



Framework For Preventing Alcohol And Drug Problems

Department of
Alcohol and Drug
Programs

Framework For Preventing Alcohol And Drug Problems

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**Department of
Alcohol and Drug
Programs**

MESSAGE FROM THE DIRECTOR . . .

To better assist communities in addressing alcohol- and drug-related problems, the Department of Alcohol and Drug Programs is proud to share with you the *Framework for Preventing Alcohol and Drug Problems*. Prevention is featured as one of the California Master Plan strategies, and motivated communities are encouraged to use this Framework as a guide for planning and implementing programs.

This document was developed by a group of dedicated prevention people from state agencies and local communities to update and expand the 1985 *Framework for Community Initiatives: Preventing Alcohol-Related Problems in California* by blending drug and alcohol prevention practices. The efforts of all who contributed to this document are gratefully acknowledged.

Alcohol- and drug-related problems continue to pose challenges for California and its communities. Commitment to seeking innovative approaches to these problems begins with comprehensive and collaborative community partnerships. This document provides the framework to facilitate these community efforts.

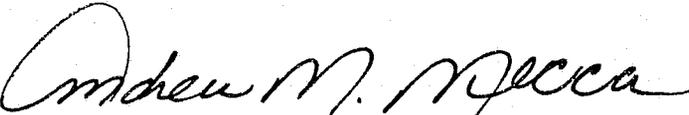

Andrew M. Mecca, Dr. P.H.
Director

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This framework is the result of twelve (12) months of effort that began in January, 1990. It involved several phases of reaction to and input from numerous leaders of California's prevention movement, representing as much of the State's ethnic and cultural diversity as possible. Furthermore, the extent to which representatives from numerous State agencies participated clearly reflected a spirit of interagency cooperation.

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Ad Hoc Framework Committee

Bud Bautista
Placer County Alcohol and
Drug Program
Auburn, CA

Gwen Briscoe
The Circle, Inc.
Sacramento, CA

Bill Edelman
Orange County Drug Abuse
Services
Santa Ana, CA

Wayne Hansen
San Luis Obispo County
Alcohol and Drug Program
San Luis Obispo, CA

Julie Kawahara
San Francisco County Drug
and Alcohol Program
San Francisco, CA

Cleo Malone
Palavra Tree
San Diego, CA

Steve Martinson
Kern County Alcohol and
Drug Program
Bakersfield, CA

Bob Matthews
Alameda County Alcohol and
Drug Program
Oakland, CA

Cherie McKone
Office of Criminal Justice
Planning
Sacramento, CA

Cheryl Raney
California Department of
Education
Sacramento, CA

Al Rodriguez
California Latino Alcohol
Drug Coalition
San Diego, CA

Felipe Santana
Ventura County Alcohol and
Drug Program
Ventura, CA

Beth Schecter
Center for Human
Development
Pleasant Hill, CA

Colette Winlock
National Black Alcoholism
Council
Oakland, CA

How To Use This Framework

Preventing alcohol- and drug-related problems is an extraordinarily complex task that will not be eliminated by quick fixes or easy solutions. Prevention planners and community participants will not find a simple, how-to, step-by-step prescription for eliminating these problems in this framework. It will be most helpful, though, to people who are willing to invest in exploring strategic approaches to prevention. This document advocates practical strategies which we know can have impact if they are based on community-wide participation.

This framework was written to help leaders in prevention help others who want to get involved. It offers a basic foundation for:

- o utilizing all prevention resources available within a community;
- o enlisting those resources in prevention processes;
- o organizing prevention processes;
- o developing formal and informal strategies through community planning; and
- o employing multiple prevention activities at the community level.

In order to broaden the participation needed to achieve these goals, six specific prevention strategies are proposed. They bring together every potential prevention resource a community has to offer. The key to success is involving every one of those resources.

The California Master Plan to Reduce Drug and Alcohol Abuse features prevention as one of its overall strategies. Local communities are encouraged to incorporate the concepts and strategies of this framework in their master planning process by:

- o organizing local master-planning advisory bodies around a public health/systems approach to alcohol and other drug problems;
- o expanding the inventory of prevention resources, both subsidized and voluntary;
- o conducting assessments of local needs; and
- o developing five year county master plans.

Opinions concerning the whys and hows of preventing alcohol- and drug-related problems will invariably differ. Through research and experience, the gaps between these differences are becoming increasingly more narrow. Whether or not prevention participants agree with the contents of this framework, they are encouraged to use it as a catalyst for local debate and discussion.

Prevention participants are strongly encouraged to study this framework. If something is unclear or unfamiliar, ask questions of other prevention participants, rather than abandon the idea. We can find answers if we persistently ask questions.

Introduction

Preface

In 1985, the California Department of Alcohol and Drug Programs published a planning document entitled *Framework for Community Initiatives: Preventing Alcohol-Related Problems in California*. This landmark publication contributed to a major shift in the prevention field. Prior to the *Framework*, prevention efforts focused primarily upon individual consumption of alcohol and the problems that resulted. The strategies proposed in the *Framework* opened new possibilities for how prevention activities could address community norms and other conditions in communities that contribute to the high risk use of alcoholic beverages. It provided prevention planners and participants with a foundation for developing strategies to reduce alcohol-related problems at the community level that offered great promise from practical experience.

Much has been gained and learned since the 1985 *Framework* was published. This document summarizes those lessons. It is one in a continuing series of publications from the Department of Alcohol and Drug Programs intended to assist local community-wide prevention planning efforts. It proposes a conceptual framework for efforts to reduce alcohol- and other drug-related problems. At the heart of this framework are concrete strategies and activities that have been developed and tested in communities throughout the state. They are presented in the context of systems and the public health model, both of which are defined in detail.

It is important to emphasize, however, that these strategies are not universally applicable to both legal drugs (i.e. alcohol, prescription and over-the-counter drugs), and illegal drugs. The Department recognizes there are various complex legal, cultural, social, economic, physical, emotional, and historical issues that

contribute to alcohol and drug problems. Alcohol, as a legally available drug, is perceived, used, and controlled in a very different manner than are the illegal drugs. For many communities, problems related to the availability and consumption of alcohol and drugs are intertwined with social and economic conditions such as poverty, unemployment, inadequate housing, racism, oppression, exploitation, and illiteracy. The goals of prevention must therefore reach beyond simply addressing the symptoms of alcohol and drug use to include the reduction of these broader social problems.

The impact of alcohol- and drug-related problems in California communities cannot be overstated. It is important, however, that each community define for itself the exact nature of those problems, and their ultimate solutions. This view is currently reflected in the State's efforts to support local participation in developing multilevel master plans as legislated through Senate Bill 2599.¹ It is the Department's belief that participation in the prevention process from all segments of the community--informal as well as formal-- will produce the best results.

Principles

State, county, and local planning is being conducted in the most comprehensive manner in the history of California. Government agencies and local communities are cooperatively assessing their local needs related to alcohol and drug problems. They are itemizing the full extent of their prevention resources, making a detailed inquiry into local needs, and are systematically planning strategies for successfully reducing those problems.

In California, a rich pool of resources has recently developed, and many dynamic and innovative ideas and activities have surfaced.

Furthermore, we are just recently beginning to benefit from research and evaluation efforts of the past two decades. Some new prevention participants, however, eager and enthusiastic to promote change, support strategies and activities which experience and research have shown are ineffective. This framework, used in conjunction with community planning processes, will help to ensure that these valuable resources are deployed effectively.

We know that in California there are many, many individuals seriously affected by their or someone else's use of alcohol or drugs. We also know that we have a moral responsibility for doing whatever we can do to protect those who are most vulnerable to these problems. The Department of Alcohol and Drug Programs is deeply committed to identifying and supporting effective prevention efforts. We need, however, to use our resources wisely. While those in immediate need are entitled to immediate care and protection, it is ultimately the overall social context which creates those needs and which must be changed. Furthermore, these changes need to respect the unique ethnic cultures, traditions, and diversity of groups in California. Without changes at these levels, our long-term success is doubtful.

The emphasis of prevention efforts must be distributed equitably to develop individual, social, and community conditions necessary for protection against problems caused by alcohol and drug availability and consumption. This multi-tiered action will increase the rate at which positive social change occurs.

To ensure equitable distribution of effort, prevention processes benefit from attention to these basic principles:

- o Communities benefit from being broadly represented while defining their own prevention activities, and from incorporating the interests of all groups within the community.

- o The responsibility of prevention should be shared by the entire community and not placed solely on the individual or hired public services such as police, schools, or health services.
- o Prevention activities also include individuals, organizations and groups not traditionally related to the professional fields of health promotion and recovery.
- o Prevention strategies should be developed from sound research and evaluation findings, especially those related to risk factors and protective measures.
- o Prevention activities should take into account cultural and ethnic differences concerning the availability, promotion and use of alcoholic beverages, legal medications, and all illegal drugs.
- o Prevention activities address the entire lifespan from prenatal care to death, and do not effectively promote cultural change when exclusively planned for school-aged children.
- o Prevention involves both the reduction of problems related to alcohol and drug use and the promotion of health.
- o Educating individuals about the effects of alcohol and drugs, and the consequences of their use is not sufficient as a sole prevention strategy.

