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Substance Abuse Prevention in Virtual & Online Environment: Public Health During a Global Pandemic

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Introduction

The Covid-19 pandemic will have long reaching consequences for mental health. Public health providers can expect a “psychological pandemic” to follow the Covid-19 pandemic (caused by social isolation, distancing lockdowns, fear about getting sick, loss of income, fears about the future, and others). People are now facing depression, anxiety, sleep disorders, PTSD, and suicidal thoughts. Public health providers can expect these outcomes to vary depending on which subset of the population they are working with. Young people are especially at risk, as noted by both Corrigan (2020) and Giorgi (2020), as are certain categories of workers (Giorgi, 2020.)

During the acute phase of the pandemic, public health officials noticed an uptick in alcohol and use of other substances as coping strategies. The same conditions that contribute to increasing substance abuse also makes prevention efforts more difficult (i.e., social distancing). The coronavirus struck during a period of heavy investment in substance abuse service infrastructure, already underway in the U.S. as a response to the overdose epidemic (TTC, 2021). Public health and substance abuse programs quickly pivoted to offering digital services during the pandemic. While many of these programs saw attendance and engagement gains for adult participants, they noted a sharp decrease in participation of the under 25-year-old population (Corrigan, 2020).

Additional high-risk categories for adverse post-pandemic mental health outcomes are frontline healthcare workers, migrant workers, and people with public-facing jobs. Workplaces have a huge role in easing or worsening mental health. Improvement of workplace infrastructures and resilience training can help along with implementation of correct/effective disease control measures and providing PPE puts people's minds at ease (Giorgi, 2020).

Workplaces can also negatively impact workers’ mental health. During the pandemic, many workers who went to full-time work from home reported an erosion of work life balance, leading to decreased stress about infection and health, as well as increased work-related stress (Vyas, 2022). Blue-collar workers meanwhile were required to continue to show up to their jobsite, facing a choice between infection risk and income loss while “low-skill” workers found themselves furloughed and forced into the gig economy, with virtually no workplace protections. Vyass (2022) cautioned that existing inequalities are at risk of becoming further entrenched; workplaces, policymakers will need to take care to ensure that work life balance and worker protections don’t become another post-pandemic casualty.

Article 1: *A Survey of Substance Abuse Prevention Providers Responses to the COVID-19 Pandemic*

Summary

The authors surveyed 75 adolescent substance abuse prevention providers in New York State regarding service methods and their effectiveness during Covid-19. The survey consisted of direct questions with room for open-ended responses. In total, 47 providers responded, equating to a response rate of 49%. A majority of surveys were completed by direct providers, rather than administrators.

Most responding programs used synchronous delivery, for both Evidenced Based Programs (EBP) and non-Evidence Based Programs (non-EBP). 36 of 37 programs did professional development, technical training (i.e., a Zoom or Google Classroom to help staff learn how to facilitate virtual meetings), or content-based training, which proved to be the most popular.

Many EBPs offered training on how to make the switch to virtual delivery of these programs. Additionally, a small number of respondents reported participating in trainings on self-care for providers.

The survey identified 5 key areas of success in the transition to online service delivery: access, continuity, collaboration, outreach, and creativity/innovation. Access was cited as the greatest strength of online programming, leading to increases in attendance and response rates in adult participants. In addition to alleviating the burdens of time and travel, the anonymity of virtual platforms granted greater access to people who previously would have passed due to confidentiality concerns. Continuity was also a concern; online programming allowed certain groups and weekly meetings to continue throughout the pandemic. Collaboration also increased; respondents reported an overall attitude of willingness to help and collaborate across agencies and provider teams, feeling a greater connection to other providers, and more opportunities to learn from each other.

Outreach, in the form of increased activity and usage of social media channels, engagement of local media (including print and tv), and improvements to program websites, led to an increase in adult participants. **Providers also felt a boost in their own innovation and creativity; they had to think of new ways to reach people and present information.** One respondent even noted “we also were going to dissolve a national organization for a variety of reasons and met by Zoom to discuss. This in fact has resurrected the organization.”

