

Community Alcohol Policy Coalitions in 10 College Communities: The ‘A Matter of Degree’ National Program To Reduce High Risk Drinking Among College Students

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Abstract:

“A Matter of Degree,” funded by the Robert Wood Johnson Foundation and administered by the American Medical Association, was a national program to test the application of environmental change strategies to reduce binge drinking among college students. Ten universities were funded (1996 through 2008) to 1) test the use of an environmental change model (with a focus on alcohol policy) in the college community; 2) develop sustainable campus-community policy partnerships; and 3) reduce student binge drinking and its negative effects on students and the community. Each site developed its own coalition structure and work plan but was required to focus primarily on campus and municipal policies and their enforcement, to emphasize use of the media to communicate with the public and decision-makers, and to have the active support and involvement of high level campus and city administrators. External evaluation and on-site data collection were used to assess student attitudes and behaviors, coalition participation and changes in alcohol-related health and social outcomes.

At mid-point the outcomes evaluation indicated that five of the sites had more fully implemented the program than the others. Compared to the other five and 32 comparison sites which saw no changes in major indicators, the high implementation sites saw significant positive outcomes in a number of alcohol consumption and alcohol-related consequences. Compared to the coalitions at the lower implementation sites, the coalitions the high implementation sites were characterized by more formal structures and processes and had staff and leaders that were more facilitative and focused on building consensus. Their coalition members held more positive attitudes about the surrounding campus and city environments’ support for change, about the coalition’s management and ability to produce change, and expressed more positive feelings about their own participation in the coalition and the value of that participation. It is not clear whether these positive attitudes preceded and thus made coalition success more likely, or was produced by success, or was a realistic assessment of the likelihood for success. However, the ways in which these coalitions operated appear to have made their success more likely than the processes in the lower implementation sites.

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Background

According to the 2006 National Survey on Drug Use and Health (SAMHSA 2007), 66.4 percent of college students consumed alcohol in the past month, compared with 54.1 percent of non-college students aged 18 to 22, and 50.9 percent of all American age 12 and older. Among the college students, 45.5 percent binged (had five or more drinks on the same occasion on at least 1 day) in the 30 days prior to the survey, and 19% were heavy drinkers (binge drinking on at least 5 days in the past 30 days). High levels of drinking by college students is not a new phenomenon. Indeed, numerous collegiate traditions, portrayals of and discussions of college life are likely to contain references to alcohol. However, by the early 1990’s there was a growing sense that there were also numerous but not explicitly recognizes negative consequences to

college student drinking. Thus, in 1993 the Robert Wood Johnson Foundation funded Henry Wechsler at the Harvard School of Public Health to ascertain the magnitude of this drinking. His survey, known as the College Alcohol Study (CAS), was a national representative of 140 four year colleges with 17,592 student responses. The CAS found that 44 percent of students reported binge drinking, defined as five or more drinks per sitting and almost half of those who were frequent binge drinkers experienced five or more drinking-related problems. Frequent binge drinkers were ten times more likely than non-binge drinkers to report trouble with campus police, damages to property, injuries, and unplanned or unprotected sex. Students, binge drinkers and non-drinkers, at schools with high binge rates experienced numerous problems (being pushed, hit, assaulted) at higher rates than in schools with lower binge rates (Wechsler and Davenport 1994; Wechsler and Moeykens 1995).

A growing body of scientific research literature was also documenting the numerous negative impacts of alcohol on communities and indicating effective public health strategies to control, reduce and prevent these problems (see Edwards 1995). A national group of experts brought together by the Federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) systematically evaluated both research and practice evidence on substance abuse prevention (CSAP 1999). They found that policies for managing alcohol in the community were increasingly being viewed as a joint responsibility of local government, public agencies, and community groups. Numerous community prevention coalitions were forming to promote the application of local powers to control alcohol-related risks. Research indicated that several strategies showed the greatest benefit for policy activities:

- Local zoning laws and land-use ordinances for retail alcohol outlets.
- Negotiated agreements with specific alcohol outlet operators.
- Prevention of access to alcohol by underage would-be drinkers.
- Property management procedures and architectural designs that encourage prevention.
- Regulations for the sale and use of alcohol in public places and at public events.

