

Communities

In a democratic society, the mobilization of communities in civic life is in and of itself of significant value. Democratic life relies on civic participation and an active, informed citizenry. Community-based groups facilitate the formation of diverse constituencies and support their work with organizational, material, technical, financial, and training assistance. Coalitions also enhance dialogue and cooperation by bringing together stakeholders for strategy development and mobilization on critical issues.

Although most community coalitions have not been rigorously evaluated, several community trials provide evidence that community coalitions can affect alcohol-related outcomes and also document the elements that make community initiatives successful. In addition, numerous case studies and substantial qualitative research attest to the effectiveness of community coalitions. On the basis of this evidence, combined with the strong logical reasoning behind the value of community-level interventions, the committee concludes that community mobilization specific to underage drinking is an attractive complement to national- and state-level interventions. Future evaluations should continue to refine the critical elements of these initiatives.

COMMUNITY-BASED ACTIVITIES

While community mobilization has been studied as an intervention in itself, it also provides a context within which interventions can occur, thereby increasing the likelihood that those interventions will succeed. It is

a tool that can be used to implement and support various interventions, especially those that target community-level policies and practices. It can help to create the political will and organizational support for developing and implementing proven strategies for decreasing underage drinking (such as minimum age drinking laws, zero tolerance laws, and measures to reduce physical availability and outlet concentration). It can help to change the normative climate surrounding the acceptability of underage drinking, and create greater awareness of, and publicity about, enforcement activities, such as random breath testing and sting operations. It also helps establish the idea that alcohol and other drugs are a community problem that local people can solve, thereby increasing the likelihood that people will support and sustain efforts they help create.

There is a long and varied history of community mobilization around alcohol problems in the United States, dating back to the nineteenth century. In recent years, community mobilization has been recognized, documented, and evaluated in efforts to reduce alcohol-related problems, including underage drinking. Case studies have documented how communities have organized and used the news media to support changes in alcohol availability, reductions in outdoor advertising of alcohol, increased compliance checks on retailers regarding service and sales of alcohol to minors, keg registration laws, and campaigns to eliminate alcohol sponsorship from ethnic holiday events.

It is important for communities to rely on scientifically based strategies to reduce underage drinking. For example, research shows that positive outcomes can be achieved by combining environmental and institutional change with theory-based health education programs (Hingson and Howland, 2002). Community-based prevention research points to the importance of broad efforts to reshape the physical, social, economic, and legal environment affecting alcohol use. Promising evidence suggests that coalitions can effectively address youth access to alcohol and high-risk behaviors associated with alcohol consumption (Hingson and Howland, 2002; Manger et al., 1992).

Concerns about the prevalence and effects of alcohol use by underage youth have led to a large proliferation of community-based coalitions across the country (Butterfoss et al., 1996; Lerner and Miller, 1993; Robert Wood Johnson Foundation, 1993). These coalitions have engaged community residents, advocacy groups, representatives of nongovernmental organizations, government agencies, and universities in collaborative activities to address youth risk behaviors, particularly those associated with alcohol and other drug use (Fawcett et al., 1997; Hawkins et al., 1992; Mansergh et al., 1996). Having the flexibility to choose one's partners has been an important ingredient in the success of many effective coalitions. Some coalitions have included local alcohol retailers, while others have limited their mem-

bership to public health, safety, and other noncommercial organizations. There is some evidence that coalition partners with strong ties to alcohol producers may not support effective environmental interventions. Government agencies may or may not play a major role.

Community-driven initiatives should be tailored to the specific problems and resources in a community. Different communities will therefore have different priorities based on their particular needs. For example, some research suggests that minority communities may be targeted by some alcohol advertisers (Alaniz and Wilkes, 1995; Altman et al., 1991; Hackbarth et al., 2001) and that outlet density in these communities is particularly high (LaVeist and Wallace, 2000; Gorman and Spear, 1997). Although a specific relationship between advertising and underage drinking has not been shown, recent cross-sectional research has shown a correlation between outlet density and underage drinking. For example, outlet density has been associated with increased incidence of youth driving under the influence (Treno, Grube and Martin, 2003), ease of alcohol purchase (Freisthler et al., 2003) and heavy and frequent drinking and alcohol problems (Weitzman et al., 2003a). Similarly, Wechlser and Wuethrich (2002) suggest that controlling outlet density can help alleviate market pressures that result in discounted pricing, a factor in underage drinking.

Research has also shown that while newly arrived immigrants have lower rates of alcohol use than others, their consumption increases and they develop more liberal attitudes toward drinking as they become more acculturated (National Institute on Alcohol Abuse and Alcoholism, 1994; National Women's Health Information Center, 2002). Communities should consider the variety of factors that may affect underage drinking, as well as the specific characteristics of underage drinking in their communities in developing community-specific strategies.