Online delivery of services highlighted some weaknesses too. Engagement, specifically for the under-25 population, was the main concern; followed by concerns with the technology itself; and finally making connections with overworked/overburdened community partners, particularly

schools. **Limited technological knowledge, connectivity issues (accessing reliable service from home from home), and the steep learning curve often associated with new technology were a problem for staff and participants alike.** School schedules made it difficult to time virtual meetings, and even getting a response from overstretched schools proved challenging. Evaluation of programs suffered during this period. More than half of responding providers were unable to evaluate programs once the schools shut down. Providers that were able to do evaluations found positive results, including thanks from parents for support during a stressful time, and reports of knowledge gains from students.

Implications for practice

- Virtual service delivery is likely to remain an important part of prevention programs going forward; ensure program staff get the ongoing support they need to deliver virtual programs comfortably and effectively.
- Likewise, invest time and money in helping community members acclimate to and learn how to use virtual meeting technology.
- Bad technology will always be an obstacle; make sure any new platform is vetted/tested by staff and users.
- Take full advantage of the increased access created by virtual meetings. Offer virtual or hybrid access to meetings going forward, either in tandem with or as an alternative to in person meetings.
- Identify those collaborations that developed during the pandemic that were useful, either in terms of brainstorming or staff support and dedicate the resources to support them going forward.
- Keep up the social media efforts! If your organization has increased their social media engagement during Covid-19, don't let that go to waste. Invest the staff time to keep those platforms alive going forward.
- Consider how burnout among providers on your own team as well as community partners (such as overstretched school staff) may affect program delivery and results
- Evaluation needs improvement.
 - EBP developers and creators should develop and incorporate evaluation into the virtual versions of these programs.
 - Agencies should proactively develop tools and methods for measuring virtual success.

Citation

Corrigan, M. J., & Kovatch, M. A. (2020). A Survey of Substance Abuse Prevention Providers Responses to the COVID-19 Pandemic. *Journal of Alcohol & Drug Education*, 64(3), 64+. <https://link.gale.com/apps/doc/A654337367/AONE?u=anon~815d9a6b&sid=googleScholar&xi=2ab31666>.

Article 2: COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review

Summary

During the Covid-19 pandemic, more than half the world's population was in some form of lockdown by the first week of April 2020. It is likely that this unprecedented mass anxiety and social isolation will have mental health ramifications going forward. It is understood that work environments influence mental health, and workplaces will have a role to play (either positively or negatively) in affecting employees' mental health. **In reviewing 35 articles focusing on worker-specific psychological issues, the authors sought to better understand the psychological aspects of the pandemic linked to workplace factors.** The research review points to three high-risk categories of workers most likely to develop mental health outcomes like anxiety, depression, sleep disorders and even suicidal thoughts, all of whom are at high risk for PTSD in the future—these include healthcare workers, migrant workers, and public-facing employees.

First, **healthcare workers** are especially at risk for adverse outcomes. Their jobs have become exponentially more difficult; patient numbers increased, personal protective equipment (PPE) was not immediately available and was often cumbersome and uncomfortable for all-day wear; conflicts emerged between the desire to provide quality patient support and the need for safety procedures (e.g., wearing PPE keeps providers safe but makes patients feel stigmatized.) Frontline healthcare workers also experienced disproportionate stigma and anxiety about passing infection on to loved ones. **Migrant workers**, already suffering from adverse working conditions, discrimination, and status-loss, are also hit hard by the pandemic. Mandatory isolation periods, quarantining in shelters, and increasing public calls for people to return to their place of origin for social distancing contribute to anxiety, loneliness, and PTSD for migrant workers. Finally, people in **public-facing jobs** (such as law enforcement) are also at elevated risk for anxiety, depression, PTSD, and sleep disorders. Finally, younger people and people with a

higher educational background were more likely to suffer anxiety about job insecurity, long periods of isolation, and uncertainty about the future.