Project Formation

In 1995, after examining the results of the CAS and seeking the advice of researchers, the Robert Wood Johnson Foundation in Princeton, New Jersey, funded a national program, 'A

Forum on Public Policy

Matter of Degree' (AMOD) to apply the lessons learned from the community research to the problem of student binge drinking in college communities. A similar national program, Reducing Underage Drinking through Coalitions, was funded to address drinking by minors through the policy and media actions of state coalitions. Both programs were administered by the American Medical Association (AMA) which provided guidance, oversight, and assistance to grantees. The AMA staff also developed national activities to create policy, media and medical community awareness of alcohol problems and solutions, and provide national leadership and credibility for addressing the negative medical and other health impacts of drinking by young people. This was especially important when AMOD projects were attacked by alcohol industry representatives and others who assert that drinking is solely an individual choice and binge drinking the result of irresponsible individuals.

The Foundation funded ten universities, by invitation and in two cohorts, to form campus-community coalitions to target alcohol policies and other environmental influences on student binge drinking on the campus and in the surrounding community. Each university received an initial five year grant, including one year of planning and coalition development, and a later extension of two to four years of additional funding (the last two schools completing their projects in 2008). Initial grants averaged \$700,000 with a required school match. Project evaluation, still underway, was conducted by the Harvard School of Public Health CAS staff and on-site campus evaluators. The goals of AMOD were to 1) test the use of an environmental change model (with a focus on alcohol policy) in the college community; 2) develop sustainable campus-community policy partnerships; and 3) reduce student binge drinking and its negative effects on students and the community (Yoast and Hoover 2003).

Each university invited to receive an AMOD grant met several criteria. They: 1. participated in the Harvard College Alcohol Study and had binge drinking rates in the top half of schools in the survey; 2. demonstrated a history of trying to address campus alcohol issues; 3. were willing to openly discuss campus binge drinking problems in public (e.g., stick their necks out at a time when most schools denied they had such problems); 4. agreed to work share information and work with the surrounding community to address alcohol problems; 5. could demonstrate high level campus and city administrative support and participation; and 6. Would participate in an external evaluation (by Harvard).

Forum on Public Policy

'A Matter of Degree' Partners

University	Community Partner
University of Colorado	City of Boulder
University of Delaware	City of Newark
Florida State University	City of Tallahassee
Georgia Institute of Technology	City of Atlanta
University of Iowa	City of Iowa City
Lehigh University	City of Bethlehem
Louisiana State University	City of Baton Rouge
University of Nebraska-Lincoln	City of Lincoln
University of Vermont	City of Burlington
University of Wisconsin- Madison	City of Madison

AMOD Coalition Characteristics

The coalition structure and processes formed by each project was designed by its participants but all contained a university chief student affairs officer who shared leadership with a city official (mayor, police chief or city council member; in one case the head of the local liquor licensing agency). This provided each project coalition with high level involvement of the campus and city power structures. All sites had some prior degree of ongoing campus liaison functions with city government often including coordination with planning commissions, the city council and/or mayor's office. Some more highly developed collaborative structures prior to the project included a formal, city-campus administrator problem solving committee; a formal liaison position jointly funded by city and campus; city council liaisons to campus; student government and campus administration liaisons to the city; a pre-existing smaller campus-community coalition; and active campus administrator involvement in urban development planning for the areas near the campus.

Each coalition had its own structure with membership ranging greatly in size (e.g., less than 25 to over 100 members), complexity and percent of community membership - from one quarter to half of the members (Weitzman, Nelson and Wechsler 2003). Half of the sites had a formal, simplified unitary centralized structure with highly detailed goals, objectives and work plans. They had full blown, jointly led campus/city coalitions that were formally structured, with broad memberships and standing committees, although one used temporary/goal oriented task forces with regular task-oriented activities instead. These coalitions tended to have highly

Forum on Public Policy

specific, numerous objectives. The other sites were more complex but less structured and detailed in their organization. Four had a broad coalition and a separate campus coordinating committee with ad hoc community task forces coordinated by a project staff member (Bishop 2000; Smeaton 2003).