Purpose

The purpose of this document is to provide formal and informal leaders in prevention with a framework from which citizens, community organizations and policy makers may plan, develop, implement, and modify activities for reducing local alcohol- and drug-related problems.

- o *Formal leaders* include those elected, appointed or delegated representatives of recognized institutions such as government

and education, and professionals from agencies, business and industry.

- o *Informal leaders* are individuals who volunteer to contribute to prevention efforts. They include parents, students, recovering individuals, and members of primary community groups such as coalitions, self-help groups, religious congregations, and associations.
- o *Framework* suggests a basic, open structure built upon a fundamentally solid foundation. A variety of program designs can be developed based upon the basic structure.
- o *Community* is often defined in geographic terms, such as a neighborhood or city. However, it may also describe bonds of common interests and affiliations, such as "Latino," "African-American," "gay," or "retired;" or a collection of social institutions, such as "the medical community" or "the educational community."

Goals

The goals of community-wide prevention processes are:

1. To modify social and economic patterns related to alcohol and drug use,² and
2. To promote healthful behaviors, decisions and environments that will reduce, postpone, or eliminate the problematic use of alcohol and prescription and over-the-counter drugs, and any use of illegal drugs.

Selected Definitions of Prevention

Prevention is a process which is continually evolving. To prescribe a single definition limits innovation and resourcefulness. Therefore, selected definitions of prevention from a variety of experienced sources are presented here as a means of expanding beyond efforts solely targeted at individuals.

Multiple Processes³

Prevention is about multiple processes which involve people in a proactive effort to protect, enhance, and restore the health and well-being of individuals and their communities. It defines health as not simply the absence of disease; it is something positive--a joyful attitude toward life.

*Central Valley Regional Prevention Forum
Framework For Community Prevention (1988)*

Protective⁴

The objective of primary prevention is to protect the individual in order to avoid problems prior to signs or symptoms of problems. It also includes those activities, programs, and practices that operate on a fundamentally non-personal basis to alter the set of opportunities, risks, and expectations surrounding individuals.

*Office for Substance Abuse Prevention
Prevention Plus II (1989)*

Comprehensive⁵

Prevention must be comprehensive, involving all systems (educational, medical, law enforcement, religious, business, etc.). Prevention efforts must be focused on programs and strategies that deal with individual risks and environmental conditions.

*The White House Conference for a Drug-Free America
Final Report (1988)*

Directed⁶

In order for prevention to be successful, prevention system efforts must be directed toward the potential and active users (the host),

toward the sources, supplies and availability of the drugs (the agent) and toward the social climate that encourages, supports, reinforces or sustains the problematic use of alcohol and other drugs (the environment).

*Office for Substance Abuse Prevention
Community Prevention System Framework for Alcohol
and Other Drug Prevention (1990)*

A Proactive Process⁷

Prevention is a proactive process intended to promote and protect health and reduce or eliminate the need for remedial treatment of the physical, social, and emotional problems associated with the consumption of [drugs and] alcoholic beverages. It addresses individuals, the environmental settings in which they live, and the larger community.

*Lawrence M. Wallack, John W. Ratcliffe,
& Friedner D. Wittman:
Comprehensive Alcohol & Drug Abuse
Prevention Strategies (1984)*

Collaborative⁸

Prevention can now be defined as a collaborative school and community process to plan and implement multiple strategies that:

- o reduce specific risk factors contributing to tobacco, alcohol and drug use, and related behavioral problems among youth;
- o and strengthen a set of protective factors to ensure young people's health and wellbeing.

*California Department of Education
Not Schools Alone (1990)*

Historical Update of Prevention

"Discouraging persons from doing something or encouraging them to do something else is not the same as modifying the conditions in which the undesirable practices take place."¹⁵

Harold Holder, Ph.D.

The way we address problems related to alcohol and drugs has changed profoundly over the last twenty years. For two decades, prevention researchers have steadily challenged traditional notions about how to address this most serious of public health concerns. The moral character or psychological fitness of the individual are fading as the favorite explanations for America's alcohol- and drug-related problems.

Moreover, the two-dimensional model based upon reducing both supply and demand is also losing credibility. There appear to be major limitations to this model. For example, the capacity to punish offenders through incarceration reaches its limit before facilities are even completed, and the tax burden required to build and operate additional facilities is becoming less acceptable to taxpayers. Added to this is an abundance of research which demonstrates that isolated educational efforts are essentially ineffective in preventing consumption.

At the end of the 1980's it became clear that a major reevaluation of the core practices of prevention was necessary:

First, the age-old assumption that "you're a product of your environment" provided a focus for that reevaluation. The social, economic, and environmental conditions which contribute to alcohol and drug problems within a community are becoming the primary issues to be addressed.

Second, communities have begun to embrace the belief, "If you want something done right, you have to do it yourself" as they have realized that reliance on professionals or upon law enforcement is not going to eliminate their alcohol- and drug-related problems for them. It has become clear that reducing these problems requires that they be defined and solved through the participation of many individuals at the community level.

Third, the term "community" is viewed less as a geographically defined location and more as a multifaceted, integrated "system of communities" defined by common human bonds such as culture, identity, tradition, values, norms, and beliefs. Each of these "communities of interest," informal as well as formal, is confronted with its own problems related to alcohol and drugs, and therefore, benefits from participating in the discovery of its own solutions to those problems.

Fourth, the profound impact upon American culture of the "self- help/Twelve Step" groups such as Alcoholics Anonymous and Narcotics Anonymous, Alanon and other peer support groups offers solid encouragement that significant outcomes can occur without highly trained specialists. Furthermore, there is a new willingness to embrace the spiritual benefit gained from giving to and receiving from others.

These and other advancements toward a community-wide approach to prevention hold much promise for the future. They represent a major shift in responsibility from professional institutions to a community's members. Isolating social problems and assigning experts to discover their solutions has led mostly to frustration. However, this does not mean that communities are left to fend for themselves. Informal primary groups cannot, by themselves, stop drug abuse, crime, or health problems or

educate children. Hope lies in partnerships between professionals and community groups, wherein individual and collective self-help/mutual aid efforts are coordinated with and supported by formal systems.¹⁶ A community-wide approach can serve as a bridge, between the least formal primary groups and formal systems.

Today, multiple prevention strategies are being employed at multiple levels of the community by multiple systems.¹⁷ The variety of available prevention roles is being redefined and greatly expanded. Change agents are diversifying the manner in which they approach local problems. Recovery agencies are providing community education. Schools are developing on-campus support groups. Parents are proposing legislation. Grandparents are policing communities. And neighbors are involved in local prevention planning. These various formal and informal groups are defining the systemic components of local alcohol- and drug-related problems. That is, they are identifying the social and environmental conditions which allow those problems to exist. They are also planning and implementing activities which are based upon solid, fundamental strategies aimed at:

1. the environmental, social, and community conditions which accommodate the availability and high-risk use of alcohol and drugs;
2. the availability of alcohol and drugs in the community; and
3. factors which protect against and/or decrease the risks of problems related to alcohol and drug use.

Overview of Current Prevention Processes

Today many people are actively participating in planning processes and activities with a broad range of prevention goals. These goals include reducing both individual and community problems related to alcohol and other drugs. This framework is designed to assist them. At its core is the enthusiastic belief that prevention can be planned and can succeed.

The results of prevention efforts at the end of the eighties are very encouraging. The social milieu in 1990 reveals large portions of a society that are better informed, more concerned about, and less tolerant of the use of alcohol and drugs (especially tobacco) at the end of the eighties than it was at their beginning. Awareness of alcohol- and drug-related problems is expanding from an emphasis on individual criminality, deviance, personality deficiency or moral instability, toward an inclusion of how *social conditions*, *availability* and *environmental conditions* contribute to the health status of individuals, families and society.

Social Conditions

There are various influences in the community, some of which will ultimately support or undermine prevention processes. In developing our skills in community-wide prevention, we need to identify what these social conditions are and to answer several important questions about them:

- o What are the local values and norms concerning the use of alcohol or other drugs? This includes the traditions and practices which influence the places, occasions, times, and events in which drinking or other drug use occurs;
- o How do socioeconomic factors, including the availability of alcohol and/or drugs and consumer purchasing power, affect their use?

- o How do community leaders and others shape mores about consumption?
- o What groups or institutions benefit from alcohol consumption and the market for illicit drugs?
- o How do a community's cultural history, traditions, and rituals shape the context of alcohol and drug use?
- o How have law enforcement and other agencies such as social and health services responded in the past to drinking or drug-use events or problems?¹¹

Understanding the community's social conditions that contribute to local alcohol- and drug-related problems helps to place prevention activities within a meaningful social and cultural context. Experience has taught that prevention activities which are imposed upon a community without the active participation of its unique ethnic and social groups are likely to fail.

Availability

When our prevention efforts are focused on the alcohol- and drug-related problems of individuals only, it is easy to overlook the important issues of supply and marketing of alcohol and drugs in the community. Prevention processes must therefore also address those conditions which accommodate their availability in the first place.

