

Substance abuse aid draws comments

Several months ago the Alaska Native Health Board began a study to determine the status of substance abuse prevention and treatment programs in the state. To get this information, health board staff contacted users of the programs along with rural and urban treatment program staff and policymakers in the field.

"Healing for All" is the end product of the research. The document contains comments taken from surveys and face-to-face interviews along with some analysis of the comments. A few months ago, some comments from the section, "The Community Voice," appeared here in an article. At that time, a promise was made to report more excerpts from the document when they became available.

"Gaps in the System" contains statements which describe the problems or shortcomings of the present treatment and prevention programs.

The report will be available at the end of January. To receive a copy, contact the Alaska Native Health Board, 1345 Rudakof Cir., Ste. 205, Anchorage, AK 99504 or call 337-0028.

Gaps in the System

"Gaps in service... there is always more that can be done. It isn't black and white. A lot is being done all over the state but the needs are so great! I think of it more like how far along are we in the process? We need to ask the question for each community... where is the individual community in its own healing process? --a rural provider

"A wide range of things are missing. When I think of gaps, I think of more attitudinal gaps."--a policy maker

"It is a misnomer to say we have a system in place. I would never be so generous as to say we have an alcohol service delivery system. When you use the predisposition that you have a system, then you look for holes in the system. What you end up with is more holes than system." --a statewide perspective

What the rural providers said about gaps.

Rural providers and program staffs identified a number of areas of major concern which they consider to be gaps in the present service delivery system. The most common concerns, in order of their popularity, are as follows: youth-specific services, prevention and education, village-based services, coordination of services, the health of the provider, aftercare/follow-up services, a holistic approach to services, family treatment/culture-specific treatment, leadership problems and community denial, funding for travel.

Concern: Lack of Youth-Specific Services

The area of gravest concern, as expressed by rural providers, is the lack of programs and services for children and youth. The need for adolescent treatment is of top priority in this category. Other concerns expressed relate to education and prevention (particularly the role of schools in providing these services); the need for organized social activities for youth; the lack of career planning and employment opportunities; and the need for village self-help groups such as Children of Alcoholics.

"It has maybe been forever that anyone has done anything with youth treatment. The problem grows as it is let go, so by the time it is dealt with youth may be more appropriate for inpatient than outpatient treatment. As long as nothing is done for prevention there will be lots more to cycle through in the future."

"The kids need to be accepted for

whoever and whatever they are. There are too many things we criticize them for, like for what they didn't accomplish instead of praising them for what they did accomplish. The trainers we had here were very effective; they told us we had to get rid of all the junk we have inside us first before we could become effective helpers."

"So little has been done in the area of substance abuse for the youth and the children by the state. The children are in such desperate need."

Observation:

Although the consensus among providers participating in this study is that residential youth treatment is the major gap in the substance abuse response system, upon elaboration, the majority of comments focused on the need for prevention, healthy role models and the need for adults to enhance their own communication and parenting skills.

Concern: Lack of Focus on Prevention and Education

The lack of focus on prevention and education is the second most frequently mentioned area viewed by rural providers as a major gap in the substance abuse delivery system. Concerns include the need for prevention and education for families, communities, children and youth, and the shortage of information about the availability of programs and their content. Particular emphasis is placed on the role of schools. Training needs are not limited to alcohol and other drug education programs, but also include training in parenting, communication and general life skills.

"We need to work on new lifestyle skills; the people here have moved so quickly from the stone age to the space age in a short period of time. There is so little left of the traditional culture... there is no ceremony left around here. After people sober up, they need new living skills. We have to help them develop this. how about a cultural renaissance?"

"We want to see schools include alcohol and drug abuse in their curriculum."

"Some villages are functioning like a big alcoholic family... a dysfunctional family. What we need is a big surge of education and life skills training."

"There is not enough local emphasis on prevention... it's a real luxury for us. We are too busy providing bandaids work."

Observation:

The majority of the comments attached to the need for education and training either focus on the need for increased participation by the school district or on the shortage of basic life skills training.

Concern: Lack of Village-Based Workers and Services

Rural provider concerns about village-based services fall into two general categories; staffing and programs. Staffing concerns expressed include the overall lack of staff, the ineffectiveness of the itinerant counselor, lack of paraprofessional counselors and use of elders, the sensitivity and competency of staff, staff turnover, and the health of the individual staff person. Village-based programs, the need for more workshops in the villages and the inaccessibility of existing programs for village people.

