Taking Charge:
Managing Community Alcohol & Drug Risk Environments

An Action Guide to Help California Cities Reduce Risk in Alcohol and Drug Problem Environments

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Purpose of Guide
This action guide is designed to help local communities manage and reduce public health and safety problems related to alcohol and other drugs (AOD). The guide is based on community-level prevention initiatives that have evolved in California and elsewhere over the last twenty-five years. This community-based environmental risk reduction approach (called TAKING CHARGE in this guidebook) is also deeply woven into everyday community life in the United States; the approach is based on principles woven into local and state policies for public health and safety over 165 years.

Local jurisdictions (cities, counties, special districts) have substantial untapped powers and resources to reduce community AOD problems. However, in many communities these powers are not well understood by local public agencies and organizations. These powers have to be activated locally before they can be used.

This guide is designed specifically to help these agencies and organizations realize their potential. The guide can be used in a variety of ways:

- As a stand alone self-study guide;
- In combination with technical assistance and training offered through California’s county alcohol and drug (AOD) prevention programs, from the California Department of Alcohol and Drug Programs, and other sources;
- In combination with introductory materials and technical assistance provided by the Prevention by Design program at the Institute for the Study of Social Change, UC Berkeley.

This Action Guide uses a step-by-step approach to:

- Describe the background and context for this prevention approach;
- Explain the action model’s focus on high risk or problem environments and principles of environmental management;
- Provide examples, references, and other “how-to” information for cities to put the model to work. Readers can access these materials in two ways:
  - Links to documents and websites are embedded throughout this Action Guide, websites highlighted in blue and links to documents in red.
  - Readers can also access these links in a separate Reference Guide organized by planning step.

Registered users of this guide will receive updates in the future as new information is released.

Focus on Cities
This guide focuses particularly on cities — municipalities, geographically defined local districts with their own governing authority, and unincorporated parts of counties that are similar to cities. California’s approximately 500 cities range from a few hundred to several million in population. These cities are a sleeping giant for prevention. Each community, no matter what its size, contains all of the powers and resources needed to take effective action on AOD risk environments — if the public agencies, organizations, and groups choose to work together.
The focus is on cities for two reasons: First, cities already apply many resources to manage AOD-related problem environments:

- About 25 percent of police arrests in California cities are for AOD-specific offenses, such as DUI arrests and about 50 percent of all police arrests are AOD-related.
- California’s state and local justice systems spend about $7.6 billion per year on alcohol-related crime.
- Alcohol-related medical and emergency services cost California public agencies and health care providers about $11.2 billion each year. These health and justice costs, totaling $17.8 billion, create huge drains on local resources.

City agencies and local taxpayers provide a large share of these services and pay a large portion of these costs. The people who live and work in cities experience the brunt of related quality of life problems. Thus alcohol and drug-related problems currently pose a tremendous burden on cities. Although there is much they can do to relieve these burdens, most cities have yet to organize fully effective responses to these problems.

Second, TAKING CHARGE is based on a city-oriented model for action that uses proven methods to obtain measurable results. Government at all levels is encouraging the adoption of proven methods to reduce AOD-related problems. TAKING CHARGE provides an outcome-based planning approach that takes full advantage of current city capabilities and resources efficiently and effectively with modest budgets.

Cites are especially important sites for AOD prevention because:

- Cities have extensive legal and technical powers to manage community environments for the purpose of protecting public health and safety.
- City agencies are vital allies for state and county agencies that specialize in management and reduction of AOD-related problems.
- City leaders can convene community groups and organizations to resolve their own AOD problems.
- City-wide alcohol/drug initiatives can have synergistic effects on other health, safety, social, and economic issues that the community faces.
- Cities have the capacity to maintain AOD policies, once they have been established, through continuing education, surveillance and compliance activities. Cities also can support these services financially through local business and permit fees on places and events that sell alcoholic beverages and through asset seizures related to illicit drug sales.

Thanks are due to many. First, the California Department of Alcohol and Drug Programs and the County Alcohol and Drug Program Administrators Association of California have sponsored the development of this guide and related material. In addition, the prevention field itself has spawned the development and implementation experience of these tools. This approach must be credited to many prevention supporters and advocates in California cities, who have contributed experience, knowledge, and funding for management of alcohol and drug problems.
Contributors include:

Participating California cities in community environment planning projects 1981–2005 include Antioch, Berkeley, Cypress, Escondido, Fairfield, Hayward, Lodi, Lompoc, Los Alamitos, Los Angeles, Oakland, Oxnard, Santa Barbara, Santa Cruz, Seal Beach, Vallejo and Ventura.

Other participants include California County Alcohol and Drug Programs and their contract providers in Alameda, Contra Costa, Orange, Mendocino, Merced, San Joaquin, Santa Barbara, Los Angeles, San Diego, San Francisco and Ventura.

California state agencies that provided funding for community environment projects include The California Department of Alcohol and Drug Programs, California Alcoholic Beverage Control Department and the California Office of Traffic Safety.

Federal agencies include The National Institute on Alcohol Abuse and Alcoholism, US Dept of Health and Human Services and the Center for Substance Abuse Prevention, US Dept of Health and Human Services.

Research organizations include Prevention Research Center, Pacific Institute for Research and Evaluation, Alcohol Research Group, Public Health Institute, The Trauma Foundation at San Francisco General Hospital.

We want to acknowledge that this action guide is built upon the work of many prior resources. We specifically want to acknowledge the California Department of Alcohol and Drug Programs for a series of publications that advance this model, including:

- "Environmental Approach to Community AOD Prevention”, 1997

In addition, we want to acknowledge The Pew Charitable Trusts and Robert Wood Johnson Foundation for their publication:

Module 2

ALCOHOL & DRUG PROBLEMS AT PERSONAL AND COMMUNITY LEVELS

Objective
This module distinguishes personal and community level alcohol and drug problems, and stimulates thinking about community environments.

Outcomes
Participants will:

- Understand the difference between personal and community level AOD problems.
- Be aware of the contribution alcohol and drugs make to a variety of community social and health problems.
- Understand how management of community environments contributes to the community’s AOD problems and solutions.

Module 2A

PERSONAL AND COMMUNITY RISK FOR AOD PROBLEMS

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.** Personal and family problems of alcoholism and drug dependence are often the most readily acknowledged types of AOD problems in the community, and are often recognized when they occur among neighbors, friends and workmates.

- **Community level problems.** These problems are found in organizations, groups, and settings associated with troublesome AOD use such as drunkenness at community events, AOD sales to youth, alcohol-fueled violence, and neighborhood degradation associated with drug-dealing. These problems directly impact the surrounding community, affecting bystanders and using public resources to deal with the aftermath of drinking/drug use episodes.

Many people think of personal addiction as the greatest problem, but in reality, heavy social drinkers comprise a group many times larger than dependent users. For example, youthful and inexperienced drinkers are often involved in serious alcohol-related incidents although the drinkers are not alcoholic. A first-time drinker can, and often does, cause a serious traffic crash. A group of several young men heavily drinking in an evening can be the source for alcohol-related violence and calls for police service.

While alcoholics and drug addicts contribute disproportionally to community AOD problems, they are still contributing a relatively small fraction of the total problems. Heavy drinkers who are not clinically dependent contribute to the greatest number of problem incidents.¹ In addition, research has demonstrated that even people with addictions are influenced by community standards and AOD availability².

Addiction issues belong in treatment and recovery programs. Fortunately when a community has an open discussion about community alcohol and drug problems, personal abuse problems also come to light and people have an opportunity to

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get connected to the treatment / recovery system.

Addiction is the visible tip of the iceberg of community 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. For example, approximately 40 percent of trauma is alcohol-related, so emergency department capacity is impacted by alcohol problems.

Priority concerns in many communities are:

- Driving Under the Influence
- Underage Drinking
- Alcohol-related Violence

San Diego County Estimated Costs

In 1998 San Diego County commissioned an economic cost study to pinpoint costs associated with alcohol and other drug problems. The original study was based on 1995 data; the study was updated four years later with very consistent results.

The findings were staggering: $3.8 billion dollar annual price tag included both direct and indirect costs.

Direct costs, about 60 percent of total costs, included actual line item expenses such as operating police agencies, courts, jails, emergency rooms, treatment programs, etc. The “soft” costs included items such as early mortality and lost productivity.

Health and criminal justice systems bear the greatest cost burden, with health treatment for co-morbidities being the single biggest cost. For more information about the cost study, contact Bill Crane, prevention manager at San Diego County Department of Alcohol and Drug Services at bill.crane@sdcounty.ca.gov.

Public Drunkenness

TAKING CHARGE asks the questions “Where do these problems occur in your community? What kinds of setting and circumstances?” The answers to these questions will help

- In 2003, 15,251 DUI fatalities occurred in the US.
- Emergency rooms estimate that 80% of trauma is alcohol-related.
- Loitering, public drunkenness is the top complaint about problem liquor stores.
- According to annual student surveys, 75% of high school seniors have consumed alcohol in the last 30 days.
Module 2B

select effective methods for reducing and preventing these problems.

FOCUS ON COMMUNITY ENVIRONMENTS

The targets for TAKING CHARGE interventions are community environments at risk for AOD problems. These environments can be actively managed to minimize AOD-related community problems.

What do we mean by the term “community environment” and how can these environments be viewed as community resources to reduce AOD-related problems? In this guide, a community is the sum of three parts that combine to form a powerful resource for reducing and preventing AOD problems:

a) Entities that have powers to act in the community

Public agencies have official powers to place limits on the use and availability of alcohol, and to restrict illicit drugs. These powers can be used to protect the public health, safety, and well-being of everyone living, working, and visiting the community. Other private or quasi-public organizations and groups also have policies and other resources of their own to prevent or reduce AOD-related problems among their own members, and in the settings which they control.

Public Agencies: City departments include the police, planning, code enforcement, community development, city attorney, parks and recreation, and others.

Local Legislatures: Mayor, city council, County Board of Supervisors, school board members, local district governing bodies.

Community Groups and concerned individuals: Unincorporated neighborhood associations, ethnic groups, affinity groups, and other non-governmental groups. Concerned individuals and families, who may not identify with a particular group, also can be powerful sources of prevention action.

Organizations and associations incorporated by the state: Non-governmental or quasi-governmental membership organizations such as businesses, homeowners’ associations, service organizations such as Elks Clubs, Lions Clubs, and professional associations.

b) Institutions that carry beliefs, traditions, practices regarding AOD availability and use in community settings

Local communities are built on institutions for work, residence, education, recreation, social life, religious, and spiritual life. Each of these institutions hosts certain norms — beliefs, traditions, and practices — regarding the use of alcohol and drugs. Prevention advocates must understand these norms as patterns and practices for drinking and drug use in various community settings in order to manage the community’s AOD risk-environments. This recognition can lead in turn to modifying beliefs and practices in problematic settings and circumstances in ways that reduce and eliminate these problems.

For example, smoking in public used to be taken for granted in California. Smoking used to be the norm in waiting rooms. The seats in airplanes, trains and buses used to include ashtrays in the armrests. Smokers were portrayed in the media as desirable, exciting people. As the dangers of smoking became apparent, particularly the effects of side-stream smoke, community awareness led to
policy changes at all levels that has greatly reduced the prevalence of smoking.

This kind of attention reduced everyday availability and changed routine expectations to shift smoking from “ok” to “not ok” both in public settings — places and events — and in semi-public settings such as hospitals and schools.

As beliefs and expectations shifted over time with sustained prevention campaigns, more organizations found it easier to discourage and disallow smoking. Succeeding generations found it easier to choose not to smoke personally or to not tolerate smoking in private settings.

Today California leads the nation in the percentage of non-smokers. Knowledge gained from community experiences on tobacco also can be applied to availability and use of alcohol and other drugs in community settings. What AOD-related harms are associated with the community’s norms for drinking and drug use? How do these harms appear in various community settings and circumstances? Answers to these questions are an important first step to taking action to reduce them. Institutions that play a role include:

Public and Private Schools, including K-12, Community College, & Universities
Religions, including All denominations, lay and clergy leadership
Homes and families
Workplaces and business practices
Cultural and ethnic beliefs
Community traditions based on local history (such as the Tournament of Roses Parade in Pasadena)

c) Socio-physical settings that shape people’s interactions

Community AOD environments include the physical world, since physical settings have profound social and personal impacts on their occupants. Physical settings do much to shape people’s interactions and expectations, and to direct their attention. Understanding the contribution of the community’s architectural and natural environment to AOD problems is especially rewarding because communities can manage these problems through environmental design and use policies.

