Introduction

TAKING CHARGE:
Community-Based Environmental Risk Reduction

A four-hour course manual, part of a training series designed to engage California cities in preventing and reducing alcohol and drug problems

Product of Prevention by Design, located at the Institute for the Study of Social Change, University of California, Berkeley

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**Purpose**

This workshop introduces a systematic way that local communities—public agencies, organizations, and concerned groups and individuals—can manage (reduce) public health and safety problems related to the use and availability of alcohol and other drugs (AOD). Fried Wittman, Ph.D., director of Prevention by Design, developed the core concepts based of fifteen years of work with cities.

He has drawn upon the work and experience of other prevention experts and local community experiences over this period. TAKING CHARGE seeks to disseminate this collective experience. This workshop is based on a complete manual developed by Dr. Wittman, and is part of a series of training and technical assistance available to implement the model in California cities of all sizes.

The complete manual is designed to be used in combination with free, available technical assistance to California counties and cities; the manual can also be used as a self-instructing resource to community groups interested in managing alcohol and drug risk in their communities.

This workshop places TAKING CHARGE within the context of various purposes and scope of AOD prevention. Participants will learn about the public health model, and understand how three important variables come together in ways that create problems—or solutions. The three parts of the public health model are the individual, the alcohol or drug itself, and the setting or environment where consumption/sales occur. The workshop also highlights how AOD problems are integrated—sometimes in invisible ways—in the range of issues and problems facing communities.

The workshop provides an overview on how TAKING CHARGE works:

a) Identifying problem environments
b) Using the three actor model of accountability
c) Creating or enhancing a working group and coalition to manage C-BEER implementation
d) Developing monitoring, data collection and evaluation methods to track project outcomes and needs in an ongoing way.
Most people understand the value of prevention; as the saying goes, “an ounce of prevention is worth a pound of cure”. However, preventing alcohol and drug problems is a complex process and related outcomes can be challenging to document.

In addition, there are many different prevention approaches used by a variety of community interests. Often community groups must ask, why this and not another approach? Or how can this approach enhance what’s already in place?

The TAKING CHARGE model is based on the theory that alcohol and drug problems can be reduced by changing the community environments (broadly defined) where alcohol and drug use happens. This model—often called environmental prevention—thus targets community policies and enforcement priorities.

The public health model lies at the core of the TAKING CHARGE approach. This model recognizes that behaviors and related problems evolve from the interaction of three things:
1. The Individual Host
2. Alcohol and Drugs as an Agent
3. The Environment, or settings or locations where consumption and sales occur.

In the public health model, this "ecology"—of where individuals encounter alcohol/drugs, in a specific location of setting—determines what kind of problems develop. The same ecology offers leads to choosing the right prevention strategies.

TAKING CHARGE relies on this environmental prevention model, and essentially provides a structure for action. TAKING CHARGE organizes a number of stakeholders to identify alcohol and drug problems and select action steps to manage high risk community environments.

TAKING CHARGE specifically mobilizes cities—municipal agencies, community groups and residents—to select and implement environmental strategies, and to monitor progress in managing risk environments. Cities have extensive local powers across enforcement and land use areas. Cities are accustomed to applying these powers to other issues. Many California cities have demonstrated the usefulness of using these powers on alcohol and drug problems (see preventionbydesign.org after we post some of these stories).

Other approaches target individuals, generally youth, with information/education/skills about the negative consequences of alcohol and drug use, and may help youth learn how to resist the invitation to use substances. Other approaches work with young people and/or their families who are already in trouble with alcohol and drugs, to prevent more trouble in the future.
In fact, individually-focused and environmentally-focused approaches are complementary, as the “invitation to use” comes from the community culture in symbolic and direct ways through advertising, sales practices and norms. The individual “walks around” in an environment, or neighborhood, that cues each person about what, when and how much alcohol or drugs are acceptable—or not—to use.

The focus of prevention in TAKING CHARGE is aligned with two models:
• Problem oriented prevention, or a direct focus on alcohol and drug problems themselves in their community context;
• Focus on positive assets development, such as youth development.

In fact, TAKING CHARGE helps organize information about the environment for both models. TAKING CHARGE suggests ways that communities can detail how specific alcohol and drug problems surface. Many communities engage young people as resources in documenting alcohol and drug problems, and recruit youth perspectives in identifying and mobilizing energy for solutions.

TAKING CHARGE prevention efforts can occur at three levels in terms of scale:
• **Low Scale: Particular Locations**
  Prevention efforts here focus on a specific problem environment. This may be a specific problematic bar, or perhaps a home known for underage drinking parties. The prevention goal of such low scale effort is simply to address and resolve the particular issue. For example, changing the sprinkler time at a public park may reduce drug dealing or public inebriation at the park - a low scale intervention that can change the park, though broader change in the community may not occur.