Each university hired a full-time project director who, in most cases, was located in the student health center or students affairs office but worked directly with the top level student affairs office (usually a vice president or vice chancellor) who reported directly to the top level campus administrator. This assured almost daily project staff access to the top of the campus power structure.

Additional campus members of the coalitions usually included the campus police and health center heads, the chief campus information officer or their staff, faculty, and student representatives (usually from student government and the fraternity/sorority systems). In some cases, parent groups and alumni were also represented. Additional community partners typically included the police chief and officers, a liquor control board member, neighborhood groups, and various business owners, health care and education professionals, concerned citizens, and city economic development staff. Local media representatives and bar owners frequently attended meetings and in a few cases were coalition members. Because the service and sales practices of bar owners near campus were a frequent target of coalition activity, those who provided model alcohol service and who had few legal infractions (i.e., rarely sold to minors) were most often behind the scenes project supporters while those with numerous infractions often opposed coalition activities.

Coalition members were usually recruited by staff. To participate, members and especially the city and campus co-chairs, had to be willing to support policy change and advocacy, to focus on the environment influencing student drinking (rather than blaming the students themselves), and to commit to long-term action. Potential members who wanted to emphasize student alcohol education and counseling were welcomed but it was made clear to them that the project would not center on those activities. However, public education activities related to student drinking norms, attitudes and policy strategies were part of project activities. Student alcohol problem screening and interventions were encouraged on the campuses by the AMA program administrators but the grant could not be used for direct services. Funds were to be used for staff and activities related to advocacy for policy and environmental changes

although these could include advocacy resources for alcohol screening and counseling or for experimenting with new student activity or police enforcement strategies (e.g., to see if extra police would help event management or to test the efficacy of the use of alcohol breathalyzers in bars catering to students).

Coalition planning

Each project began by creating a strategic implementation/action plan that was regularly updated. Research was used to identify problems to be addressed, policies and strategies that were likely to be effective, and whether or not the measures taken were working. The Harvard evaluation provided ongoing data collection through annual student behavior and attitude surveys (the CAS survey was conducted yearly), key informant campus and community interviews (e.g., to measure perceptions, attitudes and participation by leaders), and surveillance of media coverage of binge drinking issues, coalition activities, and local alcohol promotion activities (advertising, signage, events sponsorship, leafleting, etc.). The most important negative environmental influences to be targeted were also identified through published journal articles and Harvard's own analysis of their national CAS surveys (Kuo 2003; Wechsler and Kuo 2000; Weitzman and Folkman 2003; Weitzman, Nelson, and Wechsler 2003, Taking up binge drinking in college...). The primary negative environmental influences identified that correlated with high binge rates and associated problems were:

- a high number of alcohol outlets near the campus selling large volumes of beer;
- easy student access to cheap beer (under \$1 each or a set fee for unlimited drinks) due to price specials, discount coupons, volume discounts, low taxes and low sale prices;
- extensive promotions of alcohol at events and around campus (including sponsorship of student activities),
- heavy alcohol advertising (of brands and local bars) on campus, in the media, and with a lot of exterior advertising of alcohol promotions;
- ineffective enforcement (on and off campus);
- fraternity and sorority residence and sports celebrations (usually centered on heavy drinking); and

Forum on Public Policy

- mixed messages from campus authorities, staff and faculty about alcohol and what was desired (e.g., frequent messages about responsible drinking contradicted by encouragements to drink heavily).

Within the coalitions, there was widespread agreement about binge drinking as a serious problem on and off campus, thus substantive conflicts centered around the nature of the alcohol abuse problem, the best change strategies and coalition goals. There were high levels of membership involvement in coalition discussions, decisions, activities, and task forces with (Weitzman, Nelson and Wechsler 2003, Assessing success ...).