The crime prevention field includes a subdiscipline called “crime prevention through environmental design” (CPTED) based on these principles. The AOD prevention field can learn a great deal from this field.

The following types of physical environment can make significant contributions to community AOD problems. Conversely, each type of environment can be managed or controlled in ways indicated briefly here and described later in this guide.

Topographic features: The community’s infrastructure of streets, parks and open space provides many settings for drinking and drug use. Access to unprotected, unsupervised and dangerous natural features such as bluffs, riverbanks, nearby forests also deserve consideration.

■ Management and controls: Awareness education, environmental design for safety and surveillance, increased oversight and patrols, restricted access.

Types of land use: commercial, residential, public space, community facilities, and special use areas all can be sites for problematic drinking and drug use.
Management and controls: planning and zoning ordinances, lease policies, environmental design for safety and surveillance, increased oversight.

Specific settings and circumstances: Private parties and large gatherings such as holiday celebrations, sports events, and community affairs that may be public, quasi-public, or private.

Management and controls: Social host policies, Responsible Beverage Service standards for alcohol-free and alcohol-safe events, environmental design for safety and surveillance, increased oversight.

Selected geographic areas: neighborhoods, parks, landmarks.

Management and control policies: Special use district designation to control access and use, environmental design for safety and surveillance, increased oversight.

Community AOD problems occur simultaneously in all three of these community environments, so it is important to work in all three areas simultaneously when choosing management and intervention strategies to address AOD problems. The nature of where and how the problem displays itself will determine what kind of management and intervention strategies can be successful.
Module 3

PREVENTION & TAKING CHARGE
IN CONTEXT: MANAGING
ENVIRONMENTAL RISK FOR
COMMUNITY AOD PROBLEMS

Objective
This module provides context for readers relatively new to prevention. It reviews the way AOD problems enter community environments and outlines a way communities (cities in particular) can resist the pressure of these problems using an outcomes-based five step approach to manage AOD risk in community environments.

Outcomes
Participants will:

- Identify three parts of the public health triangle.
- Identify three levels and examples of scale of prevention effort.
- Identify three kinds of alcohol/drug availability
- Identify three types of environments that play a role in the development of AOD problems and solutions.

Most people understand the value of prevention; as the saying goes, “an ounce of prevention is worth a pound of cure”. However, there are many different prevention approaches used by a variety of community interests. Often community groups 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 community environments described in Module Two where alcohol and drug use happens. This model — often called environmental prevention — targets community policies and priorities for managing these environments.
Module 3A

UNDERSTANDING HOW COMMUNITY AOD PROBLEMS DEVELOP: THE PUBLIC HEALTH MODEL

An ecological 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 elements:

1. The Individual Host, or people who consume or provide alcohol and drugs in problematic ways
2. Alcohol and Drugs as an Agent, the substances that directly affect the consumer’s behavior.
3. The Environment, or settings or locations where consumption and sales occur.

In this public health model, a three-way interaction, or ecology, occurs among these elements. That is, the consumer encounters certain kinds of alcohol/drugs in a specific location of setting. As a result, certain kinds of problems develop. Understanding the way this ecology operates leads to choosing the right prevention strategies for the particular ecology in question.

TAKING CHARGE relies on this environmental prevention model to create a framework, or structure, for local implementation. 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.

Compatibility of the environmental approach with other community AOD prevention approaches. Other community-level AOD prevention 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. Still 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.

Environmentally-focused approaches presented here are complementary to these other prevention approaches. The community environment approach focuses on the "invitation to use" that comes from the community culture in symbolic and direct ways through advertising, sales practices, and norms. The individual "walks around" in an environment that cues each person about what, when, and how much alcohol or drugs are acceptable — or not — to use. Confronting
and addressing these cues effectively helps other approaches accomplish their purposes to reduce and prevent problematic use.

The ecological health focus for TAKING CHARGE aligns with two important models for community-level AOD prevention:

- 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.

The Science of the Environmental Model is well documented:

- **The Border Project** operates at the San Diego/Tijuana border, where for generations U.S. youth and young adults have traveled to Tijuana for drinking excursions. With organizing, policy development, media, data collection, and enforcement tools, the Border Project was able to drop DUI fatalities, reduce violence in the drinking district and at the border crossing, and reduce the numbers of intoxicated late-night crossers. For more information, visit [www.publicstrategies.org](http://www.publicstrategies.org).

- **The Community Trials Project** was conducted in three experimental sites and three control sites to measure the effectiveness of a range of environmental strategies to reduce alcohol-related trauma. See [www.prev.org](http://www.prev.org) for publications related to this research project.

- **Communities Mobilizing for Change on Alcohol** is a scientifically rigorous project focused on reducing underage drinking through policy and organizing interventions. Along with the Border Project, CMCA has been recognized by the federal government as a model program that is replicable in other locations. See [www.epi.umn.edu](http://www.epi.umn.edu) for more information.

- There are more than 130 studies on single or combination environmental strategies that demonstrate the power of this model. For example, the estimated impact of increasing beer taxes by $0.65 per 6-pack between 1982 and 1988 has yielded 2,187 fewer motor vehicle crash deaths each year among 18-to 20-year olds.
TAKING CHARGE prevention efforts can occur at three basic levels, or scales of community AOD problems. The concept of scale in this case refers to the size of the environment (the setting, or the circumstance) relative to the people within the environment.

It is important to keep in mind that environmental prevention initiatives must be sized to fit within the scale of environment to which they are applied. For example, exceptional problems with one setting require a different approach than general problems with all of the settings of a particular type. One out-of-control liquor store or party-house should be the subject of special enforcement, nuisance abatement, etc. General problems with off-sales to minors in many stores and widespread unsupervised teenage house parties should be the subject of tighter ordinances and public information campaigns.

This concept of scale is also important for community prevention programs with respect to program planning and evaluation. It is not fair to hold a small, local, neighborhood AOD prevention program responsible for all community-wide AOD problems of the same type. Instead, planners should identify the extent of resources required to make a difference at the low level. Then they will be able to decide whether to replicate one program many times over, or whether to adopt more wide-ranging strategies.

- **Low Scale: Particular Locations & Specific Groups**

Prevention efforts here focus on a specific problem environment, or a particular group within its own environmental context. 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.

Sometimes the problem data suggest a closer focus on a specific group. For example, in Ventura County, lesbian and gay prevention advocates have focused on changing the drinking practices and norms in gay bars. These low scale interventions consider the specific locations or settings that promote problematic consumption for a unique population.³

- **Medium Scale: Community Organizations, Agencies or Neighborhoods**

Medium scale efforts focus 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 a neighborhood watch to help neighbors document and report drug dealing can be the first step to help city officials conduct nuisance abatement activities in several neighborhoods.

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

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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 institutions, city jurisdiction levels, and in policy at state and federal levels. Tobacco control policies, and their impact, are good examples of environmental strategies that the public recognizes. 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 established 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 conduct compliance checks, 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.

**City of Oxnard a Model**

Oxnard used a similar approach to build a comprehensive system to manage alcohol. Using ASIPS and other data, the city developed a strong conditional use permit, a deemed approved ordinance, and requires responsible beverage service for special events. In addition, the Police Department has a dedicated Alcohol Prevention officer to make sure the system functions. The City works closely with a community coalition, CARE-VC, to identify resident concerns. Crime has dropped by more than half, and DUI rates fell by 23 percent. For a complete story, see [www.care-vc.org](http://www.care-vc.org) (website being updated).

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

**Development of a "nested" approach to working with AOD risk environments.**

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.

**Goals for Community AOD Environments**

Whatever the scale or focus for community environment AOD prevention initiatives, TAKING CHARGE relies on certain basic goals for the public health model related to alcohol and drug use. These goals were first articulated by Jim Mosher at the Trauma Foundation in the late 1980s:

- **Low-risk use in a low-risk setting is acceptable for those of legal drinking age;**
— A beer at home with food is not a problem for adults.

- **High risk use of substances is actively discouraged at all times;**
  - Examples include drinking and driving, drinking and operating heavy equipment or machinery.

- **Heavy use of substance is actively discouraged at all times;**
  - The risk of trauma and injury is multiplied with heavy use.
- **Abstinence should always be an option.**
  - Social and retail hosts should always have non-alcoholic beverages available as an option.

This context of risk is an important guideline.

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**Module 3C**

**UNDERSTANDING PRESSURES TO USE**

Alcohol and other drug "problem solvers" must also understand all the forces that come into play in the formation of problems. There are many social-cultural aspects of community life that must be considered when designing prevention interventions. These include the very ways that alcohol and drugs are brought into the community:

- **Dosage via a four-tier public health model.** A public health and safety perspective suggests a four-stage process by which alcohol and drugs enter a community ("dose" the community). The figure at the right shows how alcohol and drugs enter and are absorbed at four stages from communities.

- The first line of defense is for a community to focus on availability itself, and reduce the amount of alcohol and illicit drugs available in a community;

- The second tier of options is for a community to set rules about how consumption occurs. Responsible beverage service, restrictions on use in public settings and so forth set this tone about acceptable use;

- The third tier is for a community to respond to problems, and essentially take care of consequences of problematic use. A community may have treatment available, emergency medical response etc.;

- The fourth tier for a community is to learn from its experiences and incorporate learning into how it arranges the first three tiers.

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**Four Levels of Options**

- Control availability
- Manage consumption
- Take care of consequences
- Learn from responses
Alcoholic Beverage Industry Marketing: The Four Ps

The alcohol industry, like other retail industries, markets alcohol in local communities through price, product, place, and promotion. This industry, along with the illicit drug industry and virtually any retail industry, desires more sales through wider distribution of its product. Thus every community will have a range of products and prices at various retail outlets and many public events. Communities vary to the degree that outside advertising is allowed, but promotion occurs through national advertising all the way to table tents in chain restaurants.

The industry may act to minimize its responsibilities for negative consequences attached to distribution, sale, and use of its products, relying instead upon the consumer to take responsibility ("let the buyer beware") and upon various caregivers and public authorities to attend to negative public health, safety, and quality of life issues.

The Illicit Drug Industry: Clandestine Four Ps

The illicit drug industry also uses the "four Ps" of marketing, but outside the law in a shadow, or black-market economy. Many illicit drugs have brand names, and youth culture, the internet, and word of mouth are techniques used in deliberate ways by the illicit drug trade.

AOD Availability and AOD Problems

The community’s levels of AOD availability make a difference for AOD problems. Researchers are increasingly finding that availability is closely related to levels of AOD problems. For example, higher densities of retail alcohol outlets are associated with higher rates of violence, DUI crashes, and police calls for service. Lower prices are associated with higher rates of drinking – which are related to higher problem rates and higher rates for alcohol-related diseases. These findings have particular impact in communities with high populations of young people, such as university communities. See PEPS manual and college drinking studies in the Reference Guide.

Once you start noticing alcohol ads, you’ll see how the industry inserts alcohol use into everyday life in every way.
RESOURCES FOR MODERATING INFLUENCES ON ALCOHOL AND DRUG USE AND AVAILABILITY

How can local communities respond to the pressures of AOD availability? This module reviews the federal, state, and local resources dedicated to moderating and reducing problematic influences of AOD use and availability at the local community level.

**State & Federal Controls**

**Alcohol:** The California Department of Alcoholic Beverage Control (ABC) is the primary source of control over manufacture, distribution, and sale of alcoholic beverages in the state. The ABC works through district offices to license retail alcohol outlets and oversees the operation of distributors at the community level.

The ABC works closely with local law enforcement on both licensing and enforcement aspects of retail outlet operation. The ABC Act also encourages active use of local planning and zoning ordinances to regulate the types, locations, and commercial operations of retail alcohol outlets. See [www.abc.ca.gov](http://www.abc.ca.gov) for more information.

**Illicit Drugs:** The California Bureau of Narcotic Enforcement (BNE), in conjunction with the federal Drug Enforcement Agency (DEA) and local law enforcement, is the primary state agency for controlling the availability of illicit drugs at the community level. Primarily dedicated to law enforcement activity, the BNE and DEA also provide assistance with education and policy planning for local control, primarily by working with local law enforcement agencies. See [www.no2meth.org](http://www.no2meth.org) and [www.stopdrugs.org](http://www.stopdrugs.org) for more information on illicit drug prevention.

**AOD Prevention at the State Level**

The California Department of Alcohol and Drug Programs (DADP) is primarily responsible for AOD-related prevention initiatives in California and the California Department of Education is similarly responsible for school-aged youth prevention services.