• **Medium Scale: Community Institutions or Neighborhoods**
  Medium scale efforts focus again on setting standards for policy and enforcement of policy within organizations, departments or even neighborhoods. This category may include community institutions such as a church or school district. For example, organizing neighborhood watch to help neighbors document and report drug dealing can be the first step to help city officials conduct nuisance abatement activities.

Recent news coverage about a private school fundraiser illustrates problems with the absence of clear policy. At the close of an evening of a school fundraiser event, leftover margaritas were placed in the cafeteria refrigerator. The next morning, cafeteria workers served the margaritas to the students, believing the beverage to be limeade. Several children became sick - all preventable with simple institutional policy about alcohol at school site events.
Large Scale: Local, State and National Policy

Large scale changes occur primarily at city, county, state and federal levels. Tobacco control policies, and their impact, are good examples that the public recognize. Policies regarding price, advertising and places where smoking is allowed have resulted in all-time low smoking rates.

Local examples include use of zoning ordinances to manage density and operating standards for alcohol outlets, code enforcement standards and property manager training for rental units.

For example, in the City of Oxnard, an incremental policy approach establishes zoning and compliance standards for outlets, required responsible beverage service for special events and grandfathered older establishments into these standards with a “deemed approved” process. Today the city’s Police Department has an Alcohol Policy Prevention officer, funded in part by fees on licensees. This officer is dedicated to do compliance checks, conduct beverage service training, and other related functions. During this time, DUI and crime rates have fallen significantly.

At city, county, state and even federal levels, policy change can produce significant prevention outcomes. At the national level, research has estimated that 10,000 lives were saved by passing the minimum drinking age standards.

Prevention advocates must be aware of this context, and related menu of action for various community stakeholders, as they make choices about how to proceed.

It is important to understand the value of “nesting” low, medium and high scale efforts to create consistency across the broad range of community environments. For example, a teen who doesn’t get alcohol at home, isn’t sold to at a store and can’t obtain it at a public event is less likely to drink.
TAKING CHARGE Part of Prevention Continuum
Managing risk in community environments is a needed complement to other prevention models. Research has demonstrated that information/education strategies alone are not sufficient to reduce alcohol and drug problem use. Reducing environmental risk by establishing community policy and enforcement priorities creates significant long-lasting change for current and future individuals passing through these environments. The environmental approach is a needed reinforcement to all education approaches.

TAKING CHARGE Focus
Prevention/Education
For individuals
Alternative Activities
Environmental Strategies
Data, Community Policy, Enforcement, Media Advocacy

3. TAKING CHARGE in Context
TAKING CHARGE dissemination is now underway in a new environment of its own. New pressure for accountability, along with ongoing interest in “what works” has combined to stimulate use of best practice. TAKING CHARGE is timely for a number of reasons:

• The federal government is pushing for accountability for public investments across the board; the state government has passed this push on to city and county governments with requirements for performance based contracting.
• The County Alcohol and Drug Program Administrators Association of California has funded Prevention by Design to explicitly help county program meet these demands for accountability through a five-step planning and evaluation process;
• TAKING CHARGE begins with data collection, which facilitates accountability. For example, if a city chooses to focus on a problem corner that has many police calls for service, change can be measured fairly simply.
• TAKING CHARGE collects and disseminates more than fifteen years of community field experience with the environmental model, and relies on evidence-based practice. TAKING CHARGE creates a local system to identify specific alcohol and drug problems—and take action that results in measurable change.
• The prevention field, particularly in California, has amassed a collection of proven tools. TAKING CHARGE has model ordinances developed and collected by its parent, the Community Prevention Planning Project. In addition, TAKING CHARGE draws on the implementation experience of activists in Oakland, Vallejo, Lodi, Santa Barbara and other cities of varying sizes.
• The evidence is in. Several California cities now serve as powerful models to others about the effectiveness of the TAKING CHARGE approach. “Tales of the Cities” on the Prevention by Design web site provides a synopsis of these successes.

At the core of the TAKING CHARGE model is the Five Step Planning Process:
1. Identify the Problems
   - Compile data, collect new -- using local data sources
2. Prioritize the Problems
   - Convene stakeholders, use criteria & rank
3. Set Measurable Outcomes
   - What do you expect will happen? How do you tell?
4. Use Proven Methods
   - Nine useful initiatives
5. Evaluate and Monitor Your Results

A related motivation to participate in TAKING CHARGE is that many communities are challenged by a myriad of alcohol and drug related issues that decrease quality of life and strain public systems of care and safety nets.