Early in the project it became clear to all that while students felt the numerous negative impacts of binge drinking, the residents in neighborhoods surrounding the campuses (where many students live and drink) also suffered numerous negative consequences: disturbances (vandalism, noise), litter, violence, property damage, interpersonal conflicts, injury, harassment. The municipalities were burdened by added costs for enforcement and control of alcohol-related disruptions, trash collection, drinking and driving, and emergency medical services. Downtown drinking areas were scaring away other businesses and shoppers, while violence often spilled out from the bars into surrounding sidewalks and streets. These provided powerful incentives for community members to join or interact with the coalition.

Coalition activities and outcomes

It is outside the scope of this paper to describe all of the activities undertaken by the AMOD coalitions, but they did emphasize policy development and measures to improve enforcement, education of officials and administrators and the public (via the media) about the policy proposals, and extensive use of advocacy to support change. A major outcome sought was the reduction of the availability of alcohol, especially to underage drinkers, through restrictions in the number of alcohol licenses, reductions of alcohol service on campus, and mandatory training of alcohol servers and sales clerks to prevent provision of alcohol to minors. Additional supportive strategies included increasing the sanctions for legal infractions (e.g., sales or service to minors in bars or house parties, use of fake identity cards, alcohol use in residence halls and fraternities), and assuring that student judicial processes were swift and consistently applied. Other efforts to change the campus environment included restrictions of alcohol advertising, conversion of campus pubs to other student activity uses, extending student

recreation center hours (to encourage other activities as alternatives to drinking), development of substance free “quiet” dorms to provide residences that supported the desires of students to study in cleaner, less disruptive environments. The university administrations, city police and even student organizations conducted regular information campaigns for new students, their parents, students living in city neighborhoods, campus faculty, staff and the local media about new behavioral expectations related to alcohol and to being good neighbors.

Because of the numerous myths and misinformation about the source of alcohol problems and alcohol-related behaviors (e.g., decisions to drink are solely individual in nature and responsibility), the project staff used every opportunity to introduce information about what research indicated were effective strategies to manage alcohol problems. This was done especially when new policy initiatives were introduced or were being debated in the media, in city government and campus administrative meetings. The presence of high level campus and city officials on the coalitions assured their ability to gain attention from the media, to be a credible force for change, to reach key decision makers in the community, and even when needed to approach the state legislatures and state government officials.

Some examples of policy goals and their outcomes can be seen in efforts to pass community policies in four sites (Silvergate Group 2003) during an advocacy initiative for which the project received some additional on-site training and technical assistance through the AMA. In Burlington, the goal was to improve alcohol server-training. The policy outcomes were passage of a city ordinance to require alcohol licensee training and to make the mayor a member of the liquor control board. In Iowa City, to reduce the availability of cheap alcohol, the coalition secured city council passage of ordinances to ban drink specials and to give the city broader authority to revoke or suspend alcohol licenses. The coalition in Newark, targeting illegal service of alcohol to minors, obtained an expanded municipal code on licenses, increased business fees for alcohol sellers to pay for more police, restrictions on happy hours and discounted drink specials limited, and formation of a city-wide long term alcohol control plan. The coalition in Lincoln wanting to reduce the use of fake identity cards, formed a statewide coalition that successfully lobbied the state legislature to adopt a new, harder to fake, state drivers’ license.

Project Evaluation

The Harvard AMOD evaluation compared drinking and harm patterns at the 10 AMOD schools to 32 comparison colleges that had also participated in the national CAS survey. The

Forum on Public Policy

mid-point evaluation covering 1997 to 2001 found that the AMOD colleges fell into two equal sized groups based on their level of program implementation (number and variety of interventions – policies and programs): those with high levels of intervention (HI) activities, and those with fewer interventions (LOW).