Basic questions about the availability of alcohol and drugs include:

- o How available are alcohol and drugs, and where can they be found?
- o What conditions make them easily accessible?

- o How much do they cost, and how are users paying for them?
- o How are legal drugs (i.e. over-the-counter drugs and alcohol) inappropriately supplied?
- o How is authority to regulate or control their availability applied?
- o What messages or conditions are in the environment that encourage or allow people to use?
- o What messages or conditions are in the environment that encourage or allow users to use abusively?
- o What messages or conditions are in the environment that encourage or allow people to use less or abstain?

Environmental Conditions

Finally, while prevention processes need to examine various social factors within the community that accommodate alcohol and drug availability and allow the existence of subsequent problems, we cannot overlook the fact that communities are also composed of individuals.

Much recent research emphasizes that individual use of alcohol and/or drugs is more likely to occur if multiple risk factors are present.^{12,13} In addition to the various environmental factors, other factors that increase the likelihood of alcohol and drug use fall into four other broad categories:

- o Family factors
- o Peer factors
- o Psychological factors
- o Biological and genetic factors

The key to continued success is to widen the sphere of participation in prevention processes to

all communities of society. We know that we will not succeed if we look for an inexpensive, bureaucratic, overnight remedy to an extraordinarily complex set of problems. Effective change in community systems takes time to produce long-term reductions in alcohol and other drug problems. The intent of this framework is to offer a set of fundamental strategies for efficiently accelerating those changes.

Prevention Strategies

The number of people and resources currently involved in California's prevention processes is astounding. No longer are communities relying on the skills and experience of a highly trained few. On the contrary; active participation is found in nearly every community in the State.

This framework is designed to give those participants a comprehensive conceptual model for accomplishing the stated goals of prevention. It is an attempt at loosely organizing formal and informal systems around a set of six specific prevention strategies.

Each of these six strategies is an essential component of a multi-level, community-wide systems approach in addressing alcohol and drug problems.

1. Community Health Promotion
2. Building Coalitions
3. Education, Information, and Skill Development
4. Reducing Environmental Risks
5. Health-Focused Policy Development
6. Enforcing Laws and Regulations

These six strategies are aimed at the adoption of health-enhancing behaviors, the reduction of health-compromising behaviors, and the maintenance of healthy environments. They are

proposed so that prevention participants will have a common framework from which to initiate local planning and activities.

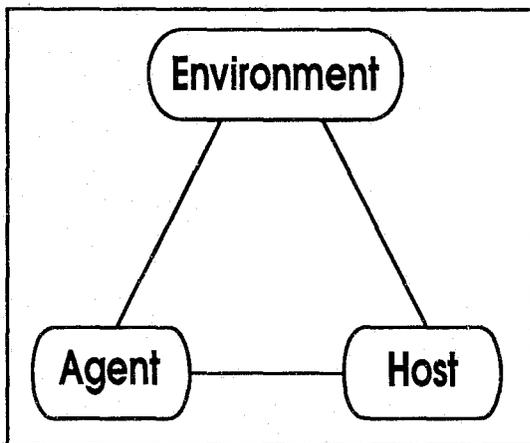
The entire range of potential prevention resources within a community can be organized within these six strategies. Effective activities are based on sound strategic planning. From these strategies may flow efforts which include the broadest extent of participation in community-wide prevention processes.

To achieve the best outcomes, activities need to not only be based on sound strategies, but must simultaneously address social conditions, and issues concerning the availability of alcohol and drugs, as well as individual and environmental risk factors.

The Public Health Model

During the 1980's, prevention participants learned that the public health model is an excellent tool for developing multiple strategies that focus not just on individuals, but on other prevention targets as well. The now common triangle (agent-host-environment) has been effectively used to portray the significance of environmental factors in developing and reducing alcohol- and drug-related problems.

Emerging from the public health field, this model is concerned with describing alcohol- and drug-related problems in terms of relationships. Specifically, it investigates the interrelationships between:



AGENT: The agent is any illegal or legal drug (including alcohol), which is capable of causing physical, interpersonal, emotional, cognitive, spiritual, social or economic harm to people and/or the systems they create.

HOST: Defined in human terms, the host is a current, former, or potential consumer of alcohol and/or drugs, and those who abstain from them. By subscribing to the systems approach, the host might also be systems created by people such as organizations, groups, communities, or cultures

that are also vulnerable to the harmful effects of the agent.

ENVIRONMENT: The environment represents the settings in which hosts and/or agents are found. Its characteristics include the physical elements, territorial boundaries, social, cultural, political and economic climates, elements of influence, and its functional purpose.

The public health model is a precise example of the systems approach. That is, it addresses the complex interconnectedness of the three components (agent-host-environment), while simultaneously recognizing their unique individual characteristics. It provides for a "separate while connected" way of addressing alcohol- and drug-related problems.

Table one offers selected examples of various risk factors identified by recent research. It categorizes risk factors within the public health approach to prevention. That is, it illustrates risk factors as they relate to alcohol and drugs (the agents), individuals and families (the hosts), and their physical, cultural and social contexts (the environment) in which agents and hosts co-exist.

Efforts to reduce risks affecting individuals and environments are among the most promising prevention strategies. Therefore, identifying the various risk factors within a community is an essential activity of the prevention planning process.

As a planning tool, the public health model promotes a process of including rather than isolating. For example, prevention strategies aimed at individuals are appropriate and needed, and can be effective provided they collaborate in a consistent manner with strategies for changing problematic social and environmental factors as well.

Local planners are best qualified to identify existing risk factors, which then become the targets at which prevention strategies are aimed. Questions about these risk factors, and, perhaps more importantly, about factors which protect individuals and communities from being harmed by their presence, appear to be the dominant sources of prevention inquiry for the 1990's. For example, why do some individuals who are clearly at risk succeed, and others who have few obvious risk factors fail?

The difficult, but achievable task of prevention processes is to develop and employ effective strategies for simultaneously addressing those individual, social and environmental factors through multi-level planning.

This framework is not an attempt to provide answers to these important questions. It does, however, organize and summarize promising ideas, models, systems, and strategies that offer hope for continued success.

Table 1.
Selected Risk Factors Related to Alcohol and Drug Problems

<p>Agent</p> <p>Alcohol and Drugs</p>	<ul style="list-style-type: none"> o Affordability o Easy accessibility o Minimally taxed o Unenforced laws, rules, enforcements & punishments o Inadequate controls on supply o Non-existent regulations & controls 	<ul style="list-style-type: none"> o Lowered minimum age requirements o Social & legal sanctions o Family acceptance of use o Harmful effects on health o Perceived benefits of use o Addictive properties
<p>Host</p> <p>Individuals and Families</p>	<ul style="list-style-type: none"> o Use by parent & family members o Parental attitudes about use o Family management problems o Family influences o Inherited genetic vulnerability o Less attached to parents o Less involved in recreational, social, & cultural activities o Cognitive deficits o Behavior problems o Low self-esteem o Skill deficits o Psychological disturbances o Inappropriate coping responses o Perceived use by others 	<ul style="list-style-type: none"> o Early age of first use o Rejection by peers o Rejection of pro-social values/religion o Less bonded to society o Alienation from community values and norms o Lack of peer refusal skills o Delinquent activities o Early anti-social behaviors o Low commitment to school o Low academic motivation o Pro-drug attitude & values o Biological vulnerabilities o Loss of employment
<p>Environment</p> <p>Physical, Cultural and Social Contexts</p>	<ul style="list-style-type: none"> o High availability o Economic & social deprivation o Association with drug-using peers o External stressors o Normative influences to consume o Frequent residential moves & mobility o Conflicting modelling and media messages o Condoned use by community o Community drinking sentiment 	<ul style="list-style-type: none"> o Community religious composition o Informal social controls o Population density o Community dysfunction o Rapid changes in neighborhood populations o Inadequate media portrayals o Misleading advertising o Irresponsible servers & sellers o Pro-use messages

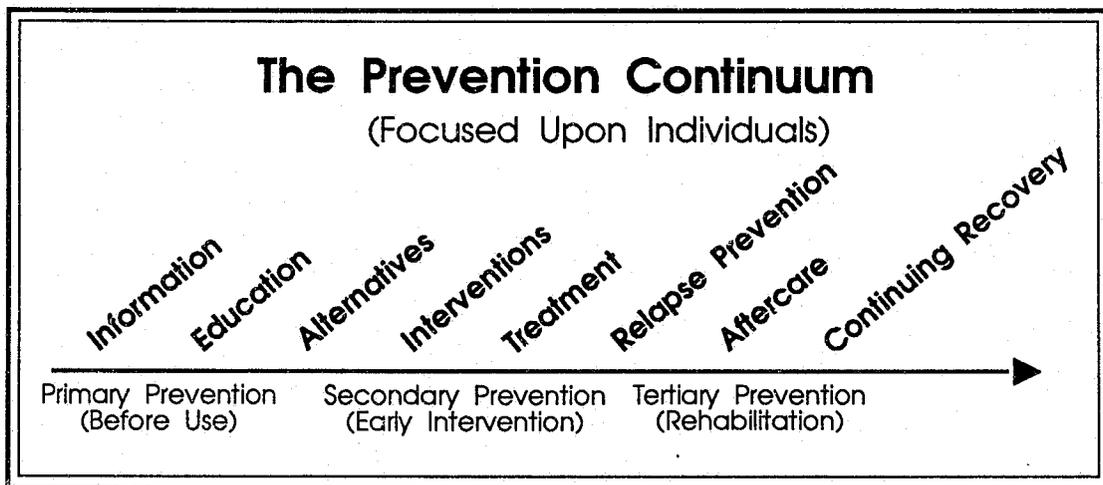
The Prevention Evolution: From Continuum to Constellation

Background

Public health prevention strategies for alcohol- and drug-related problems have been traditionally initiated at three stages of problem development. The first stage, primary prevention, involves proactively identifying factors which contribute to the possible development of problems, and making necessary changes in the agent, host and environment to avert their initial occurrence. Secondary prevention strategies are the next stage, and involve early identification of developing problems and appropriate corrective responses which forestall further development. The

eighties, this continuum was essentially interpreted as "prevention" versus "treatment," suggesting not a continuum of services but divisions of them. That is, "treat those problems which were not prevented." This either/or understanding of the available options kept us from seeing the ways in which treatment is also prevention, and prevention is also treatment.