Every community -regardless of its size, demographic or economic make-up, experiences a range of alcohol and other drug related problems. These problems can be grouped into:
• Personal alcohol and drug abuse problems, such as addiction and its byproducts to family members.
• Community level problems associated with problematic use or sales, such as alcohol-fueled violence or neighborhood degradation associated with drug-dealing.

Many people think of addiction as the greatest problem, but in reality, social drinkers are a group many times larger than dependent users. A first-time drinker can, and often does, cause a serious traffic crash. A group of young men heavily drinking in an evening can be the source for alcohol-related violence and calls for police service.

It’s important to understand that addiction is the visible tip of the iceberg of alcohol and drug problems. Your community may also face high levels of community alcohol and drug-related problems that appear to “pop up” in law enforcement, medical, education and other community institutions.

Top concerns in many communities are:
• Driving Under the Influence
• Underage Drinking

4. Alcohol & Drug Problems are not Stand-Alone Issues in Communities
• Alcohol-related Violence
• Public Drunkenness

As discussed earlier, it is the combination of three factors—person, agent, environment—that result in alcohol and drug problems. Consider a "good kid" who is simply in the wrong place at the wrong time. TAKING CHARGE essentially helps manage community environments so more right time, right place opportunities appear for residents.

The target for TAKING CHARGE interventions are not individuals, but rather the community environments that can be managed to minimize related community problems. Addiction issues belong in the treatment rooms. Fortunately, when a community has an open discussion about community alcohol and drug problems, personal abuse problems also come to light and have an opportunity to get connected to the treatment system.

We must first pay attention to the term community environment. This local "ecology" of time, location, setting and circumstances significantly influences personal consumption patterns—and the subsequent alcohol or drug problems experienced in the community.

The community environment is best understood as the sum of three parts:
1. Entities with power in the community, such as public agencies, organizations or legislators;
2. Institutions with traditions and practices, such as schools, faith organizations and workplaces
3. Physical or social settings where people interact, such as commercial settings, parties, parks and other public and private areas.

Pressure to Use
Another part of the community ecology is the way alcohol and drugs are available in your own community. Public health research has demonstrated a direct relationship between availability and use, and use and subsequent problems. Thus the more alcohol and drugs are available in your community, the more likely that community alcohol and drug problems will be present. The following pressures influence availability:
• Alcohol industry marketing via price, product, place and promotion strategies
• Illicit drug industry also uses these four "P’s" of marketing.
• State regulations and enforcement of alcohol and drug use and availability send signals about sales and use, dependent on visible enforcement of standards and laws.
• Local ordinances, norms and customs regarding alcohol and illicit drugs can either encourage or discourage use.
Focus on Availability

Availability can be considered in the following ways:

- **Retail.** Alcohol is sold either on-site (bars, restaurants) or off-sale (liquor, grocery or convenience stores)
- **Public.** Use can occur in public spaces, such as drinking or drug sales in parks, or at public events, such as festivals or special events.
- **Social.** Social availability occurs in homes—such as teen parties—or within organizations—such as workplace parties or special events.

Given this context, or community ecology of your own environment, we can better understand each community’s availability patterns, and related consumption and problems.

Focus on Managing the Risk

TAKING CHARGE recognizes the simple truth that some locations are more problematic than others. For example, a poorly lit park with hidden corners is frequently the site for drug dealing. A badly-run bar becomes the “frequent flyer” for calls for police service.

TAKING CHARGE’s process helps community groups recognize, and act, on these high risk environments. Once data is gathered, a nexus, or intersection between the location and problems can be made. This isn’t a causal relationship, but a predictive one. Once the nexus is established, action can be taken.

Identifying the Locations

Prevention advocates must complete a “search and recover” mission as a first step in to understand how AOD problems are manifested in these community environments. TAKING CHARGE draws upon collective experience as well as offers unique ways to expand community understanding of AOD problems. This assessment process also completes Step One of the Five-Step process required for effective prevention practice.

Data serves several important functions:

- Describes the Scope of the Problems
- Focus Attention
- Guides Action Along the Way
- Evaluates and Monitors the Process
- Shows the Nexus between Locations and Problems in Ways that Stand Up in Hearings or in Challenges

Alcohol and drug problems are the proverbial elephant in the living room — everyone sees a different angle and is challenged to correctly name the problem. In order to understand the scope and nature of local community problems, several tools are available:
Archival Data, such as hospital records, police data, treatment data. For example, most counties have an office for the coroner or medical examiner that counts alcohol and other drug-related deaths in detailed ways. The office may track the manner of death, age, gender and ethnicity of the decedent. This information becomes a valuable bottom line measure of AOD problems. A compilation of some of these kinds of data for your county is available in annual handbook form from the Community Prevention Institute, at www.cacpi.org/aindicator_map.htm.