The DADP also actively disseminates knowledge and supports community initiatives through the network of county alcohol and drug programs. DADP distributes federal dollars (Center for Substance Abuse Prevention Block Grants) to these county agencies. DADP leaves considerable discretion to county offices for disbursement of AOD prevention funds according to basic federal guidelines. The county AOD prevention offices have the authority to support cities in data-driven, outcome-based prevention. This support is usually on a competitive basis that requires advance planning.

Similarly the California Department of Education funds AOD prevention efforts primarily with federal dollars (US Dept of Education “No Child Left Behind” Title IV) in approximately 1,000 school districts across the state.
Local Controls: A Large Menu to Choose From

State and federal control agencies help with problems related to local AOD availability primarily in areas of enforcement, and their resources are often stretched thin. Local communities (cities, counties especially) are left to take the lead setting local policies to prevent and reduce AOD problem environments at the community level.

The essence of TAKING CHARGE is that cities have the power to act effectively on problem environments. This action guide is designed to help local agencies, organizations, and community groups take effective action.

Local communities face several challenges in establishing local policy to effectively manage AOD risk environments. They face heavy marketing pressures from the alcohol/drug industry as described above. They are left to describe their own local patterns and practices for problematic drinking/drug use. They are left to set their own priorities for taking action. They are their own primary resources for implementing that action.

While this may sound daunting at first, it is actually an important opportunity. Each community has its own ecology of AOD problems and its own array of resources that can be applied to them. Localized solutions developed and applied by the local community itself are vital to successful results.

Fortunately, there is a large menu of resources available to help.

- **Module 4** provides a local way to make the connection, or nexus, between community AOD problems and community AOD environments.

- **Module 5** provides a focus for local action, the Three Actor Model, to change (reduce or prevent) the AOD problems associated with the environment in question.

- **Module 6** provides a collaborative community approach to rally local resources to assure that action is taken on the subject environment. This approach generates actions by bringing together alcohol/drug policy working groups of local public agencies with community coalitions of concerned organizations, groups, and individuals.

- **Module 7** provides a five-step process to guide the action generated through Module 6. This five-step process includes guidance for:

  1. AOD problem environment documentation and assessment;
  2. selection of AOD problem environments through a community prioritization process;
  3. identification of problem reduction objectives to be achieved through application of the Three Actor model;
  4. application of demonstrated methods to carry out the objectives identified in Step 3;
  5. monitoring and evaluation to determine whether the methods have achieved the intended results.

- **Module 8** provides information about technical support and funding needed to cover the costs of local control, and to create a self-sustaining community policy to manage AOD risk environments effectively.

This rich menu allows the community to reach deeply into problem AOD environments through a community action process and makes AOD problem prevention a community affair with the scientific and legal teeth needed to make a difference.
**Module 4**

**WHAT’S THE TARGET?**

**Objective**

This module emphasizes features of community environments to be considered in drawing a nexus between community AOD problems and risk environments.

**Outcomes**

Participants will:

- Identify three kinds of alcohol/drug availability
- Identify at least three factors to consider in community environments related to risk environments.

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**Module 4A**

**FOCUS ON AVAILABILITY**

Public health research has demonstrated a direct relationship between availability and use, and between 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.

Developing policies tailored to control each type of availability is a highly efficient way to manage local availability. Three classes or types of availability of alcohol and drugs are amenable to this approach:

**Retail Availability**

Retail alcohol outlets are commercial establishments where alcoholic beverages are sold. These retail outlets operate under licenses from the ABC, and under a land-use permit from the local jurisdiction (city or county).

The ABC gives out retail licenses in the following basic categories for a variety of settings, as noted below:

<table>
<thead>
<tr>
<th>License Type</th>
<th>Off Site</th>
<th>On Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer &amp; Wine Only</td>
<td>Convenience store, liquor store, grocery store, mini-mart, supermarket</td>
<td>Bar, restaurant, club, lounge</td>
</tr>
<tr>
<td>Distilled spirits, beer &amp; wine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition, ABC gives short-term ("one-day") licenses for alcohol sales at special events.

City and county agencies also control these retail alcohol outlets through local zoning ordinances. Once established, city or county use of conditional use permits (CUPs), special use permits (SUPs), administrative use permits (AUPs), and deemed-approved ordinances (DAOs) provides a powerful means for assuring high operating standards for conforming outlets, and for eliminating
problemati c retai l outlets and problematic locations. See Land-Use Planning in Module 7.

**Public Availability**
Public availability refers to public places and events where alcohol/drugs are available or are used, such as public parks, public facilities such as fairgrounds and sports stadiums, parking garages, beaches, and open-space areas. Public events may be held on public property, or at private events where the public is invited to or can access.

In California, city and county agencies are left to determine whether alcohol will be allowed in public places and public events that occur in these local jurisdictions. Many communities are finding that allowing drinking by permit only provides a sufficient level of control to minimize alcohol-related problems in public places. Further, limiting alcohol availability can curtail illicit drug sales/use at the same location. See City/County Ordinances on Alcohol in Module 7.

**Social Availability**
Social availability refers to situations where alcohol or drugs are available in social settings, including homes, facilities and functions of community organizations, and private parties. This includes schools, religious organizations, health care providers, business, rental property owners, etc. These social events are often powerfully influenced by long-standing community traditions with regard to alcohol.

City and county agencies can shape expectations and perceptions for social norms through public information campaigns, economic and social incentives, and local ordinances on how alcohol is available and how local agencies respond to out-of-control parties.
MANAGING AOD PROBLEMS THROUGH AOD ENVIRONMENTS: FINDING THE NEXUS

What does it mean to say that a setting is creating an alcohol/drug problem for the city? This applies to all kinds of settings, such as a particular place (address), a type of setting such as “crack-houses” or “mini-marts”, or a geographic area such as the “River District.”

An obvious starting point is to observe that the setting in question is a place where AOD problems occur, either in the place itself, or nearby (“on or about the premises”). But can we say that the place in question is a “cause” of the problems? Some may argue that the “cause” is rooted in human drinking/drug use behavior, not the place where the behavior occurs.

The answer is to show the nexus, or connection, between the place and the behavior. This involves documenting the relationship between the AOD problems and the AOD setting in question. The concern here is to show that a persistent and troublesome relationship exists between AOD problems and the AOD environment.

When this relationship is shown to be predictable — that is, AOD problems can reasonably be expected to occur repeatedly at the address or location — then a nexus is said to exist. The finding of a nexus creates both a practical and a legal basis for taking action, such as requiring the owner or manager to correct (mitigate) conditions of the setting or situation where AOD problems occur.

TAKING CHARGE recognizes the simple truth that some locations are more problematic than others. For example, a poorly lit park with hidden corners can become the site for drug dealing. A badly-run bar becomes the “frequent flyer” for calls for police service. A section of the city known as “motel row” is noted for prostitution, drug-dealing, and assaults. Drawing a nexus at places that are prone to AOD-related police problems is of particular interest — since a combination of mitigations or corrections can then be applied to manage the risk environments.

TAKING CHARGE helps local communities use data to establish a nexus that firmly connects AOD problems to specific places. This connection must be strong enough to withstand challenges to the finding that the problems are predictably and reliably connected to the environment in question.

Fortunately, community data from a variety of sources can be used to show this connection. Community data come from archival data (e.g., police statistics), surveys and focus groups, and repeated observations of AOD related events at the location in question. Useful data may also come from federal / state agencies and from formal community-based research done in other localities.

These data in turn drive the five step community action process described in Module 7 to reduce and prevent AOD problems at the identified settings and locations. In addition to drawing the nexus, data help focus attention, guide action and help us evaluate our results.

TAKING CHARGE’s process helps community groups recognize, document and act on these high risk environments. Establishment of a nexus, or intersection, between the location and problems is the starting point for taking effective action.
Community Profiles, Hot Spots, and Patterns

A bird’s eye view of a city shows the variety of the community’s land-use patterns—some areas are dedicated to residences, others to stores and shops, others to office buildings and manufacturing facilities. These different types of land use are tied together by a network of streets and open spaces. As noted above, in any of these areas some locations are more prone to AOD problems than others.

Knowing how AOD problems are distributed throughout the entire community is important for identifying the nexus between AOD problems and AOD environments. Consider the following community profile factors:

- **Geographic Area.** In most communities, some areas are more active than others for AOD-related problems. For example, typically those parts of communities with a greater density of retail alcohol outlets are associated with higher rates of police calls for service.

- **Types of Settings.** In most communities, AOD experiences will vary among many settings of one particular type, such as off-sale alcohol outlets, playgrounds, or public parks. Some specific locations will show more AOD activity than others. These higher activity rates may be due to contextual conditions (different populations or different surrounding land uses), or they may be due to factors particular to the setting itself, such as management or environmental design.

- **"Hot Spots" - specific locations (addresses) that stand out for AOD problems.** Certain particular settings (specific addresses or locations) will stand out far more prominently than other settings of the same type. These “hot spots” may be due to certain extraordinary contextual conditions (such as bars near sports stadiums that draw a higher number of police calls when the home team is playing a game). More often the "hot spot" will be due to factors in the setting itself, such as poor management. (See Graphic)

- **Patterns over Time.** It is important to observe AOD problems over time in their environmental contexts of location and type of setting.

  Persistent problems are likely due to contextual factors in the local ecology of people and land use, and will be the most difficult to modify. San Francisco, for example, has long had about twice the state’s average of retail alcohol outlets per population. This situation, which has started with the Gold Rush, will not change any time soon, and cannot be expected to change at all without some underlying changes in population characteristics and land-use patterns.

  Episodic and short-term problems are due to factors that may be amenable to positive change based on ability to understand precursor events and respond quickly to the problems once they appear.

  Trends in problems are of special interest, particularly when the trends are based on policy factors which the local community can influence.

Documenting and understanding the community environment of AOD problems is a vital aspect of community AOD prevention planning. Armed with this information, local planners can put this Action Guide to work.
Module 5

TAKING ACTION: ENVIRONMENTAL ACCOUNTABILITY

Objective
This module introduces the concept of environmental accountability for risk environments.

Outcomes
Participants will:
- Identify three actors in the accountability model.
- Understand the roles of each actor for bringing positive pressure to bear on problem locations.

TAKING CHARGE is based on the idea that alcohol and drug problems can be reduced by active management of the community’s AOD risk environments. Problems can be reduced by limiting the settings and circumstances where problematic alcohol use is acceptable, and by restricting the manufacturing, distribution, and use of illicit drugs in all community environments. One term for these limitations is “local control.”

In other states this term also means the power to enact local prohibition on alcohol at the city or county level. However, the State of California does not permit local prohibition. This Action Guide is about managing (preventing, reducing) community high-risk AOD environments, not about eliminating the sale of alcohol altogether.

The Three-Actor Model described in this module recognizes that local control involves more than just passing or enforcing laws. City agencies, community groups, and concerned individuals play complimentary roles in this process of using the city’s tools for land-use planning and nuisance abatement to manage high-risk AOD settings. These methods are combined with more familiar methods for education, compliance, design, and operation.

This idea of government limits on substances is not new, or out of line with government’s responsibility to protect public health and safety. Restrictions for safe water, air quality standards, automobile safety laws, and tobacco controls are part of the same orientation. The TAKING CHARGE approach applies this protective principle to community AOD environments.

This module introduces a set of local tools that can be used to set those limits, and provides references to materials and expert specialists who can assist with their design and implementation.

Building in Accountability
At the center of action in the TAKING CHARGE model 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 have the most control over settings and circumstances related to AOD problems. These actors set the rules on-site and determine who’s allowed — or not. Owners and managers also have legal liability for what happens on their property.

2) Official/other parties are the public and any group that has an interest in the problem. They are key to the accountability model.

3) Occupants/neighbors include alcohol and drug users and their families. These individuals can be affected by the problem and can be affected in a positive way by the actions taken.

Environmental Accountability

OWNERS/MANAGERS

OFFICIALS/OTHER PARTIES

OCUPANTS/NEIGHBORS
In San Diego, near the university, campus and San Diego police use the College Area Party Plan to hold property owners responsible for parties that are disruptive to the neighborhood. After receiving a complaint call, the police intervene with a warning; a second call results in a fine. After a third call, the house is "CAPPed" for one year; any tenant on the property cannot hold parties at the "CAPPed" house.

2) Occupant/Neighbors or actual users of the property are key, as their behavior is often the immediate precursor of AOD problems. These actors are amenable to expectations of management.

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.

Accountability in the Courts
In December 2004, San Diego jurors found strip mall owners/managers partly responsible for the death of a small businessman who was caught in the cross-fire of a gang shooting in the parking lot. The jury awarded the victim’s widow $2.3 million, finding that the owners had failed to abate a growing gang problem at the site. Several of the renters in the small business strip mall had made repeated requests to the owners for improvements in lighting and other security measures in the 18 month period before the death.