Workplaces can have a tremendous impact on employees' mental health throughout the Covid-19 pandemic and after, with specific interventions varying by industry. **This literature review found that workplace safety measures had a positive relationship to mental health and work performance.** For example, a return to work was associated with positive worker outcomes only when the workplace took steps to ensure a ventilated, sanitized, and prevention-conscious workplace. The authors noted a challenge that while some studies were specific about the interventions taken, others merely recorded successful interventions, but did not outline the exact method. The authors cited this as a particular challenge, especially for making recommendations. A comprehensive public health response will include a response to the "psychological pandemic," particularly for higher risk populations. Despite these challenges, the evidence demonstrates that workplaces have a role to play in this response.

Implications for practice

- Companies should provide appropriate PPE (along with training on proper usage) to employees.
- Resilience training programs, especially for those in leadership roles, can have a ripple effect across an organization.
- Workplaces should monitor employees in at-risk positions and industries for declining mental health and providing resources and tools to address it.
- On a personal level, avoid excessive Covid-10 medic coverage. And practice a compassionate lifestyle, providing support to others has protective mental health effects.

Citation

Giorgi, G., Lecca, L. I., Alessio, F., Finstad, G. L., Bondanini, G., Lulli, L. G., Arcangeli, G., et al. (2020). COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review. *International Journal of Environmental Research and Public Health*, 17(21), 7857. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph17217857>.

Article 3: "New Normal" At Work in a Post-COVID World: Work-Life Balance and Labor Markets

Summary

While workplace protections to Covid-19 are widespread, the workplace response to the pandemic has been uneven. **Different countries have applied social distancing in workplaces**

more and less strictly; overall, workers engaged in mental labor (i.e., white-collar jobs) have enjoyed far greater health protections in the form of remote work, while those working in blue-collar or physical jobs have been required to be physically present, increasing their exposure risk.

Like any emergency, the pandemic has been a catalyst to major changes in how work is conducted. These changes yield both positives and negatives for work-life balance and the labor market. Compared to previous health emergencies (such as 2003 SARS), technological capacity for teleworking during the 2020 pandemic is far more advanced, making working from home a realistic option for many workers. **Work from home (WFH) offers distinct health protections and eases anxiety regarding infection, but it also damages work life balance (WLB), blurring the lines between home and office.** Clearly demarcated work hours (signaled by arrival and departure from a physical location) have evaporated and work stress is native to the home office (rather than something that can be left at work until the next day). *Work from home* employees have experienced an increase in work-related fatigue and decrease in *work life balance*. In contrast, blue-collar workers, required to show up to a jobsite, face additional job stresses like compliance with social distancing, masking, and other health measures alongside anxiety around infection; to opt out is to lose income and incur financial hardship. To opt-in means accepting the risk of getting sick and/or infecting family and loved ones.

This report forecasts seven key trends for the types of labor changes catalyzed by the pandemic and categorizes these trends in three ways: acceleration of pre-pandemic trends, normalization of practices that were previously reserved for certain workers (e.g., work from home), and remodeling, which refers to modifications or alterations to pre-Covid work arrangements.

- **Accelerated digital transformation.** Much of the digital technology that was utilized to facilitate WFH during the pandemic was already in place.
- **Hybrid work.** Hybrid work will likely play a large part in the “new normal” that develops post-pandemic, particularly for highly educated and well-paid sectors of the workforce. Surveys confirm that regardless of nationality or race, many office workers prefer to work remotely at least a few days a week. This hybrid model will not be available to workers in industries that demand an onsite, physical presence, such as hospitality, manufacturing, and agriculture.
- **The “office.”** Previous studies have shown that remote working boosts productivity, however these studies were conducted prior to the pandemic. During the pandemic, work-at-home distractions (e.g., children at home due to canceled school and loss of childcare, or other adults working at home creating noise and competing for workspace) led to a slowdown in productivity in some cases. In person has distinct advantages for brainstorming and transmitting work culture especially to new employees.

