

Initiating Community-Based Alcohol Prevention Interventions: Suggestions from Research and Model Programs

By Bob Saltz, Ph.D.

The thought of launching a community-based alcohol prevention initiative can be daunting, to say the least. In the early stages of planning, it may help to look at how other comprehensive prevention projects have approached their communities, and how they developed their specific intervention strategies.

The Community Trials to Reduce High Risk Drinking

The Community Trials to Reduce High Risk Drinking began in 1980 with the goal of combining several evidence-based interventions into a comprehensive community effort to reduce alcohol-related injury and deaths. The project targeted three communities (each with a matched community for comparison). Specific components included:

- responsible beverage service training and enforcement of laws proscribing service to intoxicated patrons;
- increased enforcement of drunk driving laws (and heightened public perception of that increase);
- enforcement of underage sales laws at licensed outlets;
- reduced alcohol availability via curtailing outlet density;
- and mobilizing the community and its leaders in support of these interventions, with emphasis on media advocacy.

The intervention reduced alcohol-involved crashes by more than 10% over the comparison communities and alcohol-related assaults appearing in emergency rooms declined by 43% (Holder, et. al., 2000).



Lessons

Key aspects of this project included the fact that the primary objective and prevention strategies were pre-defined on the basis of research literature. Community partners were approached, the basic elements of the comprehensive plan were described, and subsequent negotiations between the researchers and community stakeholders gave rise to the implementation. While the researchers freely shared results from continuous telephone interviews with residents and a variety of other data (e.g., motor vehicle crashes) with collaborators, these data were primarily used to keep the communities informed of progress and to aid in the mobilization efforts for the chosen strategies.

Border Project

A different approach was used in the Border Project. The effort here began with data collected from people crossing the border between San Diego, California and Tijuana, Mexico, with the goal to document the magnitude of intoxication and impairment among those entering or leaving Mexico. Using portable breathalyzers, researchers were able to show alarming rates of intoxication among those returning to the U.S. on weekend nights, including thousands of teenagers who would not be able to legally drink in their home country. Telephone survey data were also used to estimate the prevalence of border crossing and impaired driving among the general population. These data were then used in a media campaign to mobilize the greater San Diego/Tijuana area to support policies that would address the problem. In this case, mobilization led to such strategies as:

- Establishing DUI checkpoints near the border
- Working in collaboration with Mexican authorities and the hospitality industry to implement responsible beverage service policies and training along with greater enforcement of alcohol serving laws
- Restricting advertisements for alcoholic beverages, as well as a “Safe Crossings” program to keep teenagers under 18 from crossing the border without an adult.

Lessons

The Border Project was able to mobilize the community (especially law enforcement) not because the community was unaware of intoxicated teenagers crossing the border, but because there was little appreciation of the magnitude of the problem, and of how this behavior led to a broad spectrum of subsequent

problems (not just DUI, but assaults, crime, sexually-transmitted diseases, and poor school performance). Mobilization was driven by the goal of identifying evidence-based policies that had been shown to be effective in reducing intoxication, underage drinking and alcohol-impaired driving.

Safer California Universities Project

A third alternative approach is now underway in the Safer California Universities Project. Here the goal is to reduce college student intoxication and drinking problems using something like a blend of the previous two community interventions. Using a “risk management” perspective, data from student surveys (with archival data and key informant interviews for corroboration) generated data estimating the relative magnitude of drinking problems across different types of settings where alcohol is consumed. These include residence halls, parties at off-campus houses or apartments, fraternity or sorority parties, on-campus events (e.g., athletic events or concerts), bars and restaurants near the campus, or public places near the campus (e.g., parks or beaches). The survey questionnaires were thus designed to focus on locations, and the data they generated were used in a structured planning phase to select a target for the prevention. Once the target was selected (e.g., “off campus parties”), strategies recommended by the National Institute on Alcohol Abuse and Alcoholism’s Task Force on College Student Drinking (where they were relevant for the target) were offered to the college communities for adoption and implementation. In this case, baseline data were used to select from among a small set of potential target settings, and followed by strategic planning that guided communities toward evidence-based strategies. The project is just now (Fall of 2005) entering the implementation stage.

Common Features of the Community Projects

1: Clear Goal

First, each had a relatively clear goal, whether to reduce alcohol-involved injuries, the prevalence of intoxication among border crossers, or the prevalence of alcohol-related problems in an identified drinking setting. A danger for many community interventions is having a vague or diffuse prevention goal that works against coordinated action and tailored strategies.