The evaluators found reductions in drinking rates and alcohol-related harms at the five AMOD colleges that most fully implemented the program and no reductions at the five (LOW) universities that had conducted fewer interventions, nor at the 32 comparison colleges. The HI sites, which combined had roughly three times the total number of interventions enacted by the LOW sites (157 interventions at the HI sites, 46 at the LOW sites), experienced reduced drinking, related harms and relative risk over time compared to non-AMOD colleges along with reduced drinking and driving, driving after 5+ drinks, and riding with drunk driver rates (Weitzman, Nelson, Lee, and Wechsler 2004; Nelson, Weitzman, and Wechsler 2005);

significant although small improvements in alcohol consumption and related harms at colleges were observed among students at the five AMOD sites that most closely implemented the environmental model. Fidelity to a program model conceptualized around changing alcohol-related policies, marketing, and promotions may reduce college student alcohol consumption and related harms. Further research is needed over the full course of the AMOD program to identify critical intervention components and elucidate pathways by which effects are realized (Weitzman, Nelson, Lee, and Wechsler 2004).

The HI sites experienced 5 to 11% reductions in 6 student drinking outcomes measures (binge, frequent binge, binge starting in college, frequent drinking, get drunk frequently, usually drink at binge level). Drinkers at these campuses saw 18% reductions in experiencing five or more alcohol related harms (get hurt or injured, medical treatment for overdose, unprotected unplanned sex, miss or fall behind classes, get in trouble with police, do something they regretted). Students also experienced 10% reductions in impacts of heavy drinking by other students (property vandalized, interrupted sleep or study time, arguments, insults or assaults, unwanted sexual advances, baby sit a student). Some of the interventions evaluated to be

effective in the 1997-2001 study were mandatory server training, required keg purchaser registration, prohibit sales without alcohol license, eliminate alcohol-related items in student bookstores, substance-free residence halls, alcohol-free activities. Since that time site adoption of policies and a wide range of interventions have continued. According to Dr. Ralph Hingson, Director of Epidemiology and Prevention Research at the National Institute on Alcohol Abuse and Alcoholism, NIH, “This careful and rigorous evaluation is the first to show positive benefits of interventions across entire college populations, not just select subgroups of students” (Hingson 2004).

Structural Characteristics and Coalition member perceptions

As part of the program data collection and evaluation processes, Key Informant Questionnaires were sent to project participants at each site to ascertain their perceptions of how their coalition was managed, their feelings about their coalition participation, and their perceptions of how effective their efforts were. Participants were identified using site mailing and membership lists and administered annually. An analysis of the data from the 2001 questionnaire (see Table 2.) by comparing it to the evaluation team’s mid-point evaluation, points towards a number of possible linkages between coalition characteristics and project levels of implementation. A future analysis needs to be done to identify which of these relationships are statistically significant. However, even this examination revealed a number of differences which fit with expectations about what makes for a successful coalition advocacy effort and which factors are likely to characterize less successful endeavors.

Although coalition strategies and structures varied, a comparison of coalition characteristics and key informant interviews point to several underlying dynamics supportive of change: 1) long term voluntary commitments to coalition efforts and policy change; 2) willingness of institutions to see school as activist change agents; 3) shifting from individual-only approaches towards including environment approaches; 4) on-going communications and use of data; and 5) constant high level campus and community administrative support and shared leadership. Although an array of decision making processes were used (majority rule, reliance on leaders, governance through committees), all the coalitions experienced similar levels of participation in activities and task forces, long-term commitments from coalition members, membership stability, substantial agreement that coalition leaders had clear visions and sought to build consensus, but that the campuses controlled decisions.

Forum on Public Policy

However, compared to coalition members at LOW sites, key informants from the HI coalitions were more likely to indicate that their coalition was formally structured with formal processes, that members were involved in discussions and decisions, and that decisions were consensus-driven. They viewed their leadership more positively (seen as responsible and trusted) and that staff was facilitative and less directive. Decision making power was seen as residing in the coalition, with staff there to facilitate and organize. HI coalition members said that their coalition's spokesperson role was clear and limited (the co-chairs, then the staff were the primary media and community contacts). Other project data indicated too that their plans were more data driven and that they used data to make corrections in objectives and/or activities to reach those objectives. These coalitions also had a broader, more diverse membership than the coalitions at the low implementation sites. These diverse coalitions represented campus and city officials, concerned citizens/staff, those affected by problems, those with power to reduce problems, those who exhibit problem behaviors, other key stakeholders, opposition members, formal and informal leaders (especially among student members). Several of the LOW implementation site coalitions were more campus dominated and less representative of the community.

