



Serving

# *Special* Populations

By David Zoeller

Special populations is a concept that has been around substance abuse prevention for many years. It first surfaced in the 1970s and came to represent subgroups that were unique in their needs and had been traditionally underrepresented in substance abuse prevention and treatment.

The labeling of various groups as “special” has evolved over time depending upon which groups have been considered peripheral to mainstream society, according to *The Journal of Drug Issues*. The use of the term “stemmed out of a desire to address what were believed to be the unique needs of underserved populations and to ensure that these groups received a proportionate share of resources.”<sup>1</sup>

While focusing resources on underserved populations can help dispel myths and stereotypes about them, forcing individuals into categories that may possess a certain characteristic creates some obvious problems since many people fall within several categories, or special populations.

Writing in *The Journal of Primary Prevention*, authors Schinke and Brounstein note, “America is no longer – and perhaps never was – comprised of homogenous populations for whom one prevention program fit the needs of all.”<sup>2</sup> What’s more, they write, as we enter the 21<sup>st</sup> century, we are more diverse ethnically, racially, socioeconomically, and with respect to sexual orientation, education, and family background than ever before.

“I would say that prevention and special populations go hand in hand,” said Gary W. Lawson, the author of eight books, including *Alcoholism and Substance Abuse in Special Populations*.

Lawson said in working with special populations, you look at how you can divide individuals up into groups, and based on how you’re dividing them up, look at what makes them different in terms of their risk factors – and how you can intervene on those specific risk factors creatively.

For example, Lawson said, one of the highest rates of suicide is among the elderly. People who stop working and retire often times drink a lot more than when they were working.

To evaluate how to approach working with the elderly, Lawson asks what would be the dynamic there? It may be that an elderly person doesn’t have anything to do and doesn’t feel useful any longer. How could that situation be prevented? “Maybe you put them in a situation where they’re working with adolescent kids, helping them out. They wind up getting a lot of kudos and feeling good about themselves and don’t have time to sit around and abuse alcohol.”

That’s prevention, as far as Lawson is concerned. “But you wouldn’t do that (to prevent substance abuse) for a high school student,” he said. “That’s a totally different thing. Adolescents have their own issues in prevention. Native Americans have their own prevention issues. They have their history, self-image, and the cultural expectation. The military is a special group with their own special problems. Gay and lesbian people have their own specific set of circumstances.”

Schinke and Brounstein agree prevention programs tailored to preferences, realities, and problem behaviors experienced by a specific population are more likely to yield meaningful results.

They also warn against using “special populations” as a euphemism for at-risk, high-risk, or otherwise in-need subgroup. “Such thinking has had the unfortunate result of programs that stereotype subgroups of youth and adults and that perpetuate the notion of needing to somehow remediate cognitive and behavioral deficits that make members of the special populations vulnerable to problems,” they write.

People developing prevention programs are coming to appreciate the positive side of serving special populations, utilizing the strengths, attributes, and skill sets that members of those populations possess that can help them avoid problems such as substance abuse.

Ronald Harris, who works with African American youth in Chicago as prevention program director at the Bobby E. Wright Comprehensive Community Behavioral Health Center, is among them.

“I really don’t prefer to use the term ‘high-risk youth.’ I prefer to utilize the term ‘potential achievers’ (to describe) our young adults so that our youth are not marginalized and/or stigmatized because we classify them a certain way. It offers those of us in the field of working with youth a golden opportunity to move away from deficit talk to asset talk, giving our youth an inoculation, giving our youth a strong sense of self-worth.”

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## References

1. Hegamin, A., Anglin, G., and Casanova, M. 2002. Deconstructing the Concept of “Special Populations.” *The Journal of Drug Issues*. Summer 2002 825-836.
2. Schinke, S. and Brounstein, P. Introduction to this Series of Papers on Primary Prevention and Special Populations. *The Journal of Primary Prevention*. Spring 2002 199-200.