Survey Data, such as annual student surveys, arrestee interviews or national household surveys. In California, school districts conduct student surveys that are available at the West Ed site at www.wested.org/pub/docs/chks_surveys.html. Local systems can develop their own survey tools, such as in Orange County, where a biannual adult household survey is conducted on a variety of health issues, including substance abuse. Community groups can also extrapolate or estimate their problem levels based on national data.

Interviews, such as key informant interviews of leaders and gatekeepers, focus groups, and Knock-and-talks in neighborhoods. Technical assistance is available to train coalition members on interview and survey development skills.

Direct Observations record events as they actually occur, such a drug-dealing on a street corner. Observations are gathered through Hotlines, or by using forms created to capture the specific information you’re looking for. Volunteers and youth can observe retail practices, for example, related to alcohol and tobacco sales. This information serves as a base for subsequent law or code enforcement action.

Hearings gather information in fact-gathering sessions on a specific policy under consideration or in less formal settings.

Data Mapping is a technique to pull the data together in one place. A data map describes the types of data needed to describe AOD problems, and organizes the information in relation to the problem or project at hand. Data mapping is extremely useful for program planning and evaluation. Again, the Regional Trainer is available to help with all aspects of data mapping.
GIS Mapping is more and more available as a tool to understand community alcohol and drug problems. Dr. Wittman has developed the Alcohol Sensitive Information Planning System (ASAIPS) which adds identifies to police calls for service to map specific locations and types of crimes that involve alcohol and other drugs.

Quality Data
Every community will struggle with collecting the most reliable and valid data. The TAKING CHARGE project is one arm of Prevention by Design, and has skilled and experienced staff to assist community groups develop reliable data systems. Organizing data can help planners see trends and clusters, and may help cities enhance existing information systems to increase the quality of data currently scattered across departments.

Building in Accountability
At the center of action in the TAKING CHARGE is the principle of accountability. Given the large role that the environment plays in creating the problem, exactly who has the power to modify this environment? Generally there are three actors or stakeholders who hold the key to improving risk environments:

1) Owners/Managers who set the rules on-site and determine who’s allowed on not.
2) Occupant/Neighbors or actual users of the property.
3) Officials/Other Interested Stakeholders who have responsibility for public health and safety and most often bear the burden of dealing with consequences of the risk environment.

For community action, TAKING CHARGE draws upon tools and strategies from nearly two decades of research and practice in prevention. These tools include municipal zoning and land use ordinances, special event management, nuisance abatement and organization/institution policies.
7. Management through Collaboration

Public agencies are primary actors in protecting public health and safety related to alcohol and drugs - and in fact use local powers and resources routinely to improve quality of life for community residents. TAKING CHARGE creates a system for public agencies, their representatives, and community residents to work together to use strategies that manage the risk in problem environments.

Once the process is rolling, monitoring and evaluation become important. The process creates a data trail that also documents the prevention outcomes, aligned with state and federal reporting requirements.

Who Works It?

TAKING CHARGE is implemented in a collaborative manner by two related groups:

1) An Alcohol/Drug Policy Working Group (APWG) composed of principally official and municipal agencies and
2) A Community Coalition that is made up of residents and community organizations, involved area prevention contractors.

Every community will be different; these groups may already exist in some cities or made need to be developed. The below diagram spells out the logic of the model:

The Logic of the C-BERR Model

How Does It Work?

TAKING CHARGE facilitates the use these principles of environmental accountability in the following steps:

- Convene and Train the Work Group and Coalition
- Collect and Analyze the Data
- Select Priorities for Action
- Select and Use Specific Strategies
- Monitor Progress
Let's look more closely at each of these steps.

Roles
The APWG is actively focused on analyzing the data, selecting priorities and strategies for action, and monitoring results. Typically APWG members are drawn from public safety, planning, community development, city manager, park and recreation and related departments. The APWG is very much a technical problem-solving group.

The Community Coalition works in a complimentary way to the APWG to identify community priorities for action, organize community interest, help gather data and information, serve a surveillance function and advocate for policy as needed.

This kind of synergistic community action yields several beneficial outcomes:
- City departments enhance interagency cooperation
- Community involvement increases
- Maintenance mechanisms are built in
- Capacity for problem solving expands

Once the community groups are assembled and ready to move forward, the basic Five Step Planning Process is the guide for Action.