2: Evidence-based Strategies

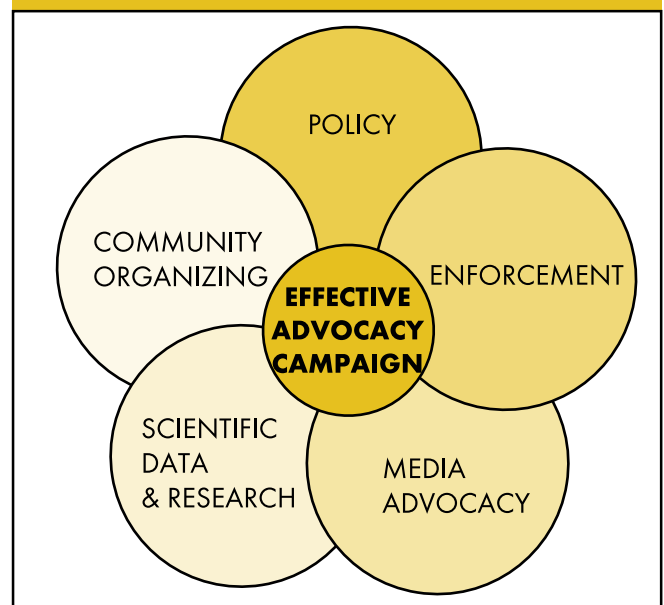
All three projects were committed to the adoption of evidence-based strategies, with an emphasis on universal, environmental strategies, as these have been shown fairly consistently to be effective across the general population. It is also important for a community to understand that problems related to drinking are typically not limited to the heaviest drinkers (who might be candidates for direct treatment or intervention), but are rather spread across light and moderate drinkers as well (whose individual risk might be lower, but collectively contribute perhaps the majority of incidents). It is possible, of course, to combine these universal strategies with individual-level interventions (e.g., brief intervention with problem drinkers), but a community would want to evaluate its resources to ensure that such a combination of strategies would be feasible.

Conventional wisdom will sometimes argue against “steering” communities toward evidence-based interventions, in the fear that it might threaten the community’s “ownership” of the prevention program or even disempower the community. On the contrary, most people involved in such projects are eager to know “what works” and do not wish to waste their limited time and energy on strategies that are untested or ineffective. Then, too, public and private agencies are becoming even more adamant that resources are dedicated toward proven strategies.

3: Data

Third, all three community interventions were built on the assumption that the prevention initiatives would have a much greater chance of being sustained over time with the availability of data to measure how well the activities were achieving their respective goals. There is a great need for more research on sustainability, but it seems very unlikely that a community would continue to assign resources to any prevention project that could not demonstrate its effectiveness.

STRATEGIC CHANGE MODEL



Policy is the driving force behind the Strategic Change Model. The other components are tools to achieve your goal. Data collection provides a baseline to identify the problem, design interventions and measure change. Community organizing brings stakeholders together that support and can influence the change process. Media advocacy helps to raise the issue higher on the public agenda. Community partnerships with special groups can strongly support your issue. In the Border Project, law enforcement was a natural partner.



Center for Applied Research Solutions
771 Oak Ave. Parkway, Suite 2
Folsom, CA 95630

PRSR STD
U.S. Postage
PAID
Sacramento, CA
Permit No. 2840

prevention *Tactics*

Five Prevention Components

- 1. Community Mobilization**
- 2. Responsible Beverage Service**
- 3. Risk of Drinking and Driving**
- 4. Underage Drinking**
- 5. Alcohol Access**

Resources and Links

Visit the CPI website to see the corresponding Power Point presentation.

www.ca-cpi.org

Community Trials

<http://www.pire.org/communitytrials>

Border Project: Search model programs at

<http://modelprograms.samhsa.gov>

Prevention Resource Center

www.prev.org

Pacific Institute for Research and Evaluation

www.pire.org

Let's Hear From You!

We welcome readers' comments on topics presented.

Call us at 916.983.9506,

fax us at 916.983.5738

or send an email to

gary@emt.org

Additional copies of this publication are available upon request or online at: **www.emt.org**

prevention Tactics is published periodically by CARS under its Community Prevention Institute contract with the California Department of Alcohol and Drug Programs (DADP). The purpose of this publication is to help practitioners in the prevention field stay abreast of best practices emerging from current research and to provide practical tools and resources for implementing proven strategies.

The information or strategies highlighted in *Prevention Tactics* do not constitute an endorsement by DADP, nor are the ideas and opinions expressed herein those of DADP or its staff.

© 2004 by Community Prevention Institute (CPI)
Permission to reproduce is granted, provided credit is given.

Edition 8:7

**Author: Bob Saltz, Ph.D.
Prevention Research Center
Berkeley, California**

Designer: Studio C