Since most prevention strategies were educational efforts intended to influence decisions made by individuals (primarily school-aged youngsters), and since the numbers of young people admitting to alcohol and drug use increased during those years, it was not difficult



tertiary level of prevention is primarily concerned with reducing the prevalence of existing problems, preventing further deterioration, and preventing relapse.²³ Historically, these activities have been presented along a continuum.

The strategies along this continuum are some of the essential components of a comprehensive prevention process. However, in our panic for action during the late sixties and into the

for planners and policy makers to have their doubts about the potential benefits of primary prevention. Therefore, other supply-oriented strategy options had to be pursued, such as increased interdiction, crop eradication, and surveillance. As doubt in these strategies also began to escalate, it is no wonder that a few impatient policy makers were willing to consider the benefits of legalizing the illegal drugs.

Fortunately, in the later half of the eighties there was a recognizable shift from focusing primarily at individual levels toward including those efforts in social and environmental multi-level approaches.

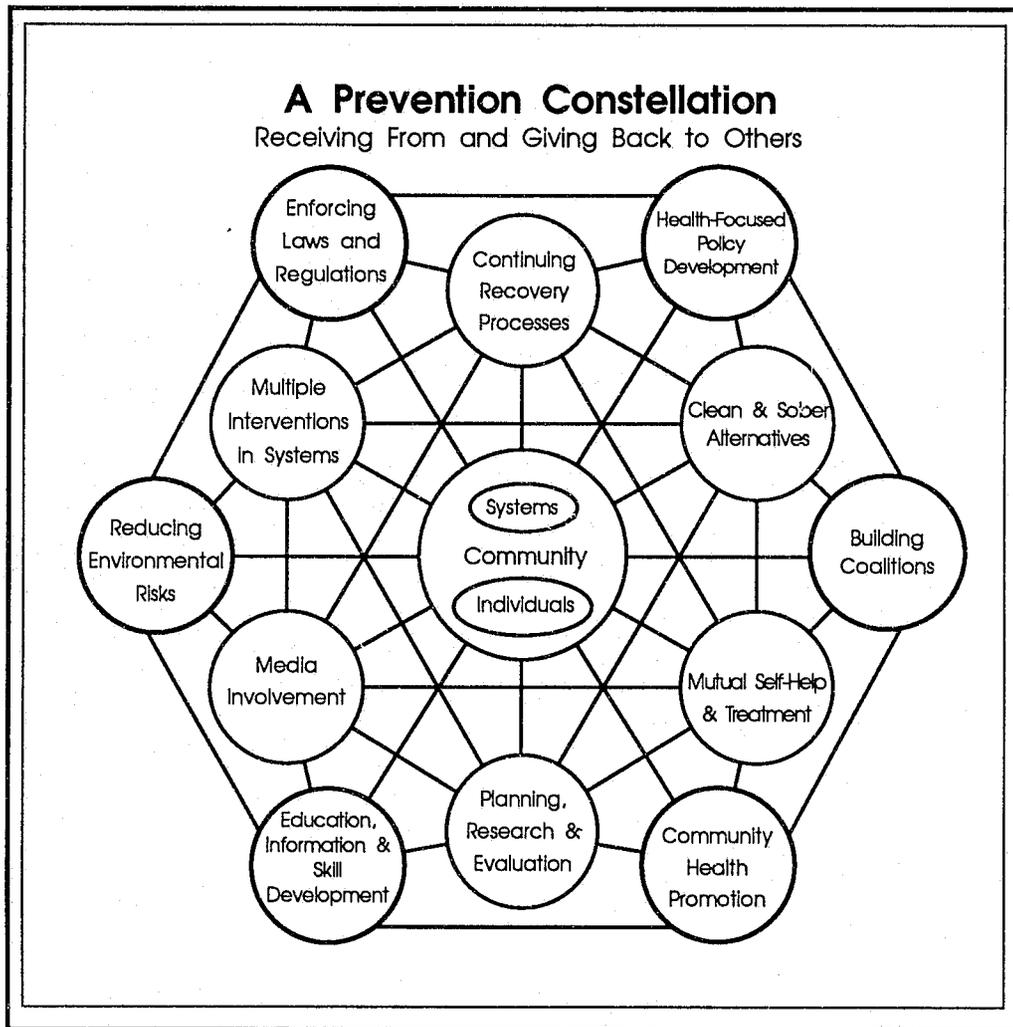
By employing the systems approach of "not instead of, but in addition to," the traditional public health strategies of the continuum were simply re-arranged and expanded upon, shifting the focus to encompass the individual and the community.

The prevention continuum represented a progression of failed efforts and damage control. In contrast, a systems-oriented view is more like

a constellation than a continuum. A constellation has no beginning or linear sequence.

The following graphic illustrates this concept. Each bubble represents unique, yet interrelated strategies originating from a belief that the community as a whole benefits from a fundamental process of receiving from and giving back to others.

In addition to expanding the range of prevention strategies, the prevention constellation provides services to those currently experiencing problems with alcohol and drugs (secondary and tertiary prevention) while simultaneously



protecting individuals and their systems (primary prevention).

When the concept of receiving from and giving back to others is adopted, prevention processes become much less the responsibility of formal institutions, and much more inclusive of local community participants. As mentioned earlier, prevention processes are most effective when informal community efforts are supported and facilitated, but not controlled, by various formal resources.

In order to benefit the most from receiving from and giving back to others, both formal and informal prevention participants need a set of strategies that will involve all of their available resources. We have learned over the past twenty years that no single strategy is going to solve our alcohol and drug problems.

Using the Systems Approach To Prevention Planning

Prior to the 1985 Framework, prevention activities in California were frequently restricted to efforts that more or less directly prevent or change individual behaviors. The individual subsystem was the primary focus of most prevention activities.

The systems approach emphasizes a way of thinking that looks at events or problems as functions of a larger whole rather than as pieces existing in isolation. Rather than explaining alcohol- and drug-related problems by only looking for flaws in the individual, it is essential to recognize how individual behavior influences and is influenced by the larger systems of the family, the community and the social environment. To study any one of these systems in isolation is to inevitably obtain only a partial view of problems related to alcohol and/or drugs.

The systems approach provides a broad theoretical framework for organizing information and understanding relationships in real world

settings. It focuses not on trying to understand the whole by assessing its individual parts, but on understanding the interconnectedness between those parts and how the relationships between them comprise the larger whole.

The process of understanding alcohol- and drug-related problems by using the systems approach begins with the following initial steps:

1. Look at the presenting problems in their natural settings: Who defines the problems? How are they defined by different groups?
2. Assess the relationship between these problems and other types of problems, and examine how they relate to larger systems.
3. Consider the likelihood that these problems are but symptoms of a larger, more fundamental problem.
4. Identify who benefits from the existence of these problems and specify the groups who bear the costs of the problems.
5. Expand the analysis to other social, economic, and political systems.
6. Identify the values and rules governing interactions within the system that support, reinforce, and sustain these problems.¹⁸

A systems viewpoint, however, is one that expands beyond an isolated focus (i.e. the behavior and health consequences of the individual) to one which seeks to connect related subsystems beyond the individual. Identifying and understanding these linkages, and the related subsystems, provides a broad context for prevention planning.

Selected Concepts of The Systems Approach

- o A system is made up of a set of components that work together to achieve an overall objective.¹⁹
- o For a system to be effective, it must continually "read" the environment, since changes in the environment may dictate a need for changes in the system's objectives.²⁰
- o Because public health problems are issues of social policy, the breadth of inquiry that is possible within a systems framework is especially attractive. The systems approach stands not instead of but in addition to other theoretical orientations. Rather, it emphasizes that problems exist on several levels, and each of these levels and their interconnectedness should be brought into research or problem formulation.²¹
- o Not all subsystems in a community are conducive to the community's health.