Key informants at the HI and Low sites differed in how they felt about the effectiveness of their coalitions, although at each site there was an array of attitudes. In all measures examined regarding member perceptions of coalition effectiveness, HI sites coalition members were more likely to perceive that their coalition was effective and effectively operating (via communications, work sharing, campus-community member cooperation) than were participants in the LO site coalitions. At the HI sites, 78% of participants thought their coalitions had clear plans, 73% said they were satisfied with those plans, and 61% thought the coalition would achieve its goals. At the LOW sites, somewhat fewer (66%) perceived that there was a work plan, barely a majority were satisfied with the plans or thought they would work, and only a minority (45%) were confident that their coalition would reach its goals

There were important differences in how participants felt about their involvement in the coalition. A large majority (83%) of HI site participants indicated they thought their efforts were "worthwhile and enjoyable" - only 14% said the work was "not enjoyable", 3% that it was "not worth the effort. A majority, but fewer of the LOW site members (66%) also thought their efforts were "worthwhile and enjoyable," but 23% felt the work was "not enjoyable," 9% that it was "not worth the effort." Along with these sentiments, more HI implementation members

(42%) perceived that they had a much greater ability, on and off-campus, to control decisions (i.e., they perceived themselves to be in controllable environments) than did the LOW participants (27%). Although large majorities in both groups perceived a lot of community and campus support, members in the LOW sites tended to see change as difficult and the environment as hostile to their efforts whereas a higher percentage of the HI coalition members assumed that the environment was changeable and supportive.

The LOW coalitions varied greatly in their experiences in trying to make change. A few encountered more active and effective alcohol industry opposition. Some projects clearly hesitated to take actions that might anger or mobilize students. At two sites the communities were divided into multiple autonomous groups and not working as a whole. At the same time, community members were less accepted or welcomed as equal partners. In some projects even various supportive campus groups were discouraged from participating. Coalition members at the LOW sites were less likely to perceive the environment as changeable and often saw alcohol problems as constant, natural, and a part of traditional student life and development. Leadership at some of these sites was poor or inconsistent, and less trusted. But these tendencies varied greatly among the individual coalitions and how important a role they played will require further analysis.

Comments:

This analysis provides only a limited look at the data generated by AMOD. A more comprehensive statistical analysis is needed to better determine how project outcomes reflect or are not related to coalition structures, leadership styles and skills, member attitudes, and perceptions about the problems they were addressing and whether or not the community environment was in support of or hostile to change.

Based upon the limited examination of the available data and author observations of the coalitions, one might hypothesize a positive correlation between coalition effectiveness on the one hand, and clear, well-delineated structures, action plans and decision-making processes. The coalitions that created more environmental changes appear to have had more consistent, effective leadership that facilitated coalition action and which engendered trust and effective communications between participants.

Forum on Public Policy

It is not clear whether the greater sense of optimism among members of the HI coalitions derived from their ability to be successful or if it preceded their joining the coalitions and was a reason why they wanted to join. But there appears to be a strong relationship between HI site success and positive participant feelings about participation, about coalition activities, structures, and processes, and capacity to generate change. The degree of optimism may also have reflected the sense of optimism conveyed by coalition leaders and staff. Certainly, in some sites the experience of heavy alcohol industry opposition, inconsistent or limited support from either city or campus leaders or university staff placed dampers on the ability of those coalitions to act or to feel confident of their success. Even a project director at one of the HI sites noted that in any campus a number of factors presented potential threats to the Campus/community coalitions' effectiveness: changes in the top administration which could diminish ongoing commitment to the coalitions; untrained and unskilled leadership; inadequate professional staff time and coalition resources; lack of personal conviction and courage of partners and staff; lack of ability to withstand public apathy, cynicism and criticism; staff turn-over.