- **Organizational infrastructure and labor mobility.** For businesses, WFH and hybrid models offer advantages like a larger pool of applicants, and savings on costs associated with maintaining a physical office. Theorized that urban life will be radically transformed due to remote work; people will leave business capitals in favor of smaller cities with more affordable living costs which will in turn boost those cities' economies.
- **Performance management and atomistic tendencies.** Companies shifting to a hybrid or WFH model may face technical and interpersonal hurdles that diminish team-driven work culture. Digital miscommunication can stem from the lack of informal and human interaction; this can hamper co-worker interactions. Managers who cannot clearly communicate work objectives will struggle to manage remote workers. From the technical side, concerns about information confidentiality, and a lack of guidelines, procedures, and digitized tools (e.g., digitized paperwork) and even in-house IT access will slow down productivity and contribute to employee frustration and stress.
- **Exacerbation of existing inequalities.** The increased use of digital technology might cause companies to replace workers in "low-skill" jobs with automation and AI. This may force these workers to take on multiple jobs to support themselves, including in the gig economy, where worker protections are minimal. Low-skilled workers, migrant workers, and people with disabilities have been the most vulnerable here.
- **Managing WLB.** HR policies will need to adapt alongside management strategies. A 2020 study found that supervisor support during coronavirus pandemic directly enabled employees to improve their quality of life. Public policy changes may be needed to support WLB. For example, "right-to-disconnect" laws have been enacted in the Philippines and France, protecting employees' rights to not respond to work demands during non-work hours.

During the pandemic, many workers who transitioned to work from home by necessity received no additional support to make this transition, instead relying on their personal resources to carry out job requirements. **In the future, employers will need to craft policies and strategies that balance business needs with employee needs.** It is worth noting that most blue-collar workers will be unable to reap these benefits, while "low skill" workers (many of whom were furloughed at the beginning of the pandemic) are at risk of seeing their pre-pandemic jobs evaporate entirely. While *work from home* has distinct advantages for eligible workers, the acceleration of work from home has the potential to expand existing social inequities.

Implications for practice

- Workplaces must exercise caution not to take advantage of the blurred lines between home and work created by WFH.
- Hybrid working environments might be a positive compromise. Data shows while working remotely at least one day per week gave workers improved WLB, working from home every day led to an increase in working hours.
- Management should clearly outline and communicate work objectives to WFH employees. Train management to evaluate them on their work product (rather than time spent).
- Public advocacy! New labor policies will need to be improved to protect all workers, especially “low-skill” workers.
- Training, education and “upskilling” to help workers transition to the new labor market.
- Motivate WFH employees by allowing them to customize their work commitment and working hours.
 - Guarantee employees equal pay for remote work.
 - Offer flexibility to employees; some prefer an office, some prefer WFH, while others prefer a hybrid model.
 - Create a culture of defined work hours; make it clear that responding to emails after hours is not an expectation.
- Identify which work can be performed remotely and when onsite is a requirement.

Citation

Vyas, L. (2022). “New normal” at work in a post-COVID world: work–life balance and labor markets. *Policy and Society*, 41(1), 155-167.

Article 4: *Virtual Reality for Behavioral Health Workforce Development in the Era of COVID-19*

Summary

The COVID-19 pandemic presented unique challenges to the behavioral health workforce, transitioning rapidly to virtual service delivery without service disruption to patients/clients. A massive effort to modernize and expand the United State’s substance abuse service infrastructure started in 2017, as a response to the overdose epidemic. Technology Transfer Center (TCC) networks (focusing on addiction, prevention, and mental health) were created and tasked with building the capacity of the behavioral health workforce, with a focus on evidence-based interventions, and locally and culturally responsive training and technical assistance. **The Covid-19 pandemic struck during this growth period, meaning TCCs had to**

rapidly scale up to ensure that the public and behavioral health workforce did not lose access to this remote training and technical assistance.