Focus on the Manager of the Problem Environment (MPE)
The MPEs are the starting point for action, as they are responsible for the day-to-day operations of their specific environment, whether it’s an alcohol outlet, apartment building, or other location. Prevention advocates must carefully consider the identity of the MPE, current policies or lack of policy related to AOD problems, and whether other actors interface with these policies - or not. From this assessment, we can see whether the problem is the absence of policy, or the lack of follow-up by the manager.

Environmental Analysis
Environmental accountability analysis is conducted to:
- Identify the source of AOD problems.
- Agree on a way to counteract or minimize this source.
- Begin action to reduce or eliminate the AOD problems.

Prevention advocates can review data on the problems in and around the location, and identify policies or practices that seem to contribute to the problems. Then we ask, “What is the role of each of the actors? Who is responsible? Who can make needed changes to prevent AOD problems?” The effective analysis will use data to pinpoint the association of alcohol or drug problems with the selected location. This guide lists a variety of policy and administrative tools, and describes in the next module a way to employ and monitor these tools.

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.

Local Powers To Protect Public Health And Safety
City and county public agencies should take the lead in developing environmental policies for safe and trouble-free community AOD use. Local governments have significant powers
to protect public health, safety, and well-being by regulating AOD risk-environments throughout the community. These local powers and resources are spelled out in Module Six, and in the Reference Guide. Modules Four and Five show how to put these methods to work to prevent / reduce AOD problems.

**Cut and Try**
The TAKING CHARGE organizers need to balance planning and analysis with action. Once thoroughly acquainted with the range of tools at their disposal, the APWG may embark decide on one or multiple courses of action:

- Use “triangulated” change strategies with the manager of the problem environment;
- Use graduated approaches, ranging from persuasion to sanctions.

TAKING CHARGE simulates the use of existing community procedures that aren’t being fully used to manage problem environments, and to improve and maximize the value of these processes.

**Tracking Outcomes**
The Three Actor model depends on factual (empirical) data and participant (subjective) experience about specific settings or locations. A form is available — 7235G Form — that provides a tracking system to monitor planned interventions. The form identifies whether the planned changes actually occur, and then tracks the effect of the changes by analyzing the data on the AOD problem itself. This form will be revised in the future to align with upcoming reporting requirements at state and federal levels.
Module 6

IMPLEMENTING TAKING CHARGE: MANAGEMENT THROUGH COLLABORATION

Objective
This module introduces a complementary collaboration between the technical working group and a grass root community coalition as the principle drivers for prevention change in local communities.

Outcomes
Participants will:
- Identify six potential participating city agencies that would form the Alcohol Policy Working Group.
- Identify at least ten probable members of a community coalition that would work in partnership with the city to prevention AOD problems.

Public agencies can take the lead 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.

Module 6A

WHO WORKS IT?
Ideally, TAKING CHARGE is sponsored with sufficient support to be successful. A sponsor may be the County Alcohol and Drug program, willing to give resources to host the effort. Ideally at least two staff positions can be dedicated to the effort: a local organizer, and a data specialist. These staff, along with key city leaders, really form the nucleus of TAKING CHARGE organizing efforts in a collaborative manner with two related groups:

1) An Alcohol/Drug Policy Working Group
The APWG is composed of official bodies and municipal agencies. Cities often assemble such teams for proactive missions. Typically the APWG will have representatives from police, planning, code enforcement, and city management.

The APWG should always be driven by data, using a system of assessment, prioritization, and action. The APWG should respond well to community concerns and local groups, and proactively seek working relationships with outside agencies, including state or federal agencies.

2) A Community Coalition
This group is made up of residents and community organizations, and involved area prevention contractors who are invested in the city’s overall health. In some cities, such a group may already exist, and may be willing to assume a focus on AOD problems because of the issue’s relevance to their principle mission. For example, a children’s network may take on AOD issues for a year or two because of the negative impact of alcohol and drugs on children’s lives.

Alternatively, TAKING CHARGE implementers may decide to start a purely local coalition that is exclusively concerned with TAKING CHARGE implementation. Potential members may be contacted through problem assessment activities. Concerned neighbors, local community informal leaders, and other constituents are natural members. Young people are an asset to this group. Leadership and support may be recruited from county...
funded prevention providers who provide services within the specific region.

Every community will be different; these groups may already exist in some cities or may need to be developed. A Community Policy Status Inventory should be completed to understand local context for TAKING CHARGE implementation. The below diagram spells out the logic of the model, or what goals exist at each step of the way.

The Logic of the TAKING CHARGE Model

Staffing Needed to Implement TAKING CHARGE

Ideally, a local TAKING CHARGE initiative is resourced with two staff positions:

- A community organizer to convene and help organize action;
- A data specialist to assist with gathering/analyzing data and organizing evaluation.

These positions need to be provided with adequate staff time to assure that the work can be carried out promptly and efficiently. Typically, for a city of 100,000 people, one full-time organizer or two part-time staff (1.0 FTE) and a part-time data specialist/evaluator (up to 0.5 FTE) would be desirable. It is also important that these positions have adequate administrative and technical support.

The support and resources for these positions can be pulled together from a variety of sources:

- The city may allocate existing staff or funding;
- The county alcohol and drug department can contribute directly, or indirectly by arranging for a contractor to help;
- Local foundations or other organizations may contribute;
- For long term funding for sustainable efforts, the city may develop fees or permit charges that incorporate the expenses of managing alcohol and other drugs into the costs of doing business. Drug asset forfeiture funds can also be applied to prevention.
- A combination of these resources may be provided, for example the county ADP and the local city may agree to split the costs.
Module 6B

HOW DOES IT WORK?

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

Convene and Train the Work Group and Coalition

As described above, TAKING CHARGE primary organizers will be a combination of city representatives and prevention advocates (either county level or some degree of support from Prevention by Design regional trainers). These organizers need to convene the two groups, provide orientation, and initiate the five-step planning process. The Prevention by Design Regional Trainer can assess training needs and make arrangements for appropriate training.

Initiate the Five Step Planning Process

A. Collect and Analyze the Data

Module Seven A goes into detail on how to develop a complete picture of local AOD problems, contributing factors, and past barriers or challenges. TAKING CHARGE implementation should always be driven by data; successful efforts are geared to the local reality, rather than politics or perceptions.

B. Select Priorities and Goals for Action

Module Seven B describes several ranking processes that could be used; the main message is that the group must select priorities to begin with, and learn by doing. Most communities must move forward in an incremental fashion. Setting measurable goals keeps “the eyes on the prize” and helps groups monitor their progress. The basic goal involves applying the three-actor model to the AOD problem-environment(s) identified through the local selection process.

C. Select Measurable Objectives

Module Seven C describes how to set measurable objectives that focus on applying the Three Actor Model to the selected AOD Risk Environment. This activity may involve iterative planning to balance desirable goals against achievable objectives in a dynamic planning situation.

D. Use Proven Methods

Module Seven D provides an introduction to a large toolkit of methods that can be used singly and in combination to modify the selected risk environment. TAKING CHARGE relies on proven methods, based on 25 years of field experience and lessons learned in strategies to modify community environments. These tools are listed on page 39.

E. Monitor Progress

Module Seven E provides guidance for the final step in the ongoing Five Step process to document, monitor, and evaluate the results of proven methods. Module 3 describes the tracking method to document specific outcomes, refine goals as needed, and celebrate success.

Alcohol Policy Working Group (APWG) and Community Coalition Roles in Carrying Out the Five Steps

APWG. The APWG is actively focused on tactical planning among the participating public agencies to assure that the local jurisdiction acts in a coordinated way to manage AOD risk environments. The first priority may be to assess the form a local APWG should take: Which local government agencies should be involved? What kinds of data can/should be brought to the table? The APWG might best begin as a task force focused on specific AOD problem-
environments that are currently generating demands for service.

Broader organizing for comprehensive prevention planning can come later, building on early task force experience. Once the APWG is functioning, its main functions will be to analyze data, select priorities and strategies for action among participating agencies and in collaboration with the Community Coalition, and monitor results.

**APWG policy orientation.** The APWG is primarily a technical problem-solving group, executing existing public policy. However, through interactions with the Community Coalition and review of the policy implications of its current work, the APWG may become more active in recommending policy changes and improvements for managing AOD risk environments.

**Community Coalition.** 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 guide presumes that a local AOD coalition is already established in the community. Accordingly, a first priority for the TAKING CHARGE community organizer will be to provide a thorough briefing or training to the coalition on the TAKING CHARGE approach. This orientation determines how TAKING CHARGE can fit with the values, concepts and strategies of the coalition, and discover areas of mutual interest and support.

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.
Objective
This module provides information about how to identify and document AOD problems in local communities.

Outcomes
Participants will:
- Identify five broad methods to collect AOD problem information.
- Identify at least four kinds of archival data already available in their community.

Why Data Are Important
Data are extremely useful in prevention planning, from the very beginning and all along the process, for several reasons. Data:

- Describe the scope or magnitude of the problem.
- Provide information about events or places of interest.
- Focus attention.
- Guide action along the way by documenting actions on problems and results.
- Evaluate result.
- Helps identify the nexus between locations and problems.

The APWG and Community Coalition each have roles to play in collecting, analyzing and using AOD problem data. For example, 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.

The groups should hold a joint data planning session to seek agreements on what kind of data is needed to best understand local alcohol and drug problems. The plan will include timeframes and responsibilities for data collection. At the end of initial data collection, the groups may meet together or separately to understand what the data means to your community.

This module identifies several basic methods and resources to obtain useful information about AOD risk environments.
7.A.1. What Are “Community Data?”

Data are observations of selected objects (phenomena) from a specific vantage point (perspective). Community data come from observations of people, places and events in the community. Perceptions of problems must be closely connected to actual time and place information. Useful data come from a variety of sources, including state and federal levels, and research conducted in communities.

As community groups begin to grapple with data, here are several pointers for using community data for prevention planning:

- **Work with what’s available**
The APWG in particular can access archival data from many city departments. Police calls for service, arrest data, code enforcement reports and citizen complaints all are routinely collected by cities. In addition, hospital and county departments also track data that can be sorted by the city boundaries, such as emergency room mentions, deaths, and treatment services.

- **Inventory data resources that can be “mined”**
Some data is collected, but is “fugitive” - unpublished or not easily available. For example, the local police department may easily tell you how many assaults occurred, but cannot say with certainty how many were alcohol or drug related. Data hunters can request to look at police or court records in a designated time period to develop a sample or estimate of alcohol and drug involvement.

- **Build data sources**
The data team can establish relationships to obtain quality data regularly. For example, in San Diego County, the Methamphetamine Strike Force was able to upgrade the quality of death data. After two face-to-face meetings with the medical examiner, his office decided to track and report detailed information about the manner of death, demographics of the decedent and type of substance. The office now regularly reports this enhanced data to the group.

- **Build data capability**
Data hunters can also expand or “rev up” a system’s capacity to track and report data. The Alcohol Sensitive Information System (ASIPS) is a good example (http://silvergategroup.com/publications/articleWrapper.jsp?article_id=35&issue_id=1) of adding alcohol and other drug identifiers to existing data on police services, allowing the data to be mapped on geographic-based systems (GIS) so that the planning groups can literally see on the map where alcohol and drug-related police services occur.

7.A.2. What are the Community Data Issues?

Prevention planners in the TAKING CHARGE model seek to connect AOD problems with the location, so there are several kinds of data that help identify these links. Let’s start by understanding some general features about these data.
Data Accessibility

Data that describes AOD risk environments needs to be available in a form useful to prevention planners. Gaining access to data requires building relationships with local data sources, either to gain access or enhance data already being collected, or to initiate new data collection.

Typical Ways to See the Picture of Local Alcohol and Drug Problems

Existing Data such as:

- Official or archival data such as police reports, medical examiner/coroner statistics, student surveys, hospital admit data, etc.
- Community Information, such as news reports, agency reports

Created Data such as:

- Key Informant Interviews
- Surveys
- Making Observations at actual sites, such as liquor stores, or settings such as public events or fairs.

Data Management

Data management includes three features:

- Data collection
- Data reporting
- Use of data for planning and analysis.

The local capacity for data management is often limited, especially with public service budget restraints. Prevention planners may need to be resourceful and develop grant funds or university assistance in this area.

7.3 Collect and Analyze AOD Data

TAKING CHARGE organizers now develop a plan for what types and methods to collect data. The selection of data targets can be incremental, as data sources improve with use. The choices cover a range of existing and developed data sources, as described below.