Attachment-A1 is an example of how a visual model can be built for thinking in a broad systems context. (A more complex version is included as Attachment-A2). The sample model is explained below.

Cultural and Social Context

In Attachment-A1, the shaded background represents the larger context of the society in which prevention activities are conceived and implemented. This social context includes many of the apparent givens of a culture: consensus on values, the importance of health, the form and limits of government, economic systems, environmental conditions and social barriers, predominant religious beliefs, and so on.

The social and cultural context is itself a system. Within this large context, the subsystems of this model fuse into an integrated group of systems.

Where system dysfunction is encountered, prevention becomes a force for change. Where functional aspects of existing systems require reinforcement, prevention activities promote stability.

Flow Paths

The flow paths in Attachment-A1 represent the relationships between various subsystems. They tend to be dynamic, changeable, and are as frequently indirect as they are direct. These flow paths embody the principle, "You can get there from here." That is, a prevention activity in one subsystem, if carefully conceived and effectively implemented, can help to achieve prevention goals in another subsystem.

Frequently, several subsystems are involved. For example, an effort aimed at reducing individual use of alcohol may begin with a coalition formed in a local community, which promotes the passage of legislation to restrict the content of television advertising for alcoholic beverages. Thus, five subsystems--Local Community, Policy Making, Alcoholic Beverage Industry, Communications Media, and Individual--are involved. These flow paths channel exchanges of information, influence, activities, and goods--including alcohol and drugs.

The Subsystems

The task of creating a systems model (see Attachment-A1) for prevention planning is complicated by the multi-dimensional and complex nature of alcohol- and drug-related problems. Therefore it must necessarily be simplistic. A good beginning for planning is to identify a limited number of subsystems, such as the ten included in the sample model:

- o The *Individual Subsystem* is centrally placed to represent the focus of prevention activities aimed at promoting health and reducing risks for individuals.

- o The *Communications Media Subsystem* is pervasively present in society, having undeniable impact on attitudes and behavior.
- o The *Alcoholic Beverage Industry Subsystem* is included because of its unique legal status and strong interest in expanding its markets, increasing profits, and shaping normative drinking behaviors.
- o The *Local Community Subsystem* represents the immediate environment which supports and influences individuals in making decisions.
- o The *Health and Social Services Subsystem*, within which many prevention programs and participants operate, is where individuals and other subsystems seek help for preventing and overcoming individual, family, and organizational consequences related to alcohol and drug use.
- o The *Education Subsystem* is a community's formal institution for imparting knowledge, influencing attitudes, and preparing future community leaders.
- o The *Policy Making Subsystem* is a powerful influence for social control and protection. It serves as a focus for defining broad social consensus regarding acceptable behaviors and healthy conditions.
- o The *Technology Subsystem* contributes tools, understanding, education, research and evaluation for prevention programming. It is also largely responsible for driving the pace at which society changes, thus contributing to a whole range of social conditions that affect health-related behaviors.
- o The *Law Enforcement, Interdiction, & Criminal Justice Subsystem* seeks to enforce the laws established to protect society and its members by exercising its authority to regulate and control alcohol and drugs.
- o The *Illicit Drug Trade Subsystem* is included because it contributes to deterioration of social conditions and individual health. It also provides alternative paths to legitimate financial gain.

Six Community Prevention Strategies

1. Community Health Promotion

This strategy combines activities that protect, enhance, and restore the health of people and their environments with regard to the availability and consumption of alcohol and drugs. It distributes ownership for community prevention processes to as many people as possible, and integrates the [traditionally separated] prevention and recovery systems.

First, this strategy involves recognizing the overall community as the host--it is the community itself which is vulnerable to the effects of alcohol and drugs and in need of protection. Identifying it as the host allows prevention participants to recognize some of the community's potential characteristics, including:

- o alcohol- and drug-related symptoms (e.g., community denial, dependence, high tolerance levels, protecting the supply, apathy, unlawful activity, etc.);
- o social conditions that contribute to community problems (e.g., poverty, prejudice, unemployment, inadequate housing, etc.); and
- o needs for multi-level assistance to recover from the harmful effects of the availability and consumption of alcohol and other drugs, and to celebrate that recovery.

Recognition of the importance of community conditions that contribute to alcohol- and drug-related problems is an essential first step for effective prevention processes. Barriers to health and prosperity are the primary targets of this prevention strategy.

Second, is the process of actively seeking and including individuals who are in recovery from the effects of alcohol and drugs in community-wide prevention activities. Recovering individuals possess meaningful firsthand experience, and an enthusiastic desire to give to and receive from others.

Additionally, this strategy recognizes the need for treatment and recovery resources (secondary and tertiary prevention) for individuals and families. It suggests that these activities are complimentary to prevention processes, rather than opposed to them. That is, recovery is enhanced by a social environment which promotes healthy and sober behavior.

Third, is the recognition of the satisfaction earned from receiving from and giving back to others. By being actively involved in prevention processes, participants experience a sense of hope and encouragement that sustains enthusiasm and involvement. This sustained involvement fosters a sense of community pride, which has a profound impact on prevention participants, just as personal spiritual beliefs have upon individuals.

Examples of community health promotion activities include:

- o treatment and recovery programs;
- o community celebrations honoring outstanding, healthy and responsible role models;
- o confronting ethnic and racial stereotyping;
- o integrating health promotion activities with cultural celebrations (e.g., Cinco de Mayo, African American History Week, etc.);
- o support groups;

- o support groups;
- o alcohol and drug free block parties;
- o recovery program open houses, seminars and projects;
- o Red Ribbon Week;
- o development of "natural helper" resources;
- o police athletic leagues;
- o establishing "safe houses" (supervised and sober activities for kids);
- o neighborhood watch programs;
- o community sponsored alcohol, tobacco and other drug-free days;
- o parades, bike rallies, and fun runs which celebrate sobriety as a theme, etc.

2. Building Coalitions

There is strength in numbers. Efforts by individuals or single organizations acting in isolation are rarely effective. The most successful efforts have been those that build partnerships and coalitions among broad groups of individuals and organizations.

As communities identify for themselves what their unique risk factors and needs are, opportunities surface which challenge the problem-solving capabilities of existing groups, organizations, and systems. This initiates a process of seeking new alternatives for action. As a result, new coalitions emerge for the purpose of mobilizing local community resources and influences.

Formal institutions such as governments, businesses, professions, agencies, and schools, rally together with informal coalitions such as

neighborhoods, peer groups, volunteers, self-help and social groups, around efforts to reduce alcohol- and drug-related problems.

Coalitions use the principle of strength in numbers. Their collective influence allows them to become enfranchised in neighborhood, community, regional, state, and national activities and decisions. Roles for community coalitions include:

- o participating in local master planning activities;
- o joining and supporting grass-roots community pride organizations (e.g., Urban League, Channel One, etc.);
- o cross-training between groups and associations;
- o advocating laws, policies and practices intended to reduce availability and consumption of alcohol and drugs;
- o pressuring the alcoholic beverage and tobacco advertising industry;
- o volunteering to monitor the judiciary and local governing bodies;
- o assisting each other by allocating seed money and mini-grants;
- o holding community forums to discuss local alcohol and drug issues;
- o participating in local community awareness campaigns (e.g., Red Ribbon Week, Great American Smoke Out, Alcohol Awareness Week, etc.);
- o modelling healthy and proactive behaviors;
- o supporting Friday Night Live and similar groups, etc.

3. Education, Information, and Skill Development

This strategy increases awareness and knowledge, crystallizes social norms and develops specific behavioral skills. It uses the combined forces of the schools, governmental and community agencies, health professionals, coalitions, volunteers and the mass media. It also includes the important activities of professional development, and sound research and evaluation.

a. Schools play an important role in influencing knowledge, attitudes and beliefs about alcohol and drugs. Curriculum and instruction are important prevention activities. Instruction focuses on the physical, social, emotional, and legal effects of alcohol and drugs. It also demonstrates ways to resist peer and environmental pressures to consume. Educators who are trained to identify and refer students for assistance in addressing health risks related to alcohol and/or drugs serve an important role in intervening as early as possible. Examples of school-based prevention activities include:

- o providing release time for teachers to allow continued training in prevention methods and research updates;
- o providing school facilities for community meetings and parent education;
- o assessing and/or developing accurate classroom curricula;
- o offering instruction and skill development regarding prevention methods to members of student government, athletes, cheerleaders, and club members;
- o developing natural helpers programs for students to help each other;
- o developing student assistance programs;

- o providing peer resistance training;
- o developing comprehensive board policies and procedures that address all issues regarding student and staff use, discipline, curriculum, continuing education, identification, intervention and referral, confidentiality, aftercare, etc.

b. Colleges and universities also contribute to the community's prevention effort in a variety of ways, including:

- o opportunities to educate current and future parents;
- o prohibiting tailgate parties at athletic events;
- o providing prevention and health promotion training to those aspiring to be teachers or physicians;
- o offering continuing education programs for prevention and recovery participants through extended and community education;
- o providing support for, participation in, and access to research and evaluation efforts, etc.

