Prevention Activities**

Many of the diverse types of prevention activities can be completed virtually, through technology. Going through each of the five SPF steps, there are numerous opportunities for prevention professionals to continue their work during the pandemic.

- **Needs Assessment**: Most common data sources are available digitally; additional data can be collected virtually (e.g., key informant interview or focus groups using video conferencing software); data analysis can be conducted and discussed remotely
- **Capacity Building**: Organizations can apply for prevention funding online; training and technical assistance is available digitally; other resources can be researched, reserved, or purchased online; both current and potential stakeholders can be contacted virtually
- **Planning**: Evidence-based practices can be identified using online research tools; prevention plans can be developed and discussed using remote collaboration software
- **Implementation**: Applicable prevention activities during the pandemic will likely rely on technological platforms that can be used remotely (e.g., dedicated software for online interventions or collaborative software for developing and discussing an environmental strategy)
- **Evaluation**: Data collection, analysis, and continuous quality improvement discussions can occur remotely

**Modify Prevention Activities as Necessary**

Prevention professionals will have to delay some activities until the pandemic is over. In particular, many prevention interventions cannot be planned or implemented now because they require resources not currently available (such as face-to-face contact). However, by reviewing online resources, prevention professionals can identify a variety of technology-based prevention interventions, including: A Smoking Prevention Interactive Experience, CLIMATE Schools, E-Checkup To Go, RealTeen, and R-BIRT, among many others. Other interventions, such as Botvin LifeSkills Training, have been adapted by their program designers to be delivered virtually. Prevention professionals should review the evidence for specific interventions to determine whether they are applicable to local needs. As a starting point, information may be available from training and technical assistance entities, such as SAMHSA’s Prevention Technology Transfer Center (PTTC) Network. Once selected, prevention professionals should follow guidance from program materials or developers to implement interventions with fidelity.

**Implement Best Practices for Working from Home**

Most members of the prevention workforce are now working from home, either continuing “regular” work or pursuing new activities because of the pandemic. Working from home can be a large adjustment for any workforce under ideal circumstances. Prevention professionals will have different levels of comfort with and understanding of collaboration technology, so providing robust organizational support for telework is crucial. Prevention organizations should seek out and follow best practices to make the shift to telework as seamless as possible. As a starting point, the U.S. General Services Administration has developed resource guides and documents to support teleworking efforts. But prevention leaders must remember that telework guidelines are written to apply in “regular” times – adjustments will be required for the additional complications of life and work during a pandemic. Many prevention professionals will have to manage other major aspects of their life during their regular working hours, such as being responsible for childcare or education, sharing living/working space with family, or other significant life disruptions.

**Prepare for Life After the Pandemic**

The pandemic and social distancing will not last forever. Prevention professionals must be prepared when normal activities resume. Prevention professionals should use this time to plan for a post-pandemic world. Many people experiencing increased risk factors for substance use now will remain at high risk, and prevention professionals may want to prepare activities designed to prevent a resurgence or emergence.
Substance Use Prevention During the COVID-19 Pandemic

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of substance use. The disruption of COVID-19 can also be an opportunity for prevention professionals to take a step back and think holistically about their work, the culture of prevention, and whether there are systematic changes they wish to enact.

Support New Research

The COVID-19 pandemic presents new challenges for substance use prevention. Prevention professionals should support or participate in research to improve prevention efforts for use during future pandemics. The prevention field should initiate pilot programs and other research efforts to identify additional effective technology-based prevention interventions. More research is also needed on how to address the stress and other substance use risk factors induced by infectious disease outbreaks and to learn about how some protective factors may be strengthened by a pandemic, such as family cohesion and bonding.

CONCLUSION

The COVID-19 pandemic presents both short- and long-term challenges for substance use prevention. In the immediate term, prevention professionals must adapt to ensure their work continues. In the long-term, they must address the effects of the pandemic on the social determinants of health. As part of SPF Planning efforts, prevention professionals should find ways to improve cross-sector collaboration with other public health stakeholders to ensure that substance use prevention (and other prevention) is not neglected in a crisis. The public health community is, and should be, focused on controlling infection—this will save lives. But the prevention community cannot wait to act until the crisis is over. They must remain steadfast—working to save the lives that will be put at risk now and after the immediate concern of infection has subsided.

NOTES:


This Policy Brief is a publication of Carnevale Associates, LLC. Carnevale Associates brings strategic consulting solutions to governments, organizations, and communities as they confront the policy and program challenges of substance use, behavioral health, and criminal justice.

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