"We are trying to point out that in order to work with communities effectively you need manpower and bucks. This we see as short range. If you do enough intensive work in a community and get them headed toward health... then you can pull out, look at the system and ask is it any healthier? In

our region we are working really effectively with only one village as a whole. Right now we are hitting the communities that are the most outlying and are in the most need. We really could use another team of two on staff."

"A career development process must be developed for Alaska Native people. There needs to be more support for a model of services patterned like the health aide program."

Elders of the area have much to offer; they are willing to help, however, they are not asked to help. I suspect because they don't have formal training as required by Western civilization standards. Therefore, they are not considered professional. Grants used to fund programs require professional staff."

"Villages now want workshops in their own village and they want assistance in starting self-help groups. Funds for travel and staff time are needed to accomplish this."

Observation:

The overall consensus of rural providers is that both village-based programs and the availability of staff prepared to work in villages must be greatly increased. There seems to be a balance among the comments in regard to utilizing natural helpers, bolstering efforts to train paraprofessionals more adequately to work in their own villages, and simply hiring more staff.

Concern: The Lack of Coordination of Existing Services

A lack of communication and coordination between the various service programs is viewed as a primary gap in the delivery of quality services. Many rural providers feel that if agency personnel met on a regular basis and pooled staff and existing resources, service provision could be improved greatly. It was pointed out that bureaucratic funding divisions do not have to carry over to the delivery of services if providers will simply get together and talk. There is deep concern that this often does not happen due to a variety of "turf" issues. Some respondents suggested that, for this reason, the blending of human service-type programs is called for.

"Coordination of services is what is badly needed here. Four different organizations are working with families and providing social services yet there is travel to the villages in isolation with no coordinated effort."

"Only the bureaucracy recognizes the separation of alcohol and mental health services and programs. The needs and personalities override the bureaucracy. In other words, there is a division of services more by personality than bureaucracy. The more joint staffings and meetings are held, the more working relationships occur."

"Maybe there needs to be some redefining, maybe alcoholism is a mental health problem."

Observation:

Providers seem to be accepting, for the most part, their own responsibility to initiate better coordination of services by communicating more closely with co-workers. Yet, on the other hand, there is broad concern that it is not happening. There is a sense one gets, in reviewing the input from respondents, that there is a desire and need for stronger role modeling at the policy and administrative levels.

Concern: Health Status of the Individual Provider

A great deal of care is being expressed around the issue of health of the individual provider. The ability of providers to deliver quality services if, when their own health needs are be-

ing neglected is being questioned. Comments include concern over staff burnout, lack of support, lack of training and high staff turnover. Often, providers themselves are in the early stages of recovery and in need of treatment.

"The one big gap is that staff are spread too thin. One of our staff people really has three jobs... that of youth coordinator, prevention coordinator and coordinator of the village coordinators."

"There is a high burnout rate among staff. People get used up and thrown away. The majority of the people in the field are adult children of alcoholics or are recovering themselves. With recovering Native counselors, because they care so deeply, they forget to take care of themselves."

Native staff and all staff need lots more training and support."

Observation:

The sense of concern and dedication of rural providers in this state is overpowering. There also seems to be a burden of overwhelming responsibility to respond appropriately to the multitude of alcohol-related crises that occur in our villages and communities. With the coming of an increased sense of responsibility by a larger segment of the population, a shift in the role of the provider from "the problem solver" to truly being "the helper" or "the supporter" must occur. This reality may call for some redefining, restructuring and reorientation of what one individual can realistically accomplish. It definitely calls for support of individuals examining their own co-dependent behavior.

Concern: Lack of Aftercare and Follow-up Services

The lack of aftercare and follow-up services surfaced repeatedly as a fundamental concern among rural providers. The absence of adequate aftercare and follow-up services is seen as restricting any impact on the overall alleviation of alcohol-related problems. No individual who participated in the interview process felt that their program or region had adequate aftercare services.

"The number one concern I have is the lack of follow-up services in place in the community when individuals return home after treatment. Until we have an aftercare system developed then we have no business sending people out to treatment."

"The gap is with aftercare; there is a lack of preparation for the person to re-enter society."

Observation:

There is no question that the issue of inadequate aftercare services is a primary worry among rural providers. It is clearly suggested that we may be doing folks a disservice by sending them out to treatment and then immediately back to unhealthy families and dysfunctional communities. In many instances, people returning from treatment are struggling alone without the benefit of aftercare services, and then feeling pressured and defeated when they are unable to maintain sobriety. The response by providers and communities to this "aftercare crisis," for the time being, seems to be the development of local support groups and talking circles.

