

Innovative program may reduce substance use among formerly incarcerated men

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A study led by Liliane Cambraia Windsor at the University of Illinois Urbana-Champaign School of Social Work has shown significant reductions in alcohol and substance use among formerly incarcerated

men through a unique combination of critical dialogue and capacity-building projects.

This innovative approach, tested in a [randomized clinical trial](#), offers new hope for communities struggling with high rates of substance use and its devastating consequences.

The study, conducted with 602 men with histories of substance use disorders (SUD) and incarceration, aimed to identify effective intervention components that reduce substance use. The paper is [published](#) in the journal *Substance Use & Misuse*.

Researchers found that peer-delivered critical dialogue (CD) and capacity-building projects (CBP) were effective in reducing substance use when participants attended the sessions consistently.

Rationale for testing community wise for men with histories of incarceration and SUD

In the United States, most formerly incarcerated individuals self-identify as men. People released from incarceration often return to predominantly Black and historically marginalized communities that have been neglected by governments and private investments. This neglect results in insufficient social services and high rates of poverty, crime, and unemployment.

The compounded effects of racism, classism, and heteronormative stereotypes of masculinity lead to elevated socioeconomic and health-related needs among these men, including disease prevention and health care, housing, and employment.

Addressing social determinants of health

Despite evidence suggesting that interventions to reduce health inequities must address social determinants of health (SDOH), most evidence-based substance use disorder (SUD) interventions focus solely on changing individual behavior.

This study, however, utilized critical consciousness (CC) theory, which promotes critical reflection on one's social, political, and economic conditions and encourages civic engagement. This approach has been shown to reduce the impact of SDOH myriad health outcomes.

This study was designed to develop an optimized intervention for decreasing alcohol and substance use (ASU) among men with a history of SUD and incarceration. The group conducted a 24 full factorial experiment to evaluate the individual and interactive effects of four intervention components on ASU reduction.

Due to low attendance across the 15 sessions of Community Wise, the intent-to-treat (ITT) analysis did not fully meet the a priori component selection criteria. Consequently, a modified ITT analysis was conducted to control for intervention attendance.

This analysis supported the inclusion of CD and CBP as viable intervention components and identified trained peer facilitators (TPFs) as efficient and effective facilitators.

Participants were assigned to different groups receiving combinations of the following:

- Critical Dialogue (CD): Six weekly two-hour group sessions discussing societal and personal issues.
- Quality of Life Wheel (QLW): Six weekly one-hour group sessions focusing on improving life satisfaction.
- Capacity Building Projects (CBP): Six weekly one-hour group

sessions where participants worked on community projects.

- Facilitators: Sessions were led by either trained peers or licensed professionals.

After accounting for attendance rates, the study revealed that peer-delivered CD and CBP sessions significantly reduced substance use over five months. This approach not only provided support but also empowered participants to take active roles in their recovery and community improvement. CD combined with CBP, delivered by TPFs, is the optimized Community Wise format for subsequent research.

Building on these promising results, the researchers plan to:

- Improve session attendance rates.
- Test the optimized intervention against standard of treatment in broader community settings.
- Develop strategies for effective implementation in various populations.
- Conduct further research to examine community-level outcomes, such as community cohesion and successful completion of capacity-building projects.
- Investigate the potential impacts of facilitator type and demographic characteristics on ASU.

This study highlights the importance of community involvement and peer support in addressing [substance use](#) disorders. The optimized intervention, costing approximately \$138 per person, presents a cost-effective, scalable solution with the potential for substantial impact. The research underscores the need to address systemic issues such as racism, classism, and sexism as part of SUD treatment.

This research was a [collaborative effort](#) between community members and scientists, ensuring the [intervention](#) was culturally relevant and

community-driven. The study's success underscores the power of combining scientific rigor with community-based participatory research principles.

More information: Liliane Cambraia Windsor et al, Critical Dialogue and Capacity-Building Projects Reduced Alcohol and Substance Use in a Randomized Clinical Trial Among Formerly Incarcerated Men, *Substance Use & Misuse* (2024). [DOI: 10.1080/10826084.2024.2352611](https://doi.org/10.1080/10826084.2024.2352611)

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