Local prevention planners have an ever-increasing number of data sources available. "Bookmarks for Prevention," prepared by Prevention by Design, periodically updates a list of key data references for many of the sources described below. Information about these sources is organized in a table of contents designed to support the Five Step Planning approach outlined in this chapter.

a. Official or Archival Data

Official data cover a broad range of problematic settings and circumstances, making them useful for highlighting high-risk or elevated-risk environments. These data are also collected continuously, making them valuable for planning, monitoring, evaluation and research purposes.

Official data often must be manipulated to be useful for community environment prevention planning purposes. For example, data may need to be broken down for specific geographic areas or by time-periods. Additional data items may need to be added to identify types of settings and situations where the AOD problems occur. Types of official data include:

- City Data (also unincorporated county data)
  - Police Department (Example: ASIPS Problem Group)
  - Planning Department (land use and settings data)
Parks and Recreation
Community Economic

- **County Data**
  School system data (Example: California Healthy Kids [www.wested.org/pub/docs/chks_surveys.html](http://www.wested.org/pub/docs/chks_surveys.html))
  Health department data (Example: treatment services)
  Some basic County level data on health, safety, and social services can be accessed at [http://www.adp.cahwnet.gov/risk_indicators.shtml](http://www.adp.cahwnet.gov/risk_indicators.shtml).
  Hospitals

- **State ABC Data**
  Alcohol outlet information (Example: ABC licenses)
  Violation history

- **Other State Sources Of Data**
  Tobacco Control System information
  California Department of Education
  Attorney General, Corrections and Youth Authority
  California Highway Patrol ([http://www.chp.ca.gov/switrs/](http://www.chp.ca.gov/switrs/))

- **Internet Resources**
  Internet access - WestCAPT
  Prevention by Design bookmarks

b. **Information**

Respondent information comes from asking people questions about AOD issues that they have either experienced or have observed. These sources of information help identify which environments are experienced as problematic, and how serious the problems are perceived to be. Prevention planners decide on the scope or focus of respondent information as they design the interview questions.

- **Key-informant Interviews**
  Key informant interviews involve key community leaders or gatekeepers with a special vantage point to observe and report on AOD-related problems, as well as problem-solving potential ideas. See CPPD interview form as an example.

- **Surveys and Questionnaires**
  Surveys and questionnaires obtain information about AOD experiences, opinions, and beliefs from selected groups of individuals. Data from these individuals are aggregated (combined) to provide survey findings. Examples include California Healthy Kids Survey or Place of Last Drink surveys in DUI offender classes.

- **Focus Groups**
  Focus groups are a device to gather people's opinions, beliefs, and experiences in a group setting on specific items or issues of interest. A specially trained focus group leader asks targeted questions to obtain useful information yet also minimizing bias and influence of group members on each other. See [www.preventionbydesign.org](http://www.preventionbydesign.org) for a Tip Sheet on running focus groups.

- **Technical Issues: Sampling and data collection instrument design.**
  Sampling is a common thread to all of the above, needed to make sure that respondents really represent the entire population or sub-population so that findings can be applied to the entire population and can withstand close scrutiny and criticism. Instrument design involves the construction of questions, forms and other devices to obtain data via the methods outlined above. Sampling and instrument design involve specialized knowledge that should be part of community prevention efforts to
undertake local data collection. The data specialist described in Module 6A can provide this support.

- **Casual Interviews**
  Also called "man in the street" or convenience interviews, these are exploratory, informal contacts and used to obtain general information and identify key issues and concerns. These interviews are useful to identify AOD problems that concern the community. They should be taken as a first step to be followed up with checks for accuracy, validity and reliability to establish a formal AOD problem / environment nexus.

**c. Direct Observation**
Direct observations can tell the story about community high-risk AOD settings. Direct observations are critical both to motivate policy changes and to enforce local laws and community standards that prevent and reduce AOD-related problems. Basically three types of direct observation can be used and carried out, using local resources after basic training and with continuing support:

- **Informal Observations**
  Informal observation means the observer is actively noticing what is going on around to learn about the immediate situation. The journalist’s five points for telling a story can be useful for remembering informal observations for later use to link AOD behaviors to AOD environments. Who, what, when, where, why?

- **Official Observations**
  These are observations made by officials acting in their official capacities, and conveyed in official reports, such as police reports.

- **Systematic Observations**
  These are observations made according to a pre-established system or grid. For example, in Orange County, Friday Night Live students visit liquor stores to count and measure the availability of tobacco products and advertising. The youth use a specific observation form, allowing them to combine data from many observation teams.

  In another example, Berkeley police created a community policing reporting framework form, and information from residents using this form was essential to shutting down a high-problem off-sale outlet.

**d. Community Information**
Local community experiences with AOD use and availability are also described in other sources. These materials help identify basic and relatively stable beliefs and enduring practices regarding alcohol and drugs, as well as potential resources. Prevention planners must understand and work with prevailing beliefs and practices about AOD issues in order to develop solutions that are acceptable. These sources include:

- **Newspapers**
  Local newspapers usually carry extensive coverage of AOD-related issues, and a search in back issues can be telling. Techniques for studying newspaper files and periodicals are available from schools of journalism and the Berkeley Media Studies Group. Such studies are an opportunity to involve young people and community volunteers in AOD prevention. The San Francisco Fact Book is one example.
Advertisements and Promotional Materials
Keep an eye out for alcohol marketing and promotions for county fairs, happy-hour promotions, rave parties etc. For example, in Ventura County, activist interest sparked by a flyer on home-delivery beer services really stimulated an even larger effort to curb alcohol availability.

Previous Community Studies/Reports On AOD Issues
Past AOD or allied field research or grant reports can link current effort to information from similar cities with success on AOD-related problems.

Old-Timer and Key-Leader Contacts
Certain individuals in the community are a wise repository of knowledge about beliefs, practices, past efforts. Interviews with these individuals can provide important first-hand knowledge, and may lead to their greater involvement in the current AOD prevention activities.

ASIPS (Alcohol/drug Sensitive Information Planning System)
This system transforms police data in alcohol and drug specific information that can be plotted in a map to show specific time and place. ASIPS has grown as a tool in the last ten years, and is now in use in several of California cities. See (link) for examples of maps that show the presence of alcohol-related police problems in and around alcohol outlets.

e. Geographic Information Systems (GIS)
Electronic GIS maps and analysis programs are coming into widespread use in the AOD field. GIS maps show AOD-related data according to an address or geo-area which can be plotted on the electronic map. This information can be compared to a wealth of other health, safety, social, economic, and land-use information available from other sources. The information from each source can be layered over each other in any combinations of variables that are of interest. This “layering” capability makes it easy to superimpose problem-data and settings-data to understand the nexus between AOD problems and AOD environments at a high level of detail.

GIS maps are increasingly being used by police departments and other public agencies to track service calls and identify trouble-spots. Police departments especially are increasing their use of GIS maps to report crime and provide information to the community. For example, GIS maps are used to display AOD problem information reported by the ASIPS police information system described in this section. As the GIS field develops, AOD prevention planners will be able to work with police departments, emergency services, health departments and social service agencies to develop GIS mapping programs to identify AOD-related problems specifically.

Using the Data: Data Collection, Reporting, And Analysis
Now prevention planners move from describing the problems to understanding the data. This analysis is a precursor to next steps: identify, select, launch, and evaluate community prevention initiatives. Training and Technical assistance is available to local
communities from Prevention by Design, the Community Prevention Institute and other resources to help develop an effective local data program that supports community prevention initiatives (see http://www.adp. cahwnet.gov/TA/pdf/TA_dir.pdf for a complete list of state-funded resources). Several tips in using the data are listed below:

- **Create A Community AOD Data Map**
  A Community Data Map is simply a document that lists all data sources that currently are (or could be) collecting and reporting information on community AOD problems and their risk environments. The prevention group can construct a community AOD data map showing the distribution of AOD problems among local groups, and in local environmental contexts. Examples include the Data Map developed by Regional Trainer Melinda Moore.

- **Keep Your Data Credible**
  Community data needs to meet scientific quality standards to determine a nexus between AOD problems and their risk environments. The local data system should adhere to these standards:
  
  - Reliability—or that repeated observations by different observers produce similar observations;
  - Validity—that we are actually measuring the phenomena we are interested in;
  - Accuracy—that we’re measuring correctly and precisely;
  - Triangulation—that multiple sources of data provide information about the same object or phenomenon.

- **Enhance Local Data Capability**
  Local prevention planners can harness data resources by cultivating local data managers, establishing accessible data sources and data reporting procedures, and actively using data in planning, monitoring and evaluation. In addition, local prevention projects can solicit research and evaluation partners. An important task of the data specialist identified in Module 6B will be to help create local data partners.

### 7.A.4 Assess Community Resources and Assets

An important part of the assessment process is to also document community assets. This process is as methodical as the problem assessment. Planners need to be acutely aware of community strengths and resources that can be mobilized as plans are implemented. These community assets are both alcohol and drug specific, such as existing prevention services, along with non-alcohol and drug specific, such as church groups or other community leadership that has yet to be engaged in prevention, but that have potential to be mobilized.

Asset mapping is one strategy used inventory community resources. Asset mapping is a process described by John Kretzmann and John McKnight in their book Building Communities from the Inside Out (ACTA Publications, March 1997). They describe how to identify and map individual capacities of youth, seniors and other often overlooked populations. The book further spells out how to connect with the power of local associations and institutions towards common community building goals.
This focus on resources can be built into the problem assessment activity. Often by understanding the chronology of how a problem developed, a window is revealed about what worked to minimize the problem at a point in history. For example, problems may have been momentary with a change in ownership or management at a problem location. What did that owner or manager do that made a difference?

Think of resources both as hardware -physical structures that can help - and as software -community processes that can be brought to bear on alcohol and drug problem solving. Examples would be a gym that currently is closed on weekends, or the community’s Farmer's Market; both are places where positive community building can occur.

In addition, assessing potential assets such as grant opportunities or other available resources will help the community building effort down the road.

### 7.A.5 Ranking the Order of AOD Problems

**Criteria to Consider**

Time for priorities. Now that the problem environments have been identified, the two groups must consider where to begin in terms of action to reduce the risk in these problem environments. This is an easy step for communities with a single problem, but in fact, most communities face multiple problems with limited resources. Therefore two considerations are in play during this process:

1. **a) Priorities in APWG and the Community Coalition**

   Different “drivers” exist for these two groups, although frequently the end result is the same. There are often political considerations for city representatives. In addition, the city may be most interested in the problem environment that soaks up most of the city’s public safety resources. On the other hand, the community coalition may have a broader interest or focus on youth, or on issues that relate most directly to agendas of key members. Often a community problem that screams for attention is of equal concerns to residents and to local government.

   In any event, community leadership can help the two groups clarify whether common or complimentary priorities will be the focus of work. As the two groups get down to work, roles can be clarified in order to maximize synergy between their efforts.

   **Motivators for Cities:** APWG agencies — for example, planning, police, recreation and parks, city attorney’s office, housing and community development — each have certain responsibilities for AOD issues under their jurisdiction that should be clarified. Their general duties are to reduce AOD-related problems and expenses in those areas, as expeditiously as possible.

   Leading indicators are complaints to the police department (call-for-service reports) and to local elected officials (phone calls and concerned delegations). ASIPS, the geographic-based information system, is especially valuable for different city departments to pinpoint these priority indicators using police data.

   **Community Coalition Motivators:** Coalitions, on the other hand, are made up of varied constituencies with varied interests. For example, parents may be up in arms about drinking at the party scene, while neighbors are concerned about noise. Sometimes there is overlap in concerns, but not predictably.
In coalitions, the squeaky wheel, or loudest member, often gets the most attention. These kinds of community priority may not match exactly with police data. For example, teen drinking may not be picked up in police complaints.

In fact, these two groups with varying priorities need each other in order to be systematic and comprehensive. Police data alone may direct efforts to only the most egregious outlets, rather than to building a system. Community priorities that may be under the influence of a loud individual may miss the larger picture. The sum of the two sets of data and priorities bring focus and political will together.

**b) Public Health and Safety Criteria**

Public health and safety criteria look at AOD problems in terms of the harm done to people and what the city can do about it. Selecting priorities for action depends on several criteria. It is often helpful to use these criteria as a way of deciding how to approach problems that are a burning issue to a particular agency or group:

- **Coverage**: How widespread is the problem - how many people are affected?
- **Severity**: How damaging or hurtful is the problem?
- **Persistence**: How often does the problem occur? How long does it last?
- **Salience**: How is the AOD problem related to other community issues that are of great concern to people? Will resolving this AOD problem contribute to resolving the other problems?
- **Tractability**: How likely is it that the community can solve the problem? How accessible is it? Is it deeply entrenched in community life or tradition?
- **Popularity**: Is the problem one that many people want to address?