TCCs conceptualize the technical assistance (TA) offered in 3 ways:

- **Basic TA** includes general knowledge and awareness-building (eg. webinars, conferences, mass mailings, websites, social media) for a non-specific audience.
- **Targeted TA** offers directed training and support to limited groups or organizations and focuses on changing behavior or building skills. Experiential learning like role plays and behavioral rehearsal are key to building skills and this translates well to the virtual environment.
- **Intensive TA** is ongoing customized support to specific sites, communities and systems, focusing on sustainable implementation of novel practice

Challenges: Increased convenience, decreased cost, connection without travel or routine disruption. Cons, inequitable access- bandwidth and tech devices, and comfort and familiarity with technology. Requests for basic TA surged during the pandemic, while intensive TA

Implications for practice:

- Access remains a pro and a con for virtual trainings. Decreased travel time and costs will boost access, but inadequate equipment and disparate levels of attendee comfort with the technology being used may hinder access.
- Consider a variety of noble delivery channels to deliver information. During the pandemic, TCCs reached wider audiences with a combination of webinars, pre-recorded videos and podcasts, as well as live streaming.
- Leverage available technology and match the technology to the group/audience and the goals (virtual meetings are more productive for smaller groups, while larger groups may gain valuable information from a webinar).
- Intensive TA providers need a deep and robust understanding of not only the technology itself, but also organizational workflow and staffing, and barriers and facilitators for implementation.
- Ongoing evaluation needed to ascertain whether virtual delivery, hybrid delivery, or face-to-face delivery of services is most effective.
- Consider “Zoom fatigue” --don’t overuse a single platform. Vary program offerings not just by content but also by delivery type.

Citation

Cross-Technology Transfer Center (TCC) Workgroup on Virtual Learning (2021). Virtual Reality for Behavioral Health Workforce Development in the Era of COVID-19. *Journal of Substance Abuse Treatment*, Vol. 121. <https://doi.org/10.1016/j.jsat.2020.108157>.

Conclusion

This research review provided an overview of an important recent topic that has emerged in the past two or so years: how to effectively conduct public health work during a global pandemic. The authors cited in this research review noted how there is great potential for both short-term and long-term challenges as a result of covid-19, from immediate concerns about the move to *work from home* and *work-life balance*, as well as long-term mental and behavioral health issues sure to result. Due to these challenges, public health officials have noted an increase in substance use as a coping strategy.

Corrigan et al (2020) surveyed prevention providers in New York, identifying both successes and weaknesses in their accommodation of prevention practices during covid-19. For example, many providers were able to increase access and engagement with services, with some actually increasing services. However, many providers also reported numerous challenges, from technological issues to the “steep learning curve” associated with integrating a host of new practices.

Giorgi and colleagues (2020) conducted a literature review in order to examine the psychological effects of the pandemic, as they relate to workplace functioning, noticing that healthcare workers, in particular, are at increased risk for adverse outcomes. The authors raised the issue of a “psychological pandemic,” in which increased work-related anxiety, isolation, or on-the-job danger are also likely features or outcomes.

Vyas (2022) explored the “new normal” as a result of covid-19, exploring the relationship between *work from home (WFH)* and *work-life balance (WLB)*. The author noted that work from home employees have experienced an increase in work-related fatigue and decrease in work life balance, while blue-collar workers, required to show up to a jobsite, face additional job stresses.

Public health scholars from the Cross-Technology Transfer Center (2021) discussed the strategies used to develop the capacity of the behavioral health workforce. The technology transfer centers were forced to rapidly scale up their operations during the pandemic, in order to respond to pressing public health challenges.

Author Biography

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