c. Government agencies and community based programs play an important role in facilitating and supporting local community involvement in prevention processes. Examples of their contributions include:

- o sponsoring information, awareness and behavior campaigns;
- o teaching stress reduction techniques;
- o providing parenting classes;
- o educating seniors regarding safe prescription drug management;
- o providing smoking cessation courses;
- o providing resources, technical assistance and

- o providing resources, technical assistance and training to community members and coalitions by marketing their programs and services;
- o supporting volunteer efforts with clerical, logistical, and operational assistance;
- o disseminating publications to community groups;
- o facilitating and supporting local master planning efforts, etc.

d. The mass media are extremely effective at influencing the awareness of alcohol and drug problems, and in reinforcing healthy attitudes and behaviors. The media can be effectively combined with local activities which provide specific skill development, alternative activities and support for affecting unhealthy behaviors and environments. Examples of the media's role in community prevention processes include:

- o announcement and on-site coverage of coalition meetings, trainings and conferences;
- o publishing legislative updates and research conclusions;
- o running regular health-centered newspaper columns;
- o programming and broadcasting local public service announcements and informational presentations;
- o replacing the emphasis which sensationalizes alcohol and/or drug use with messages that emphasize potential hazards and harm;
- o emphasizing alcohol and tobacco as hazardous substances and an integral part of the community's health problems;
- o covering and broadcasting health promoting community celebrations rather than only seizures, arrests and victim episodes, etc.

e. In order for communities to continue to benefit from their prevention activities, it is critical to conduct sound, scientific **research and evaluation** of prevention efforts. While this is traditionally viewed as the responsibility of trained professionals, community members can also participate in and contribute to research and evaluation efforts, including:

- o reviewing arrest data concerning specific population areas and comparing them to the density of alcoholic beverage outlets;
- o reviewing census data of specific population areas (economic, ethnic, racial) relative to density of alcohol outlets;
- o developing surveys to assess public opinion, knowledge of available prevention and recovery services, student or employee consumption rates;
- o helping inventory subsidized and voluntary prevention resources in the community;
- o participating in local needs assessment, etc.

4. Reducing Environmental Risks²⁴

This strategy addresses the relationship between alcohol and drugs (agents) and the social and physical environments where they are available and consumed. Alcohol- and drug-related problems are not evenly distributed throughout society. Instead they occur in troublesome concentrations in particular settings and situations, as the result of a number of factors. Places of higher levels of risk include those environments in which:

- o consumption opportunities are greater and consumption levels are higher than average;
- o environments where controls on consumption are weak or non-existent; and

- o environments where concern for the consequences of consumption is minimal or suppressed.

Every community has places that are high-risk environments which contribute to alcohol- and drug-related problems. These environments include social and physical environments created by people. This prevention strategy is concerned with managing those environments through voluntary modifications and formal controls and regulations which:

- o strengthen environmental factors and community segments that support health-enhancing behavior; and
- o weaken environmental factors that permit health-compromising behavior.

Because of their legal status, alcohol and prescription and over-the-counter drugs are subject to a range of existing controls and regulations which differ from those which apply to illegal drugs. While it is more difficult to employ environmental strategies aimed at illegal drugs, modifying the settings in which drugs are available and used is still an important goal of prevention processes.

Examples of strategies for reducing environmental risks include:

- o elimination or alteration of community settings that accommodate alcohol and drug use, such as abandoned cars and buildings, poorly lit alleys and streets, unsupervised parks and recreation areas;
- o regulating the content of alcoholic beverage advertising;
- o increasing the accuracy of portrayals of the consequences of alcohol and drug use in the mass media;
- o developing economic opportunity/jobs;

- o increasing counter-advertising and public service messages;
- o increasing excise taxes and prices of alcoholic beverages;
- o enforcing minimum age requirements;
- o reducing the number of alcoholic beverage outlets;
- o eliminating alcoholic beverage sales from gasoline stations;
- o restricting alcohol sales at public events;
- o providing server intervention training to retailers, concessionaires, bartenders and alcohol servers to intervene in high-risk drinking situations, refuse service to minors or intoxicated customers, and to promote serving food and non-alcoholic beverages;
- o minimizing billboards/ads targeted at high-risk populations;
- o regulating sales of chemicals used in manufacturing illegal drugs;
- o reducing the density of alcohol outlets through conditional use permits, etc.

5. Health-Focused Policy Development

This strategy addresses the behavior of members of groups that operate within the guidelines of formal and informal policies. They may include families, worksites, government agencies, organizations, and so on.

- Families**, including single-parent, foster, blended, and multi-generational ones, typically have a set of often ambiguous, self-regulated rules which are intended to maintain family harmony. They represent the family's policy, and members are expected to abide by them.

When these policies are clearly understood by all family members, families function better. A parent who does not clearly communicate policy about tobacco, alcohol and drug use by his or her children, as well as their own use, minimizes the impact of parental policy for maintaining family harmony. This also increases the likelihood that undesirable behavior and consequences will occur. Examples of family policy strategies include:

- o signed parent-child pledges that clearly spell out a no-use policy by the child and/or the parents;
- o healthy family traditions and rituals;
- o behavioral contracts which clearly spell out expected behaviors and rewards and punishments for those behaviors;
- o parents knowing the whereabouts and companions of their children;
- o determining curfews for children;
- o communicating with the parents of their child's peers, etc.

b. Policies in private sectors are concerned with expectations, behaviors, and practices in environments controlled and regulated by private individuals, such as:

- o organized associations,
- o social and service clubs,
- o professional associations,
- o charitable organizations, etc.

Within these private affiliations people operate under formal and informal policies which define their purpose and govern their activities. Examples of private sector prevention activities include:

- o deleting alcoholic beverages as door prizes at fund-raising events;
- o serving non-alcoholic beverages at parties, civic affairs, and other social events;
- o raising funds for school- and other community-based prevention resources;
- o developing ethical standards and punishments concerning alcohol and drug use by members of professional associations, etc.

c. An environment common to private and public sectors is the **workplace** where the authority to determine and implement policy affecting employees lies with the employer.

Workplace policies could address alcohol, tobacco and drug use by employees by:

- o prohibiting any consumption during work hours, including paid or unpaid meal times, and social-business meetings;
- o prohibiting or minimizing reimbursements for employee purchases of alcoholic beverages on expense accounts;
- o employing the technology of drug-testing employees, or as a pre-employment screening requirement;
- o designating a smoke-free work environment;
- o providing on-site education and training to employees that address alcohol, tobacco and other drug related issues;
- o providing an employee assistance program as part of employee benefit packages;
- o offering on-site smoking cessation programs at the workplace, and offering incentives to employees as rewards for quitting smoking, etc.

d. Public policies refer to laws, regulations, codes, and other rules of conduct that affect the use, distribution, education, promotion, marketing and trafficking of alcoholic beverages, and legal and illegal drugs.

The public policy strategy calls upon the power of elected and appointed decision-makers who have the authority to shape environments and behaviors that either result in the adoption of health-enhancing behavior, the reduction of health-compromising behavior, or both. Examples of how the public policy strategy is used include:

- o development, implementation and enforcement of comprehensive policies concerning students and school employees;
- o regulation of alcohol, tobacco and prescription drug advertisements;
- o development of local ordinances to prohibit the concurrent sale of alcohol and gasoline;
- o applying local health and safety regulations regarding the density and concentration of retail alcohol outlets;
- o development of local ordinances that prohibit "head shops";
- o enacting "dram shop" (alcoholic beverage outlets) laws which establish liability against any person who sells or serves alcoholic beverages to an individual who is obviously intoxicated or underage;
- o passage of local laws requiring warning signs concerning the harmful effect of consumption;
- o prohibiting alcoholic beverages from being available at functions held in public facilities, such as tailgate parties;
- o prohibiting the availability of cigarettes through vending machines, etc.

6. Enforcing Laws and Regulations

Law enforcement activities are primarily designed to control the availability and supply of alcoholic beverages, legal and illegal drugs, and their sales and consumption. The public health model is concerned with the unhealthy effects these agents can have on the host (individuals and communities). Since it is in the best interest of society to maintain safe and healthy environments, responsibility for protecting that environment and its people needs to be included in comprehensive community-wide prevention processes.

The authority to regulate and control the supply of alcohol and drugs, and to punish their unlawful consumption rests clearly in the arms of law enforcement and regulatory agencies. Health focused policy development and environmental risk reduction are strategies that protect individuals and environments.

Public policy regarding illicit drugs is clear: they are illegal. Police agencies enforce state and federal laws prohibiting their manufacture, import, sale, possession and use. Alcohol-related laws are enforced by state and local law enforcement and regulatory agencies, and sanctions include arrests, citations, warnings, probation, and license revocation. The **Department of Alcoholic Beverage Control** licenses all alcoholic beverage outlets, and shares responsibility with local law enforcement agencies to enforce the provisions of the Alcoholic Beverage Control Act.