Coalition members at the high implementation sites tended to feel that they were operating in controllable, supportive environments and that both the coalition and the environment would enable them to reach their goals. These are attitudes that contradict frequently heard public, media and decision makers sentiments that alcohol problems are historically constant and intractable – they cannot be controlled, diminished or changed. The perception among members that their leadership and structures were clear and trusted is likely to have helped sustain member involvement and action over almost a decade of activities.

In the experience of this program, less formally, less comprehensively organized coalitions appear not to have been as successful in achieving their goals. This may be because when members do not fully understand the structures they participate in, do not perceive how or if things will work and feel less positive about these structures and their own participation, it becomes more difficult for the coalition to move forward in its chosen directions. These sites appear to have operated with less organizational effectiveness, less membership consensus and a somewhat less efficacious leadership. But their outcomes do not indicate failure – only less success, less optimism and fewer activities. The high degrees of their member's participation, positive views of leadership and coalition processes do indicate a high potential for future successes.

This analysis does not indicate an organizational structure or process that is best, nor does it factor in the great differences between the settings in which these coalitions exist or the ease or difficulty of achieving a particular intervention. Research indicates that the rates of student drinking reflect the adult binge drinking rates and policies in the state of residence (Nelson and Naimi 2005). In states with high binge rates there are likely to be policies, traditions, attitudes and political forces that support heavy drinking and that oppose change. High levels of interventions and success may be less likely in such environments – and produce more pessimism. These factors may be of greater import in the project outcomes than the more internal operating coalition dynamics discussed in this paper.

However, even in a hostile environment, if one approaches environmental change strategies as political change strategies, then the characteristics of the high implementation coalitions are still likely to be required for success: strong, clear, consistent leadership; intentional organizing; ongoing efforts to help participants understand and participate in coalition processes, decision making, and work plan formation; development of consensus around goals and actions; use of applied data and research on decisions and actions; focus on policy-centered analysis and action; strategic use of the media and media advocacy strategies to build support; incorporation of policy implementation and enforcement into all policy development; and a constant flow of information to let supporters, observers and others know you are there, strong, active and clear about your direction.

Note on sources of information: Unless otherwise cited, the information presented in this article is based on the regular reports submitted by the projects to the national program office, information gathered by their evaluators and interactions of the author with project grantees (for which he was the national program administrator). The Harvard University evaluation team analyses are cited wherever relevant. Their final program evaluation has not yet been published however, the basic structures, activities and focus of the coalitions continued as described in this paper until the end of each project site.

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Forum on Public Policy

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Forum on Public Policy

Table 2. 2001 Key Informant Survey Respondent Perceptions

Coalition Attitudes & Characteristics – some findings from the AMOD evaluation Key Informant Questionnaire 2001	High Implementation Sites – % of participants/sites’ average	Low Implementation Sites– % of participants/sites’ average
Involvement in Coalition		
Involved in Discussions	61	53
Involved in Decisions	46	39
Involved in Activities	42	43
Involved in Task Forces	45	46
Feelings about Involvement		
Worth effort and enjoyable	83	66
Worth effort -not enjoyable	14	23
Not worth the effort	3	9
Perceptions of Power and Control		
Campus controls decisions	58	51
Community controls decisions	42	27
Majority rules	38	41
Decision relies on leaders	30	32
Decisions use data	61	53
Decision by Consensus	75	48
Perception of Leadership		
Leadership has clear vision	85	81
Leadership builds consensus	89	78
Leadership controls talk & opinion too much	12	22
Perceptions of Coalition Operational Effectiveness		
Effective internal communications	86	66
Most share work	63	57
Good campus & community member cooperation	87	75
Work plan exists	78	66
Satisfied with work plan	73	51
Plan likely to be implemented	70	51
Coalition will achieve goals	61	45
Perception of External Support		
See a lot of community support to address problem	72	61
-- a lot of campus support	78	73

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