**c) Making Decisions**

The group basically needs to:

- Agree on the criteria
- Establish a ranking system
- Individually score or rank the presenting problems
- Discuss and seek consensus, or at minimum, acceptance, of the priority scores.

The criteria can be thoroughly discussed and ranked, using the community’s particular value system. A sample prioritization worksheet is contained in the Reference Guide.

Is the effort viable? The members should keep in mind that many communities benefit by selecting an “easy win” to begin with that can help build momentum for more difficult problem solving down the road.

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

**7.A.6 Sharing Results**

At this point in the beginning of the process, it is critical for several reasons to share your assessment results. First, you provide a sounding board that confirms or adjusts your findings. Second, you provide a mechanism for stronger public involvement in your prevention process. And you also set the
backdrop or tone to support problem solving down the road.

There are several ways to share findings, and the best effort uses multiples strategies to report on findings:

- **Media Coverage.** Securing news coverage on report findings can happen via press events, attending editorial board meetings or by pitching the story to a reporter or columnist.

- **Community Forum or Town Hall Meeting.** These large, open-to-the-public venues are great opportunities to discuss findings and receive input on assessment results. Depending on the size of your community, you may find one well-publicized event sufficient, or you may want to vary time and location to reach larger audiences.

- **Presentations to Specific Audiences.** You may also want to share results by scheduling presentations or securing time on the agenda of existing groups. City Council meetings, Coordinating Councils, human service groups and others are important audiences.

- **Written Report Distribution.** A report and/or executive summary is a great device to hand the information over, and can also be posted on your web site - ask for related links to other sites for timely access to a variety of audiences.
Module 7B

STEP TWO: CAPACITY BUILDING

Objective
This module describes capacity building among TAKING CHARGE partners and other stakeholders.

Outcomes
Participants will:
- Understand how to assess their own readiness for implementation
- Understand several strategies that can be used to engage and secure agreements with partners
- Understand ways to build collaborative capacity that builds on strengths in the community

A. Assess Community Readiness
TAKING CHARGE organizers consider readiness for action in two ways: Assessing capacity of local agencies and organizations to undertake AOD prevention in general, and to focus on local capacity and readiness to focus on high-risk locations, settings, and circumstances.

Module 6 describes two community bodies critical for effective for planning and implementation to manage the community’s AOD risk environments: The Alcohol/drug Policy Working Group (APWG) of local public agencies which protect public health, safety, and socio-economic well-being; and the Community Coalition of local organizations, groups, and individuals concerned about specific AOD risk environments. Step Two involves building capacity in these two bodies to take action on AOD risk-environments identified in Step One.

Capacity-building involves extending the relationships begun in Step One. The information-gathering process provides an opportunity to identify the interests and capacities of key agencies and organizations. Community AOD prevention planners can use their initial informational contacts to conduct this “readiness” assessment.

The organizers can do this assessment in one or more planning sessions, supplemented by information from community information gathered through surveys and interviews using instruments such as Key Informant Surveys and Focus Groups described in Module 7A above, and the Community Policy Status Inventory discussed in Module 6A.

The end point of this process is a clear picture of the readiness among parts of the community to accept the charge for alcohol and drug problem solving; for local agencies and organizations to accept the call to action, and then to identify what kind of support or training is needed for successful action.

Engage Prevention Partners
Environmental change rarely occurs without collaboration. An intentional outreach to new partners is critical. Prior steps in the assessment of problems and resources have identified targets for engagement. Alcohol and drug issues may be “on the radar screen” or not of some of these targeted groups. Getting on the radar screen is the first step, often accomplished through scheduled briefings or presentations.

In working with local public agencies, such as the police department, planning department, city attorney’s office, community services, it is important to understand the agency’s current priorities, policies and procedures for working with AOD-related issues. How do
agency operations currently manage AOD-related risk environments? Step One initial data assessment will most likely identify AOD problem-areas for which the agency has some responsibilities, and this information can provide a basis for starting an effective planning relationship. For prevention planners perceived as potential sources of help for dealing with AOD-related tasks, well informed about the agency’s duties and mindful of agency issues such as workload and staff capabilities, the agency staff are more likely to be approachable.

**Establish Agreements**

There are long lists of “to do” items once a plan is developed, and securing agreements to work together helps build the capacity of the organizing effort. Members need to acknowledge each others’ niches and skills, and build agreements to rely on each other. In capacity building, partners can cross train, for example, to enhance the group’s ability to communicate, work with the media, work with diverse cultures, review legal documents and the many other skills needed for success.

Agreements can be as formal as signed Memorandums of Agreement or jointly referenced workplans. Sometimes a handshake will do.

**Nurture APWG and Coalition Capacity**

In field experience using the TAKING CHARGE approach, we’ve found that training on the model and on proven methods is essential for members of both the APWG and the community coalition. This training may be simply sharing skills among members, as many communities have inherent skills. Training ensures that everyone operates from the same sheet of music, especially as the group moves forward to select priorities for action.

Training resources are available. The Prevention by Design Regional Trainer for your area can provide assistance, and the Community Prevention Institute offers both custom consultation and workshop offerings in several subjects pertinent to TAKING CHARGE.

In addition to identifying training needs, each community must be assessed about readiness to embark on these kinds of strategies. TAKING CHARGE organizers should thoroughly assess existing community procedures, how fully these are used, and what challenges or barriers in the past have been encountered.

Most coalitions benefit from sustained effort to expand cultural competencies as an organization and among members.

**Use Local Resources as a Foundation**

Whenever possible, rely on existing local resources as a base of operations. This means that existing police officers, for example, lead on enforcement activity related to alcohol and drug problem solving. Special grants can supplement effort, but sustainability is more likely when such problem solving is built into routine job descriptions.

**B. Community Organizing**

Alcohol and drug problems are real issues experienced by real people. Mobilizing those people for positive change can be a necessary ingredient in making policy changes. This kind of focused, intentional community organizing is especially important because of the powerful alcohol and illicit drug industries that oppose the kind of policy change sought by proactive communities.
Sooner or later, community organizing will be part of the community’s prevention planning to manage AOD risk environments. Timing and pacing for community organizing depends on several factors, including:

- Mandate and size (budget) of the local prevention planning effort
- Extent to which prior AOD prevention work has been done and is continuing in the community,
- Extent and severity of AOD-related problems that need attention (and are perceived to need attention)
- Extent to which local public agencies are prepared to help.

How much organizing is needed to take definitive action on local AOD risk environments? The initial problem assessments in Step One are the guide. If the problems are “ripe” for solutions - that is, they are clear-cut, responsibilities for action can be clearly assigned, and it is clear what next steps are needed, then the planning group at that point can move directly to Step Three, building support among local agencies and groups as needed during the implementation phase. If the problems are not, what additional work is needed? What additional information (research) is needed? Who are the additional partners vital to a successful initiative?

Accordingly, comments below may also apply during Step Three.

**Defining Community**

The term “community members” is a broad term that includes youth and adults from a variety of community interests, including:

- Faith Community
- Civic Volunteers
- Government
- Education
- Law Enforcement
- Parks and Recreation
- Neighborhood Associations
- Media
- Health Care Providers
- Business
- Human / Social Services

**PS:**

Taking Charge can also help each of these organizations figure out if they use good AOD policy about their own events, workplace and fundraising practices.

TAKING CHARGE organizers must carefully consider this list to the inventory local community landscape. Each sector itself includes many interests. Education includes school board leaders, district administration and a variety of school site staff. Similarly, law enforcement may include local, state and federal representatives from police, prosecution, interdiction and so forth.

Ideally, this inventory leads to analysis about potential community members, their potential assets for TAKING CHARGE, the degree to which they share a common mission with TAKING CHARGE, and a plan for how to approach and engage them.
Benefits

The many benefits of community organizing around AOD problem solving include:

- Community members know where the problems are.
- Community members have the ears and eyes to know what problem contributing factors are.
- Community member support helps local officials stand up to direct and indirect pressure from AOD industry representatives regarding changes to community environments. Organized neighbors have more power to confront and resist threats from drug dealers.
- Local community organizing can separate local retailers from distributors and manufacturers. Local retailers, in both on and off site settings, are often more responsive to community interests.
- Community members are terrific spokespeople in media events and in speaking with elected officials.
- Community members also contribute needed volunteer time in all of the Five Step phases.

There is no single method for how to engage and mobilize community members in AOD prevention. There are, however, a few golden rules.

- Recognize that excellent organizing is labor intensive; such relationships must be nourished with personal contact. Consistent presence over time is needed, especially in community groups traditionally disenfranchised.
- Communication is a two way street. Listening is your best strategy.

- Recognize when community members need your support (or not) in terms of building their capacity to speak in public, communicate with elected officials or the media and other skills areas. Provide training and support that is appropriate to age, gender, ethnic group along with other considerations.
- Balance planning with the need for action. Community members need to see things change - so work together to identify action that can keep people engaged and productive.
- Celebrate success, at all levels. Young people must see milestones in immediate ways. Older members also need to see the difference their contribution makes. Identify times and places for celebrations.
- Reflect and evaluate. Check in with your original plan for targets and outcomes in terms of community engagement. Ask for feedback from community members. Refine your approach accordingly.

Prevention advocates use several models or approaches to community organizing. Two notable examples include:

- Community Asset Development: John McKnight, director of the Asset-Based Community Development Institute (www.northwestern.edu/ipr/abcd) has developed a model that inventories and mobilizes community assets, especially among neighborhood residents;
- Consensus Organizing: This method of community organizing brings diverse people together to address issues, particularly relating to poverty, to build leadership in low-income communities and lasting relationships among community leaders, businesses, civic and service
organizations and government. See www.consensus.sdsu.edu for more information; Consensus organizers find issues, projects and people that bring the powerful and the less powerful together around their common self-interest. They work behind the scenes.


This approach emphasizes strategies and tactics for community groups and organizations to organize for social change by influencing public agencies, power brokers, and property owners to respond meaningfully to community concerns for public health, safety, and well-being.

- Community Action: The Zander approach identifies twelve methods for working with local agencies to obtain community objectives, ranging from persuasion to advocacy to confrontation.

**MODULE 7C**

**STEP THREE: PLAN**

**Objective**

This module describes a process to develop a plan with measurable goals for the selected priorities.

**Outcomes**

Participants will:

- Understand how to develop a plan of action that fits the assessment findings
- Be able to identify expected changes desired for managers of problem environments.
- Be able to break down objectives for their interventions into immediate, intermediate and long range levels.

**Goals and Objectives**

In this step, stakeholders need to develop a clear plan that starts with where they are, and leads to where they want to arrive. The group needs to identify/establish goals and 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 group 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 work group 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.

Organizers should keep these questions about outcomes focused within the Three Actor Model environmental accountability concept. What change in the environment is desired? What
change in behavior or policy is desired from the manager of the environment? How can we measure and monitor engagement from the three actors?

The plan should identify where the risk lies, and what specific strategies will be employed to reduce the risk. The plan articulates questions of scale of effort, but also clarifies roles and responsibilities and sequences. A good plan spells out who will do what by when, and also notes how documentation and evaluation are built in along the way.

Logic Modeling is a useful exercise to spell out expected outcomes at three levels: immediate, intermediate, and long range. The logic model exercise facilitates thinking about expected outcomes, and the process for selecting specific objectives. The figure below illustrates this sequence of outcomes for potential interventions:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Intervention</th>
<th>Immediate Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Range Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public drinking, fighting outside liquor store: 150 calls for police service in last year</td>
<td>More joint investigation, enforcement between PD &amp; ABC, imposition of restrictions on licensee to stop single serving sales, no plastic cups, required security guard</td>
<td>Public inebriates move to another location, calls for police service down by 60% at this location.</td>
<td>Families use store for groceries and business/ sales stabilize; nearby stores follow new standards in voluntary manner; local treatment program reports graduation for 4 former chronic inebriates</td>
<td>Public inebriate presence down by 65% throughout city; reported violence at outlets down by 30%</td>
</tr>
</tbody>
</table>

Logic modeling allows your community group to think through expected results for the problem environment, and actions required for each actor. The group can then determine achievable, measurable goals along the way. Ideally, the data collected in Step One establishes a baseline or clear picture of the current events.

In going through the Logic Model exercise, your members should identify sources of data to draw upon that reflect the desired change.