While specific police and interdiction activities (e.g., seizure and arrests, crop eradication, surveillance, etc.) and prosecution and sentencing are beyond the responsibility of the general public, there are ways in which citizens can join as partners with law enforcement. Some examples include:

- o encouraging sobriety checkpoints to detect and apprehend persons driving under the influence of alcohol or drugs;
- o supporting decoy operations designed to restrict the sale of alcoholic beverages to minors;
- o establishing anonymous telephone numbers for reporting suspected drug trafficking or drunk drivers;
- o advocating for the enforcement of loitering and curfew laws;
- o supporting enforcement of mandatory seat-belt laws;
- o advocating for high visibility of police in popular "cruising" locations;
- o filing accusations with the Alcoholic Beverage Control Department against alcohol outlets that sell to minors and intoxicated individuals;
- o establishing designated school and community "Drug-Free Zones" etc.

Prevention Settings

As participation in prevention processes expands to include multiple systems and strategies, the settings in which those activities occur also broadens. No longer is a school classroom the only setting in which prevention activities take place. The prevention constellation encompasses as many settings for employing the prevention strategies as a community has to offer. Among them are included:

Community Settings are those where the majority of activities are provided under community auspices, and are concerned with activities which impact on both individuals and the community as a whole.

Family Settings are those where the major focus is on strengthening (traditional and non-

traditional) family relationships. The family is seen as the group through which the desired outcomes should be addressed.

Neighborhood Settings are those where individuals and families reside having distinguishing characteristics.

School Settings are those where prevention activities take place within an educational system where there are direct linkages and involvement between students, school officials and functions, during and after normal school hours.

Workplace Settings where prevention activities take place in conjunction with the employee's normal work activities and locale (e.g., on-site health education, training or campaigns), and as part of employee benefits (e.g., employee assistance programs).

Public Policy Settings are those arenas where decisions affecting the populace are determined by elected or appointed public officials. Activities include advocacy of and opposition to political and/or legislative action affecting the outcome of prevention goals.

Distribution Settings are those locations where regulated or controlled substances are available and distributed to consumers. These settings include on-sale and off-sale alcoholic beverage outlets, mechanical devices (e.g., vending machines) and clandestine location involving illegal drug trafficking.

Worship Settings are those environments where individuals congregate to express themselves and their religious and spiritual beliefs.

Recovery Settings are locations where individuals and families participate in organized activities to discontinue alcohol and/or drug use, prevent relapse, and where recovering individuals may contribute to efforts intended to help the community overcome alcohol and drug problems.

Media Settings are locations where decisions concerning mass distribution of information and/or methods are made and implemented.

Recreational, Sports, and Entertainment Settings are locations where individuals rest and relax, or participate as spectators of athletic events or artistic entertainment.

Community-Wide Prevention Planning Matrix

The Community-Wide Prevention Planning matrix (Attachment-B1) is an example of how multiple prevention strategies can be cross-referenced to multiple prevention settings. The activities listed in the Matrix represent only a sample of effective prevention efforts. The reader will note that, in the spirit of the systems approach to prevention, treatment and recovery services are included among prevention activities.

Local planning can greatly benefit from using a tool like this matrix to broaden perspectives and identify new opportunities. The matrix can help prevention planners in at least three ways.

First, it illustrates how responsibility for prevention can be--indeed must be--distributed beyond formal institutions.

Second, it suggests how to expand the number of settings where prevention activities might be employed. Certainly, not all possible settings are included here. One of the first questions prevention planners should ask when using this matrix is, "What other settings besides these are important to our local efforts?"

Third, it encourages planners to innovate and create new and potentially effective activities in nontraditional settings. This may occur simply by applying an old method in a new settings. Or, by being willing to take the risk of initiating activities with unpredictable outcomes, we can also continue to discover entirely new ways of approaching the challenge of prevention.

A blank planning matrix (Attachment-B2) is attached for use or modification at the local level.

The Future of Prevention

The idea of prevention is not new. "Just Say No" is a theme found in literature beginning with the forbidden fruit in the Garden of Eden. However, the idea of crafting intentional, strategic plans to successfully achieve specific prevention goals is relatively new.

In just a few short years, the art of prevention has evolved from a list of humane hopes and wishes to a science of multi-level strategic planning. There are success stories where researchers have found that alcohol and drug problems have been reduced, and where evaluators have identified what works to reduce them. These efforts can be replicated. The momentum of prevention efforts is growing, and is clearly moving in a positive direction. It is important for those who participate in the prevention process to maintain their enthusiasm, and that a philosophy of proactive involvement in community health continue to spread throughout California.

As the community's definition of what constitutes alcohol- and drug-related problems expands, additional people and interest groups will become part of the solution by joining the effort. A wider range of people will become enlisted in the prevention process as their role in planning for solutions is validated. Additionally, with increasing recognition that alcohol- and drug-related issues are significant community problems, the range of groups that become naturally involved broadens, bringing a greater variety of perspectives to bear on defining and solving local problems.

Suggested Reading

Framework for Community Initiatives:

Preventing Alcohol-Related Problems in California; Department of Alcohol and Drug Programs (1985).

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Commission on the Prevention of Alcohol and Other Drug Abuse: Final Report; California Attorney General John Van de Kamp (1986).

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Prevention Pipeline: An Alcohol and Drug Awareness Service; Office for Substance Abuse Prevention.

California Prevention Network Journal; California Prevention Network, Oakland.

Prevention File: Community Responses to Alcohol, Tobacco, and Other Drug Problems; University of California, San Diego Extension.

Formal Prevention Resources

Department of Alcohol and Drug Programs
1700 "K" Street
Sacramento, CA 95814
(916) 324-7262

California Prevention Resource Center
Center for Human Development
440 Grand Avenue
Oakland, CA 94610
(415) 839-9151

Drug and Alcohol Prevention Services
Consultant Pool
The EMT Group, Inc.
Evaluation, Management, and Training
3090 Fite Circle, Suite 201
Sacramento, CA 95827
(916) 363-9415

Office for Substance Abuse Prevention
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0377

Office of Criminal Justice Planning
1300 "K" Street, Suite 300
Sacramento, CA 95814
(916) 323-7727

Office of the Attorney General
Crime Prevention Center
P.O. Box 944255
Sacramento, CA 94244-2550
(916) 324-7863

California Department of Education
Critical Health Initiatives Unit
721 Capitol Mall
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 322-4018

Comprehensive Health Education Resource
Center (CHERC)
Vallejo City Unified School District
321 Wallace Avenue
Vallejo, CA 94590
(707) 557-1592

Western Center for Drug-Free
Schools and Communities
Southwest Regional Laboratories
4655 Lampson Avenue
Los Alamitos, CA 90720
(213) 598-7661

Western Center for Drug-Free
Schools and Communities
Far West Laboratory for
Education and Research
1855 Folsom Street
San Francisco, CA 94103
(415) 565-3000

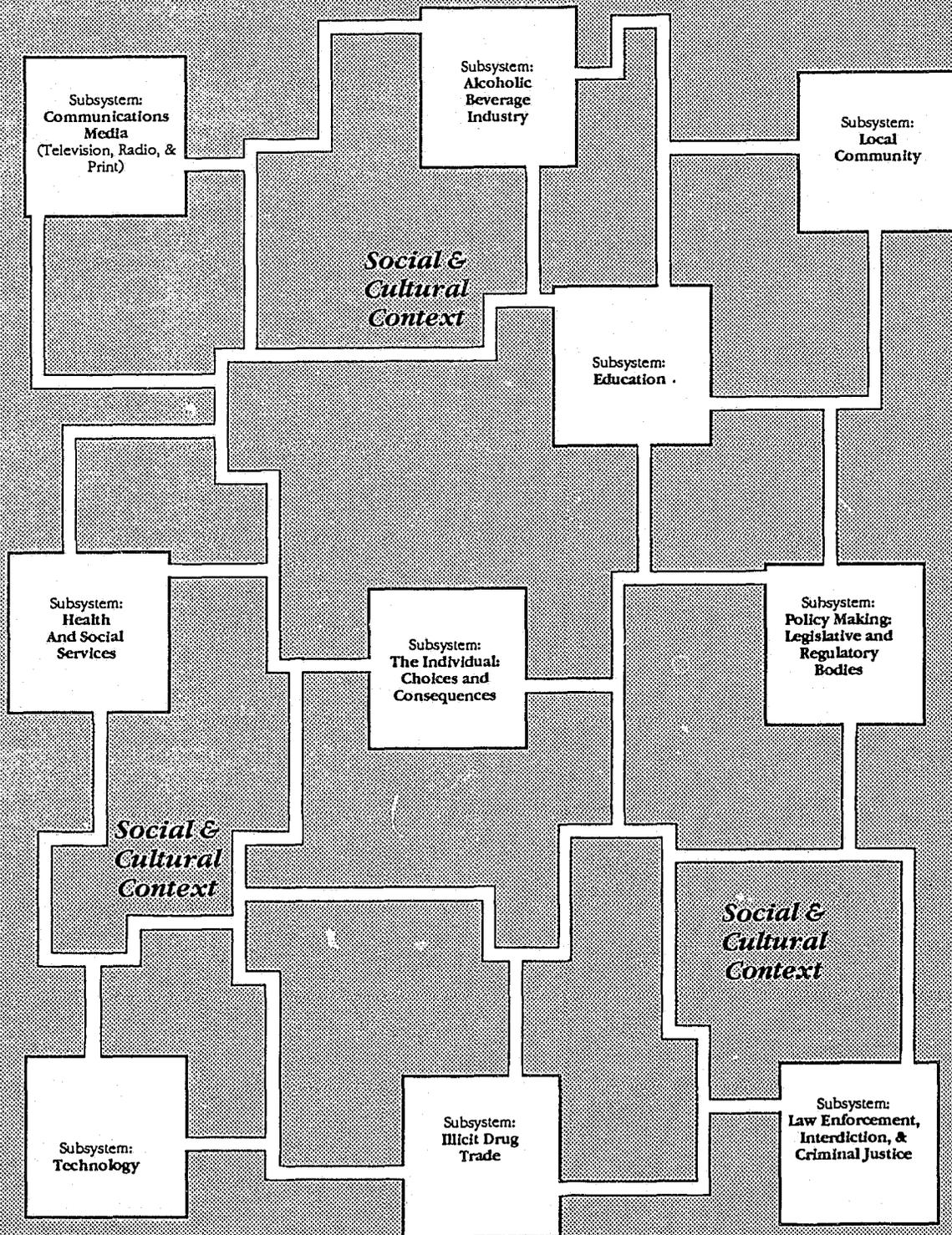
University of California, San Diego
Alcohol, Tobacco, and Other Drug Studies
UCSD Extension X-001
La Jolla, CA 92093-0176
(619) 534-2324