Step One: Problem Identification

Data Collection
The two groups begin by collecting and analyzing problem indicator data, using tools or choices as described on page 9. The APWG is likely to have ready access to archival data from within city departments. The Coalition may be best suited to conduct knock-n-talks in neighborhoods. At the end of initial data collection, the groups may meet together or separately to understand what the data means to your community.
Example: Special Event Management

As you can see from the below "logic model" on special event management, changes in policies and practices at these community events can result in measurable, positive outcomes, such as:

- Reduced disturbances/incidents, per police reports
- Reduced DUI, per police reports
- Reduced underage drinking, per observational data
- More tickets sold to families w/ children

Step Two: Select Priorities for Action

In reviewing the data, members of both groups will strategically weigh options for action:

- Which problems are most visible?
- Most chronic or severe?
- Most likely to succeed?
- Of most concern to the community?
- Most likely to increase synergy for the overall prevention effort?

From this analysis, the APWG decides where to begin. Most cities will begin with small scale, specific interventions for several reasons. They may want to “test the water” and they also need some success under their belts to garner support for action at higher levels.

Step Three: Set Measurable Objectives

In this step, stakeholders need to identify/establish measurable objectives. Just what do they want to accomplish? How will they know when they’ve succeeded? What kind, and how much, change can they expect?

In answering these questions, the APWG sets the stage for later evaluation of their work. Planning groups need to remember that small scale interventions are not likely to yield large scale results. For example, managing alcohol at special events will improve problems at the event, but will not eliminate underage drinking in the community over time. The APWG can examine goals
for long range change as part of a long range commitment to actions that are nested within low, medium and high level scales of prevention effort.

**Step Four: Use Proven Methods**

**Selection of Tools**

The APWG, with support from the Coalition as appropriate, can select from a menu of proven tools, briefly described below:

- **Land Use Controls.** For example, conditional use permits can determine how many and in what operating conditions alcohol outlets exist;
- Local Ordinances regarding alcohol and drug use. Cities can decide if drinking in public areas is allowed.
- **Event Management.** Special events, such as fairs and festivals, can either be alcohol-free or can be effectively managed through responsible beverage service standards.
- **Organizational or social host policies.** Social events, such as home parties, can also fall under the purview of cities once police have been called to the scene.
- **Nuisance Abatement.** These code enforcement techniques are used to improve drug dealing sites.
- **Landlord Training.** Several excellent training programs teach landlords and property managers to screen out drug-involved tenants and make property improvements that reduce on-site drug problems.

A range of other tools, for use at local, state and federal levels, exists to help cities effectively manage the risk in their community environments. Cities with extensive experience, such as Oxnard, have developed oversight and dedicated systems responsible for implementing city policy.

**TAKING CHARGE Resources for Implementation**

Ideally TAKING CHARGE has a local sponsor (such as the County prevention agency) to support two positions that are extremely helpful in this process: a local organizer and a data specialist. The mechanics of TAKING CHARGE implementation will be different in every city in the first round.

- County alcohol and drug departments may elect to assign staff or providers to serve as the primary conveners and supporters, with limited support from Prevention by Design;
- Cities themselves may make such assignments to a lead department, and may contract with prevention by Design for extra support.
- Some groups may work independently, using this manual and other resources in a self-sustained way.
8. Why Cities?

TAKING CHARGE brings a proven model into California cities by organizes a process and constituents. This focus on cities is timely for a number of reasons:

- **TAKING CHARGE Stimulates Effective Use of public Resources.** County and municipal agencies each carry of burden of alcohol and drug problems, and related costs, that are preventable. Police and EMT calls for alcohol and drug related services can be reduced and these resources can be directed to other priorities. Resources that had been exclusively directed to responding to alcohol/drug problems (enforcement and treatment) can now be directed to prevention and compliance, thereby reducing the need for response services.

- **TAKING CHARGE works.** The model relies on proven strategies that make concrete improvements in quality of life for residents.

- **Local Focus.** Alcohol and drug problems happen at the local level, and are felt at the neighborhood level. It makes sense to activate problem solving at the same level.

- **Consistent with Mission to Protect Public Health and Safety.** The TAKING CHARGE model essentially facilitates something that cities regularly do on other health and safety issues.

**Cities Can Expect Benefits**

TAKING CHARGE enhances the capacity for cities to address any number of social problems. Working this model benefits cities in these ways:

- Enhance interagency cooperation
- Increase community involvement
- Build capacity for problem solving
- Build in sustainable policies and programs for prevention

**Help is available**

TAKING CHARGE is being rolled out to several California communities right now through support of the California Department of Alcohol and Drug Programs, and the County Alcohol and Drug Program Administrators Association of California.

“You can do it, we are here ready to help”