Outcome data is inherent in the same data sources, such as police reports or treatment system data, mentioned in Step One. The group may need to set up observations, conduct interviews or gather additional new data to pinpoint the success (or not) of their work.

Setting these measurable objectives allows the group to review progress, fine tune interventions and decide whether a particular course of action should be replicated.

The APWG needs to translate these outcomes for problem locations into a specific action plan with the managers of the location. The action plan will spell out what the owner/manager must do in terms of physical improvements, managerial training, and policy within a time frame. The plan must spell out how changes will be tracked and monitored.

Fortunately California has been a hotbed for experimentation and trial of environmental strategies. These are many tools to pick from, as listed below.

Prevention planners must use proven methods, or at minimum promising practices, in order to achieve results. Positive results, aside from actually reducing problem levels, also maintain momentum and energy to address other priorities.
Prevention planners must avoid the “single bullet” mentality and realize that effective strategies in the environmental model integrate many tools in a single campaign. Experience and evidence demonstrate that data, community organizing, media advocacy, enforcement and policy development work most effectively together.

In developing a plan for action against a problem environment, these tactics become the means to establish accountability within the Three Actor Model. Below are descriptions of these strategies and tools, but keep in mind that they serve best when used in an integrated manner.

**Risk Management Step by Step**

San Diego County has developed a systematic way of intervening with owners of problem bars:

1) DUI offenders identify the place of last drink in their classes. This data goes to the Responsible Hospitality Coalition. If a specific location pops up frequently, the RHC conducts an undercover risk assessment;

2) The RHC Coordinator and the chair of the local restaurant association meet with the owner to review results of the risk assessment, and suggest management methods the owner may voluntarily adopt to reduce problematic consumption;

3) If these measures fail to show change in the frequency of mentions in the POLD data, the RHC then involves ABC for more regulation.

**A. Policy Tools for Environmental Risk Management**

The APWG, with support from the Coalition as appropriate, can select from a menu of proven tools as described below. Tools drawn from government or organizational policy include:

**Land Use Controls:** Cities and counties routinely establish and use zoning ordinances to manage problematic land uses. For example, swap meets, adult business, pawn shops and other types of business are limited and managed through zoning ordinances.

Alcohol outlets can be managed in the same way. Conditional Use Permits (CUP) specific to alcohol outlets are an effective management tool. CUP ordinances permit local review, and the State ABC is generally amenable to local preferences, often reinforcing restrictions in their own license process. Typically CUPs permit local governance on land use issues, such as lighting, security requirements, hours of operations and other small details that often make the difference between a “good” and “bad” alcohol outlet. A Model CUP is posted in the Reference Guide.

**Ordinances on Alcohol Use:** Municipalities also set the tone about how and when drinking in public is acceptable. Local government has a range of options about public drinking in public spaces, as well as at public events. For example, ordinances can make alcohol consumption off-limits at public parks and beaches.

**Event Management:** Cities can develop either alcohol-free or alcohol-safe events in intentional ways. Cities often sponsor public events, and can make these decisions about whether to have alcohol, and if so, how service should be handled. For example, the
City of Oxnard requires responsible beverage service training for all servers at public events, as part of city-granted special event permits.

Organizational and Social Host Policies: Information from drinking drivers shows that about half of DUI arrests are made after drinking in a social setting. Policy to prevent intoxication in these settings can significantly improve road safety. Most cities in San Diego County have established social host ordinances. These impose fines and hold adults accountable when underage drinking occurs in home parties. More information on the social host ordinance is available at www.alcoholpolicypanel.org.

Community Development and Masterplanning: Cities can include elements that address alcohol and drug availability in community plans, general plan updates, and masterplans for special large scale projects. A hospitality district, for example, may offset or mitigate problems associated with density of alcohol outlets by requiring responsible beverage service, or may direct business improvement district fees towards additional enforcement.

Nuisance Abatement: Cities can take more aggressive positions in addressing both alcohol and drug-related public nuisance. For example, coordinated, multi-agency code enforcement can reduce drug-related nuisance. In many cities, these special teams of code enforcement, fire department, public health, environmental health, police and other agencies set clear standards and conduct enforcement "sweeps" to ensure properties are managed in ways that reduce drug dealing.

The cities of Oakland, Vallejo and Oxnard all have established a "deemed approved" ordinance for older, problematic alcohol outlets. These ordinances allow the city, with clear documentation of problems, to essentially impose a CUP on an outlet (pre-existing to the CUP ordinance) and then remove permission to operate if the outlet doesn’t clean up its act. See the References Guide online for a sample deemed approved ordinance.

Administrative Policy: A range of other tools, best described as administrative policy, can also help cities effectively manage the risk in their community environments. For example, cities with extensive experience, such as Oxnard, have developed oversight and dedicated systems responsible for implementing city policy. Such administrative tools include:

- Create an effective AOD prevention policy for the participating organizations. Establish preventive AOD policies for the organization’s own operations, including staff/members and customers/clients. Consider policies for both AOD prevention and treatment. (Reference: http://www.ca-cpi.org/Publications/Prevention_Tactics/Archive_tactics/Policy_Panels.pdf)

- Encourage local organizations to adopt and support AOD prevention policies. Stepping up is especially important for organizations that have significant responsibilities for preventing and treating AOD-related problems, such as hospitals, and for organizations that are models for others - such as the city’s own office policies regarding alcohol in the workplace. In addition, organizations that have overcome AOD problems in their own operations are models of success. (Reference for workplace resources: http://www.ontrackatwork.org).
Negotiated agreements and targeted problem-solving. At strategic points, administrative methods and voluntary approaches can seek immediate resolution of specific problems involving high risk AOD environments. These efforts can help build momentum for larger systemic change. (Example: Pasadena).

Public information campaigns. These campaigns can play a supportive role to public prevention initiatives. Participation and compliance increase when people are fully informed and know what to expect. For example, the effective Avoid the Twenty-One annual holiday drinking campaign in the Bay Area gives media component and actual enforcement activities equal emphasis.

Social marketing and normative campaigns on AOD issues. Social marketing shifts perceptions and frames of reference of targeted groups regarding AOD-related problems through media and public information appearances such as posters and billboards.

Identify designated alcohol policy staff. Each agency should designate specific staff who will be primarily responsible for planning/implementing of the agency’s AOD policy.

Include implementation, regular monitoring, periodic reporting and oversight elements. For example, returning to city council with an annual report increases the likelihood of knowledge and support for the issue among council members.

The Border Project
Telling Your Story as it Evolves

The Institute for Public Strategies has sponsored the Border Project since 1998, and in that time has generated more than 1,000 news stories (local, state and national) about efforts to reduce alcohol problems in the San Diego/Tijuana region (www.publicstrategies.org). Media stories described severe problems in graphic ways, and have also told the story of binational cooperation to achieve significant prevention outcomes. Media pitches evolved as specific policy goals were identified. For example, Operation Safe Crossing alerted everyone to the dangers and asked authorities not to permit youth less than 18 years to cross into Tijuana without parents. Media stories celebrated work to convert serving practices and promote non-alcohol businesses along Avenida Revolución. Media was central and integrated with other prevention strategies. A helpful guide on media advocacy is available at http://www.publicstrategies.org/pdfs/step_series_access.pdf

B. Media Advocacy

Media advocacy, another key tool, is the strategic use of the news media to advance a social initiative. TAKING CHARGE organizers can deliberately and strategically plan news appearances that support immediate, interim and long range goals for their prevention plan.

For example, TAKING CHARGE constituents may set goals for new policies. Problem data and neighborhood complaints may merge together in interest for a deemed approved ordinance.

A media campaign can be developed to help the broader community understand what the problems with older -currently unaccountable
- outlets are, and how a deemed approved ordinance can address these problems. This news campaign can be plotted out in terms of feature stories, news stories and editorials.

Community residents and policymakers are consumers of the news, and view news as such a credible source of information. Experienced prevention advocates integrate media campaign planning as part of their overall prevention process.

Media advocacy is extremely useful to:

- Build community support for AOD prevention policies
- Amplify AOD prevention issues and solutions within the desired frame
- Link local community AOD prevention efforts to other communities and statewide / federal campaigns
- Defeat counterattacks from opponents of AOD community prevention.

In media advocacy, organizers stimulate coverage in radio, television and print outlets by casting a frame around their issue, preparing spokespersons, and hosting news events. This newsmaking activity is carefully timed and aligned with milestones in the prevention initiative. With detailed planning, prevention groups can increase the likelihood that their “message” will play in the airways.

This process can be complex for newcomers, but extensive training is available. In brief, media planners:

- Inventory all media outlets (print & broadcast) in their area, including ethnic and specialty media. Media advocates must further breakdown these outlets and identify inroads to news, feature, editorial and other venues. For example, sometimes a sports or business section target may be the right entry.
- Continually track outlets to identify format, style, reporter by-line and frames on current coverage of alcohol and drug issues.
- Assess media capacity of your members. Secure media panning and spokesperson training if needed.
- Examine prevention initiatives to match campaign needs with media coverage. For example, in early campaign work, general awareness of specific problems and locations may be useful. As the campaign progresses, specific policy solutions can be advocated for in news and editorial columns.
- Organize news events to promote coverage of your issues. Events must be geared to the needs of media. Television requires action, radio needs sound, and newspapers want detail. All media want statistics. Newsmaking activities should be aligned with natural milestones, holidays, campaign milestones etc. in ways that promote timeliness and newsworthiness of your story.

TAKING CHARGE organizers can actively promote community discussion of the issues related to risk management. This framing of problem locations is carefully crafted so that key community members, especially elected officials, are thinking about these locations. Who’s responsible? Who should pay? Should local government keep up with these kinds of management concerns? Effective media advocacy can maintain the frame on these questions in ways that promote problem solving at the local level.
For information on best practices for working with local officials and the alcoholic beverage industry, visit The Marin Institute on Alcohol and Other Drug Prevention website at http://www.marininstitute.org/.

C. Conducting Environmental Initiatives

Education / Compliance / Enforcement for safe and healthy environments

How do you get someone to change behavior in a high-risk AOD environment? Effective management is accomplished primarily by the owner or manager in contact with local officials and concerned occupants/neighbors. Behavior change begins with action by the owner/manager to modify the risk environment under consideration. Typically a three-part approach is employed to stimulate the environmental change process.

Education

Starting with an educational and persuasive approach is the most promising way to begin, generously providing information, consultation and incentives to put the information to good use. Often the owner/operator needs and welcomes basic education on how to run the business, care for the facility in question, or honor community standards. For example, apartment house managers may know little about crime prevention through design and management policies. Retail alcohol licensees may not know enough about running their business, what their customers want, or how to sell alcohol in accordance with the law. Basic education may pay off in fewer AOD problems and better operations.

Education will be more effective with most owner/managers when the messages are coming from knowledgeable people they respect, care about, and have power to insist on results. These people include customers, neighbors, peers, and officials such as the ABC, police, code enforcement officials, and insurance inspectors.

Compliance

Reinforcing environmental education through compliance checks, such as decoy buy operations and facility inspections, puts the education to work. Creating a self-enforcement compliance group will help, particularly if it includes rewards and incentives for participating, like a seal of good practice in the window.

An example lies in merchant education about complying with underage drinking laws. It’s not unusual for community youth to claim they can purchase alcohol almost anywhere. However, once a community sets up routine decoy operations, sales to underage persons often decline by about 50 percent compared to sales when no decoy operations are used. Decoy operations - where a police-supervised underage person attempts to purchase alcohol—are valuable for several reasons:

- Rates of sales to minors decline, and it is harder for youth to purchase alcohol;
- The “good guys” get sorted from bad operators, and law enforcement can narrow its focus to establishments that are known to violate liquor laws.

One byproduct of a TAKING CHARGE community effort is that new standards are developed and become sustainable with relatively small investments. The more time police and other agencies spend in educational, community-oriented policing activities, the less time they have to spend in traditional enforcement. If compliance and education is not effective with some operators—typically about 10 percent--
police can target their enforcement activities efficiently on this group.

**Enforcement**

If compliance checks don’t work, then enforcement becomes necessary. If the community has done its job on education and compliance, it becomes clear where enforcement should be fair, swift and certain.

As any parent knows, don’t make a rule if you’re not going to enforce it. This basic common sense also applies mightily to community prevention. In many communities, good policy may already be in place, but the limited availability of enforcement resources or attention has undermined the effectiveness of policy.