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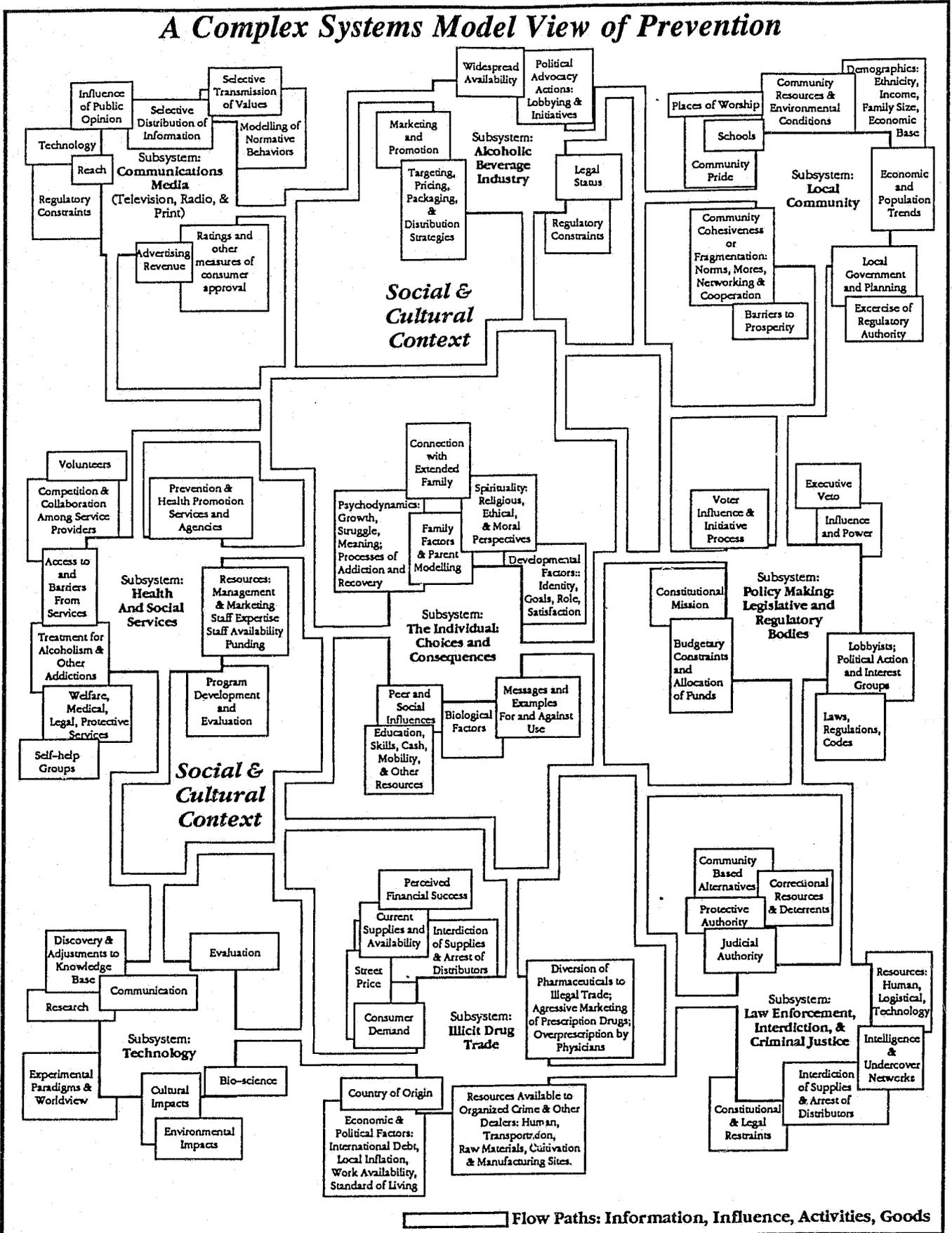
An Example of A Systems Approach to Prevention Planning



Flow Paths: Information, Influence, Activities, Goods

Not all subsystems are conducive to the health of a community.

A Complex Systems Model View of Prevention



Not all subsystems are conducive to the health of a community.

Community-Wide Prevention Planning Matrix

Strategies	Community Health Promotion	Building Coalitions	Education, Information, & Skill Development	Reducing Environmental Risks	Health-Focused Policy Development	Enforcing Laws & Regulations
Settings						
Community	Red Ribbon Week	Mothers Against Drunk Driving	Information and Referral to Alcohol & Drug Treatment Providers	Prohibiting Concurrent Alcohol & Gas Sales	Encouraging Alternative to Alcohol at Fundraisers	Sobriety Checkpoints
Family	Parades, bike rallies, fun runs that celebrate a theme of sobriety	Hosting 5th Quarter Parties for Kids After Games	Parenting Programs	Adults Modeling Healthy Behaviors	Parent-Child No-Use Pledges	Reporting Suspected Sales
Neighborhood	Alcohol- & Drug-Free Block Parties	Safe Houses	Learning Crime Prevention Measures	Neighborhood Watch Programs	Supporting Zoning Ordinances	Filing ABC Violation Charges
School	Natural Helpers Groups	Friday Night Live Groups	Resistance Skills Training	Sober Graduation Nights	Comprehensive Student Assistance Programs	Alcohol- and Drug-Free Athletic Codes
Workplace	Employee Assistance Programs	Involving Chambers of Commerce in Prevention Planning	On-Site Health Education Activities	Encouraging Moderation or Abstinence at Company Functions	No Alcohol Reimbursements on Expense Accounts	Pre-employment Urine Tests
Public Policy	Adopting resolutions in support of prevention processes	Community-Wide Master Planning	Training Elected Officials on Prevention Issues	Policing Known Cruising Routes	Prohibiting Alcohol at Public Facilities	Prohibiting "Head Shops"
Distribution	Increased Taxation on Alcoholic Beverages	Interagency Meeting With Distributors, Stores, and Taverns	Server Intervention Training	Lighting Parks, Playgrounds, and Known Trafficking Sites	Warning Signs and Warning Labels on Products	Surveillance of Outlets Selling Alcohol to Minors
Worship	Providing facilities for self-help groups	Involving Ministerial Associations in Planning	Training Clergy & Lay Leaders	Joining boycotts of stores that sell alcohol and gasoline	Developing alcohol use policies for social events	Reinforcing community moral standards
Recovery	Participating in Safe Zones	Alanon	Recovery Home Open Houses, Workshops, and Seminars	Sponsoring Clean & Sober Activities	Support Groups for Recovering Students	Holding program participants accountable for sobriety
Media	Covering Community Forums	Advocating for Responsible Advertising	Public Service Announcements	Countering Saturation of Billboard Advertising to Minorities	Advocating Against Pro-use Messages in Movies and Television	Advertising Restrictions
Recreation, Sports, & Entertainment	Sponsor Inner-City Midnight Basketball Games	Promote Supervised Youth Activities (i.e., Scouts, 4H, FFA, YMCA)	Insert Health Messages in Printed Programs for Events	Prohibiting Tailgate Parties	Discontinuing Alcohol Sales Before Event Concludes (i.e., 7th Inning)	Prohibiting Ice Chests at Events

These are only a sampling of potential prevention activities.

Community-Wide Prevention Planning Matrix

Strategies	Community Health Promotion	Building Coalitions	Education, Information, & Skill Development	Reducing Environmental Risks	Health-Focused Policy Development	Enforcing Laws & Regulations
Settings						
Community						
Family						
Neighborhood						
School						
Workplace						
Public Policy						
Distribution						
Worship						
Recovery						
Media						
Recreation, Sports, & Entertainment						