

Partnerships by design succeed far better than partnerships by evolution. Physician Neal Holtan shares a framework for building successful partnerships.

# Partnering Helps Prevent Community Alcohol and Drug Problems

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In the 1960s, scare tactics were the mainstay of alcohol and drug abuse prevention. Since then, prevention specialists have tried disseminating general information, offering education in schools, creating alternatives to alcohol and drug use, designing comprehensive programs, and focusing on community-based decreased consumption. We still use most of these strategies. I want to suggest a new one: community-based alliances based on the concept of partnering. It offers great promise for the prevention of substance abuse and addiction. In this article, I describe how to form partnerships between prevention specialists and physicians to prevent alcohol and drug problems in communities.

## Allies in prevention

Physicians and other health workers are enthusiastic about

combating alcohol and drug abuse and are deeply committed to helping those already addicted to alcohol and drugs. They see firsthand the suffering, disease, disability, and injury caused by alcohol and drugs. They and their professional organizations have long supported alcohol and drug prevention, often taking positions exactly opposite from entrenched business interests, for example, favoring high excise taxes on alcohol and strict laws limiting the amount of alcohol allowed in the blood of motor vehicle drivers. Prevention specialists and health professionals are natural allies in alcohol and drug abuse prevention because of their shared values.

## The need to partner

Here is an example. Dr. Good, a family physician in a medium-sized city, believed that if he could stop

high school students from drinking after football games, lives could be saved. Eight years ago there had been that awful car crash killing four high school students leaving a keg party. The current crop of kids either hadn't heard about it or didn't care. Some of them drank heavily at parties on football Friday nights.

The doctor called the county public health department and learned about the work of Ms. Fine, a specialist in preventing community alcohol and drug abuse. They decided to form an alliance that included his county's medical society and her citizens council on alcohol. At first they and their organizations were excited about finding solutions to the problem of teen drinking. Soon though, their partnership experienced internal tension about stigmatizing kids, letting sanctions against drinking students jeopardize the football team's chance for a championship, and harming businesses. When opposition surfaced, the prevention partnership between Ms. Fine's organization and Dr. Good's group, left to happen without design, was too fragile to survive. Like half of all marriages, it painfully fell apart.

### Partnering

Community alcohol and drug prevention workers work with faith communities, teachers, recreation leaders, and many others to prevent problems associated with drugs and alcohol. Up until now, physicians and other health workers are untapped as prevention partners. Those partnerships need to be built with care and not be left to chance.

Partnering, as described in Stephen M. Dent's book, *Partnering Intelligence: Creating Value for Your Business by Building Strong Alliances*, is a way to form strong alliances to attain win/win outcomes.

Partnering, as practiced by Dent and his associates, has primarily been applied to business alliances but the techniques work just as well in forming alliances for community health promotion. Dent's firm, the Partnership Continuum, Inc., and the Minnesota Institute of Public Health, a nonprofit organization with extensive experience in drug and alcohol prevention, work together on several partnerships.

Through partnerships, prevention specialists can work very effectively with physicians and other health workers to prevent alcohol and drug-related problems in communities.

Before coming together, potential partners must have clear personal and organizational strategic frameworks from which to work. Confused, disorganized, conflicted, and undirected people and organizations make difficult partners. They need solid visions, values, ethics, and strategic directions before they begin to build their new partnership.

Prevention specialists usually need to start the partnering process by extending the invitation to physicians to form partnerships and determine their willingness and ability to partner. A good way to establish first contact is to invite physicians to serve on the boards and advisory committees of prevention organizations. That way, personal relationships grow. Physicians get a chance to demonstrate to members of the community other

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### Forming partnerships

From the principles of partnering intelligence, it is easy to see why the scare tactics of 1960s drug and alcohol prevention failed miserably to prevent alcohol and drug problems. They drove fear, lack of trust, and resentment, rather than create win/win outcomes. New partnerships built on partnering intelligence are healthy.

than their patients that they care about everyone's health. The partnership needs to reflect the limited time and energy of physicians and aim for a first joint venture that results in success. For most physicians, the desired win is a positive impact on patients. For prevention specialists, the win is health improvement for the community. The two obviously overlap.