Research on alcohol impaired driving has shown that visible enforcement is an effective deterrent. That is, your perception of getting busted is a powerful indicator of whether you’ll get behind the wheel of a car after drinking. Effective DUI prevention thus blends media advocacy with enforcement activities to help promote the belief that impaired drivers will get busted.

This same concept applies to sales to minors, provision of alcohol to minors, drug dealing in public areas and related issues. Good enforcement is a centerpiece to the Three Actor Model, as enforcement and compliance seeking of community standards on alcohol and drug issues is how accountability often happens.

The reality is that despite knowing that alcohol and drugs drive the majority of public safety business, most law enforcement agencies are stretched beyond their resources. It’s very difficult for a police department to elevate underage drinking, for example, against homicide, domestic violence, rape and other violent crime investigations.

This forces community groups to efficiently and effectively partner with law enforcement, and to plan and carry the burden when possible. For example, in San Diego County, prevention agencies work with several police departments to intervene in house parties where underage drinking occurs. Prevention groups may do all the leg work in developing media stories, collecting youth survey data, identifying where parties are happening. They can then draw upon police officers in a much focused way. The San Diego Alcohol Policy Panel ([www.alcoholpolicypanel.org](http://www.alcoholpolicypanel.org)) hosted a Law Enforcement Task Force to maximize coordination between prevention and law enforcement, and help build relationships and collaboration between neighboring police jurisdictions when appropriate.

**D. Sustainability**

The planning process includes attention to sustainability, or continuation of the environmental risk-management initiatives once they have been successful launched. Community AOD environmental risk management will never be “done” since alcohol and drug availability will continue to flow into the community no matter what environmental management policies are adopted. The following sustainability elements can be readily addressed during Step Three:

Integrate AOD environmental risk oversight policies into routine operations. Maintain APWG operations among public agencies. For example, appoint an alcohol control officer in each city department involved in the APWG to establish accountability and smooth operations.
**Maintain surveillance data to monitor AOD risk-environments.** Set up a community data system to monitor AOD-related experiences in community contexts of time, location, and type of setting. Data sources include police data, community complaint lines, youth AOD use surveys, and periodic key-informant interviews. Provide regular “score-card” reports to elected officials and the public.

**Integrate responsible AOD policies into local organizations and community groups.** Provide continuing support for an experience community manager to maintain the community coalition as a regular meeting of participating organizations and groups who continue to be concerned about AOD-related problems.

**Establish continuing training and compliance operations for owners/managers of at-risk settings and events.** Use the surveillance data to work with owners/managers of at-risk environments. For example, hold regular meetings of apartment house managers whose tenants include a substantial percentage of college students; this can include both training and compliance issues. The meetings can be held on a voluntary basis, and non-attenders whose properties show up with AOD problems can be contacted directly.

Finance the above operations through local fees for zoning permits and business permits to sell alcoholic beverages. Owners/managers of AOD risk-environments can be charged for oversight costs required to maintain the community oversight system. These charges are permitted as they are clearly dedicated to offset public expenses (staff time, training costs, record-keeping expenses, etc.) required to maintain the oversight system.

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**Objective**

This module describes how to implement the plan and address barriers as they may arise.

**Outcomes**

Participants will:

- Identify ways to establish accountability for implementation
- Learn how to document the implementation process

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A well-crafted plan is fairly straightforward to implement; some groups use implementation planning as part of the overall plan, so that all that remains is execution.

But even the best laid plans can go haywire, and community activities to reduce risk in alcohol and drug environments are always a dynamic process. So Step Four involves both execution and staying on top of these dynamics.

**Execution**

In most cases, it is helpful to have a committee that tracks execution and maintains accountability for the plan in terms of day to day operations. TAKING CHARGE suggests, depending on the size of the community, that this tracking occur in parallel fashion on the internal-
city workgroup and in the coalition. In many communities, an existing group or a single group with stakeholders from both community and municipal areas may serve this function.

This oversight or leadership group should document progress against the plan as designed, and be ready to identify barriers to progress. The same group can problem solve and help resolve barriers. Communication should flow between the city and community groups, and regular updates on plan execution progress should occur.

Documentation of plan execution is essential. The implementation plan format should include space for noting completed tasks and adding identified barriers and related action. This becomes a living testimony that will be central to the evaluation.

**Module 7E**

**STEP FIVE: EVALUATION AND MONITORING**

Evaluation and monitoring is a vital component for local initiatives to modify AOD risk environments. The group can use local resources to develop an evaluation plan once the overall plan is initially crafted. Local universities and planning organizations, such as United Way, can often assist with creating an evaluation plan. The group may want to involve an evaluator in a more formal way through grant resources. While the plan may vary in terms of sophistication, the basics remain the same. Did we do what we said we’d do, and did this make a difference?

**Keep in mind that:**

- Evaluation provides the continuous feedback loop needed to maximize success. TAKING CHARGE organizers can hone their techniques and adjust initiatives based on evaluation findings;
- Evaluation also identifies the moments when success has been achieved at interim or long range points. These milestones are important for many audiences: policymakers, funders, and coalition members themselves.
- Monitoring also raises red flags when needed. For example, a store owner may comply with voluntary measures that seem to work for a while, but usually the operators slip back into old habits if basic conditions in the surrounding community have not changed;
- Monitoring environmental change and measurement in a tracking system creates the kind of baseline to allow us to evaluate performance and identify trends over time. For example, decoy operations to determine when clerks sell alcohol to minors create a line in the sand that can be compared after community education and compliance activities. The same concept applies to measures related to nuisance complaints or repeat party calls.

Once the evaluation plan is finalized, clarify who in the group is responsible to collect what kinds of data. In many cases, you may be simply comparing the same indicators that identified problem environments as part of your assessment. Again, collect and summarize your data according to your evaluation plan. Many groups find it useful
Cities are an ideal platform for use of the TAKING CHARGE approach. As described earlier, cities, in fact, absorb much of the brunt of AOD problems, and expend many resources on these problems.

Implementing TAKING CHARGE
The TAKING CHARGE project requires the resources of a trained organizer/convener and data management/evaluation specialist to proceed. These positions are necessary to stimulate formation of an APWG and to recruit the participation of the local AOD coalition. Resources to support the two TAKING CHARGE specialists can come from a variety of sources noted at the end of this module that may not include the city at the outset. City officials do need to agree at the outset to participate actively in formation and operation of an APWG for at least one year, and to use the Five Step Planning process outlined here. Similarly, the local community coalition for prevention of AOD problems, whatever its current status, should agree either to participate in TAKING CHARGE for a year, or to support the complementary creation of a new local coalition for this purpose.

TAKING CHARGE project support staff will stimulate formation of the APWG and mobilization by the local AOD coalition upon completion of training and deployment by Prevention by Design specialists. The general goal for commencing operations is to have the APWG and local AOD coalition functioning no later than the middle of the third month, and to complete data mapping and data reconnaissance work by end of the sixth month. From this base the
groundwork can be laid for action on highly visible and immediately pressing problem AOD environments, and for extended data collection and analysis to document the distribution of AOD problem-environments throughout the community.

TAKING CHARGE implementers will use logic model planning to help the APWG and local coalition develop outcomes and indicators for current problems and concerns based on data currently available. A first application of five step action planning will be underway no later than the end of the sixth month after the start of the community’s Five Step planning process. Subsequent iterations of this process will examine initial results and against initial assumptions and will make adjustments accordingly.

Once in place, environmental management policies will be relatively easy to maintain once the APWG has established a community surveillance and compliance system. These surveillance/compliance services can operate on a pay-as-you-go plan, or on an initial investment from sources outside the local government. Cities will be able to pay their share of the policies through local business licenses and permit fees on places or events that sell alcoholic beverages.

**Building Capacity**

Communities will begin to make positive differences in their community environments as they apply the five steps to establish environmental accountability. At the same time, TAKING CHARGE helps the community build in capacity and sustainability along the way in the following ways:

- **Learn by Doing**
  Evaluating work done along the way helps community groups expand their skills and raise interest in applying these accountability techniques to a wide range of AOD risk environments. Evaluation also sets the stage for customizing solutions that effectively address local conditions.

- **Frame Around Positive Values**
  Using media and communication strategies can align community standards for alcohol and drug issues with positive community values. As a city is successful in problem solving, celebrating this progress can solidify community values in ways that work as a prevention force in itself.

  For example, where neighborhood residents work with the city “to take back the park” with policy and enforcement, this campaign can reflect values such as safety for our children. Prevention partners should avoid allowing a debate to be framed around the rights of problematic owners/operators. For example, a liquor store operator should be approached as a good neighbor who accepts community standards regarding public drunkenness, rather than be engaged in debate over operator’s right to sell to public inebriates whose behavior is clearly not congruent with community standards.

- **Share Information**
  The project should share data and progress regularly in a community friendly form. In Orange County, Friday Night Live student leaders report to city council meetings to share results from their tobacco control surveys and observations of stores. These presentations are often supported by a news release, so that the data is also distributed in community media outlets. This deliberate reporting keeps important policymakers and the public in the loop, and can reinforce the framing activities mentioned above.
Build Alliances
Local groups can benefit from both local and state alliances. Several include:

County ADP agency. County ADPs are the primary source of funding for local AOD prevention coalitions and some county ADPs already use TAKING CHARGE approaches. Local APWGs can seek technical support, possibly funding, from the county ADPs to strengthen these efforts.

Regional Trainers from Prevention by Design
As mentioned elsewhere, a regional trainer works in every region of California, and can help local projects in many ways. See the Prevention by Design web site for contact information at www.preventionbydesign.org.

Technical assistance resources
Community Prevention Institute (CPI) is funded by the state (www.ca-cpi.org) to offer a variety of free training and technical resources to help communities establish AOD risk-environment prevention programs and policies. The federal government offers similar services through WestCAPT (The Western Center for Advancement of Prevention Technology at http://captus.samhsa.gov/western/western.cfm)

County Office of Education and local school districts
The County Office and the local school districts are an important source of data on AOD problems in the community. They are also potential partners for work on specific risk-environment projects involving school-age youth.

Local colleges and universities
These institutions may help with data management, program planning and evaluation. Help can be provided in a variety of ways, including training, student field placements, internships, and the development of community education and training courses. The best way to get started is to contact your local university public health, human services, or criminal justice departments.

Local Foundations
Cultivate program officers in local foundations who are concerned about health and substance abuse. They can be important partners in program, resource, and data development. A good starting point is your local Community Foundation, usually organized at the county level, which often has links to other foundations.

Building Statewide Alliances
Several state agencies have responsibilities in this area. The state Department of Alcoholic Beverage Control (ABC) licenses all outlets, and has enforcement responsibilities. The State Board of Equalization collects alcohol taxes. The State Department of Alcohol and Drug Programs funds county programs, is a clearinghouse, and funds the technical assistance programs.

Safe/Sober Housing and Day-Use Settings
These facilities (www.soberhousing.net) can reduce drug-dealing in neighborhoods and extend gains for people participating in treatment / recovery programs. Cities can manage these settings through conditional use permits in positive ways. See www.publicstrategies.org/goodneighbor_home.htm for information about a proactive approach to value and manage such settings.

Highway Safety
The state Office of Traffic Safety and the California Highway Patrol are the
agencies concerned about DUI and other AOD-related problems on state highways and freeways. Education, patrol, and enforcement cooperation with cities are important complementary efforts to TAKING CHARGE in cities.

- **State of California Colleges and Universities**
  Each campus in the UC, CSU, and the community college system faces alcohol problems. The potential of "town-gown" relationships to address student uses of alcohol and drugs is significant.

- **Policy Allies**
  Bookmarks for Prevention contains a list of many potential policy allies and statewide organizations for any local effort.

**TAKING CHARGE Is Timely**
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 California Department of Alcohol and Drug Programs and 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 twenty 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.

**TAKING CHARGE Resources for Implementation**
TAKING CHARGE materials are now being disseminated to stimulate implementation of the model across California. The mechanics of TAKING CHARGE implementation will be different in every city at this point in time. This guide, along with more introductory materials, is available at no cost.

To implement TAKING CHARGE locally it is important to find a way to support the two positions that are extremely helpful in this process: a local organizer and a data specialist. There are a number of ways that these positions can be funded initially:
County alcohol and drug departments may elect to provide support for these positions, along with the limited support currently available from Prevention by Design;

Cities themselves may make such assignments to a lead department within the city government, essentially working as TAKING CHARGE in-kind staff; cities may decide to contract with Prevention by Design for extra support.

Local groups may work independently using their own resources to adopt their own use of this guide in a self-sustained way.

A good starting point is to contact Prevention by Design for help. If you’re using these strategies on your own, we’d still like to be in contact with you to hear about your experience using the model.