In using the partnering model with health care providers, prevention specialists need to connect the theory with the practice. They might need to teach potential partners about partnering techniques before they apply the six partnering attributes for strong partnerships.

The framework within which the new partnership develops must include organizational leaders committed to partnering. Leaders set the tone for the proposed partnership by identifying the team members, providing the resources, and facilitating the agreements that develop from the partnership. Without leaders' support, partnerships fail.

The six partnering attributes are the tools for forming alliances between prevention specialists and physicians and their organizations. As the partners integrate these attributes into a partnering relationship, they are inevitably drawn through the stages of relationship development and the

stages of partnership development to reach their goals. They constantly remain aware of their use of partnership skills and the stages of partnership through which they move. Partnerships by design succeed far better than partnerships by evolution.

### Self-disclosure and feedback are the bedrock for trust

In the prevention of community alcohol problems, potential partners and participants in partnering might not perceive the need for sharing, self-disclosure, and honest feedback about their needs and the needs of their partners. Using self-disclosure and feedback, the partners disclose and explore their fears and limitations and communicate how they see the partnership benefiting themselves, their patients, and their communities. Without this important step, the partnership will not take root.

### The Six Partnering Attributes:

1. Self-disclosure and feedback.
2. Win/win orientation.
3. Ability to trust.
4. Future orientation.
5. Comfort with change.
6. Comfort with interdependence.

### Partnering can apply in a variety of health promotion and prevention areas

Partnerships can be used as the basis for many proven prevention activities and strategies to fit any situation. For example, culturally sensitive and age-specific programs enable people to learn coping mechanisms, life skills, and refusal skills. Servers of alcohol trained to

recognize when people drink too much are able to stop problems as they are happening. In both of these examples, there is great potential for partnership between prevention specialists and health care providers.

### Promoting screening and early referral for alcohol problems

Some partnerships between prevention specialists and practicing physicians promote alcohol and drug screening of patients and referral of those who need it to assessment and treatment of addiction. The partners work together for education and skill building among staff and colleagues so that systems insure that patients screened for drug and alcohol problems are successfully referred.

### "Marketing" prevention messages

Prevention specialists and physicians can be partners in public relations and social marketing of alcohol and drug prevention messages. They might highlight their alliance in newsletters and their successes in testimonials. Prevention specialists can make use of the health organizations' internal newsletters and employee education programs to convey prevention messages, and they can contribute written articles about prevention to patient or member communications. Another way to work together is to nominate individuals or groups for service awards or citations.

### Forming alliances for advocacy and lobbying

Community prevention specialists and practicing health

professionals make effective allies for advocacy and lobbying. Health practitioners benefit from prevention specialists' knowledge of particular issues, their ability to focus, and their experience in judging strategies. Together, they can send powerful messages to decision makers. The keys to success in advocacy rest in partnering theory, with prevention specialists choosing advocacy issues of practical interest to practitioners so that patients benefit, a result perceived as a win. With their prevention partners, physicians and health workers write letters to newspapers and other publications, testify at governmental hearings, and lobby individual lawmakers.

### Sharing information and data to advance prevention

Partnerships between prevention specialists and health professionals are made strong through the exchange of data and information. Clinical scenarios, patient reports, outcome studies, community health assessments, and epidemiological research are necessary to support policy positions. Exchanging information about prevalence and incidence of alcohol and drug abuse is a powerful basis for taking defensible positions on public policy and lobbying for them. Reducing costs of alcohol and drug abuse is a goal that appeals to the whole spectrum of political ideology.

### Moving prevention upstream

Partnerships in prevention change the focus of activity from end-stage problems to upstream solutions. Trust relationships develop between prevention

specialists and physicians and have positive results in unexpected ways. The partners support each other, establish networks of interested individuals, set the tone that prevention is an important cultural and societal value, and create a culture of "prevention first."

### A vision of successful health partnerships for prevention

Ms. Fine and Dr. Good's efforts to partner in reducing teen alcohol use might have survived if they had communicated their strategic frameworks to one another and planned their partnership using the six partnering attributes. They would have moved through the stages of partnership development to create a healthy new partnership to move toward their mutual goal of reducing teen drinking in their community.

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