In large states, such as California, local coalitions have sometimes had greater success than statewide efforts. Other successful coalition efforts across the United States have been supported by statewide organizations or systems. States have organized regional coalitions consisting of representatives from institutions of higher education, city and state political officials, liquor control and licensing officials, state and local law enforcement officials, restaurant and tavern proprietors, state health officials, and researchers to support the development and implementation of broad and comprehensive strategies. The National Highway Traffic Safety Administration (2002) recently sponsored a project by the Pennsylvania Liquor Control Board to develop a manual to help alcohol beverage control (ABCs) agencies identify opportunities and initiatives to reduce underage drinking.

Statewide initiatives can begin in a number of ways. Some are the result of the leadership of state agencies, such as the state department of public health or the state liquor control board. Others emerge through college and

university administrations or statewide college task forces, as found in the states of Missouri and California. Still others may be the result of grassroots organizations from a number of localities realizing that they have common interests at the state level, and banding together for coordinated and more effective action.

Recommendation 11-1: Community leaders should assess the underage drinking problem in their communities and consider effective approaches—such as community organizing, coalition building, and the strategic use of the mass media—to reduce drinking among underage youth

SUCCESSFUL COMMUNITY COALITIONS: TWO PORTRAITS

Successful community coalitions include the use of multiple program strategies, such as education programs, community organization, environmental policy changes, strategic use of the news media, and heightened enforcement of existing policies (Hingson and Howland, 2002). Strategic use of the mass media by communities is an important component of community mobilization and can support other interventions. It can be an effective vehicle for publicizing new or existing policies and gaining public support for alcohol control policies and increased enforcement efforts (Casswell and Gilmore, 1989; Stewart and Casswell, 1993). Skillful use of media resources can support community organization and public education about successful strategies, as well as influence those who have the power to make changes in enforcement practices or in policies. Community groups that have developed the skills to use the news media strategically to support their objectives for changes in the environments contributing to public health problems can influence public opinion and public policy (Wallack et al., 1996, Wallack, 2000; Seevak, 1997).

Two examples of coalition-building in communities comprised primarily of racial and ethnic minority groups provide instructive lessons. Oakland, California, achieved successful alcohol policy outcomes through the work of a single coalition consisting primarily of professionals and government officials. The central focus of the coalition was to develop legislation that would tax all alcohol outlets in the city to provide funds for improving neighborhood safety and beautification. The major strategy relied much more on skillful use of the media than on grassroots organizing. The “Deemed Approved Ordinance,” enacted by the city in 1993, charged alcohol outlets an annual fee of \$600 for monitoring establishments. At the same time, the city also enacted a 1-year moratorium on new licenses and required a 1,000-foot separation between alcohol outlets citywide except for the downtown area. A year later, in 1994, Oakland received a \$100,000

grant from the state alcoholic beverage control agency to hire a police officer and other personnel to deal specifically with alcohol-related enforcement; they became known as the alcohol beverage action team (ABAT). ABAT set up many decoy operations with minors to buy alcohol and cigarettes, which put retail establishments on notice. The police also built a closer relationship with the ABC agency, building records against problem alcohol outlets and sending that information to the agency. Community respondents also reported that working together on these alcohol-related issues has led to more general improvements on community life and personal empowerment.

Los Angeles provides another instructive example. For 20 years, public concern has focused on the proliferation of alcohol outlets and the role they played in the city's well-known neighborhood and social problems, especially the drug trade. The Community Coalition for Substance Abuse Prevention and Treatment began in the early 1990s conducting research on the problem, initiating a community dialogue, and highlighting a history of alcohol activism in the city. These efforts were invigorated by the overnight destruction of almost a third of the alcohol outlets in the infamous south central area during the riots following the Rodney King decision. The coalition relied on grassroots community organizing, which led to the involvement of city council members, as well as networking with decision makers and other activists at the state level. Their efforts led to state legislation permitting local control of alcohol outlets. Coalition efforts also decreased the number of retail outlets operating in south central Los Angeles, improved environmental standards for outlet operation, increased awareness of alcohol policy issues at the local level, and increased empowerment and participation of neighborhood residents in the process of local governance.

EVIDENCE OF EFFECTIVENESS

The effectiveness of community activities to combat underage drinking has been a focus of national and international efforts since the early 1980s. One rigorous evaluation provides lessons about what does not work. Evaluation of a demonstration project investigating the effectiveness of a comprehensive coalition-building model in reducing alcohol and other drug problems, the Fighting Back Initiative funded by the Robert Wood Johnson Foundation, found little positive effect on youth or adult substance use. However, two flaws may have doomed the project from the start. First, the coalition organizers sought to include all major community stakeholders, including those who were members of or closely aligned with commercial interests in alcohol production or sales. Controversial interventions, such as those affecting the availability of alcohol, were not even considered almost from the start in many of the coalitions. Second, the interventions used had

not been proven to be effective. The easiest interventions to achieve politically are often the least effective in reducing alcohol-related problems. Reliance on the scientifically proven interventions though potentially more difficult to implement can prevent years of wasted effort.

Examples of What Works

In contrast, four other major experimental studies of community mobilization have demonstrated what does work. Project Northland in Minnesota was a randomized community trial implemented in 24 communities with a study population in early adolescence and in the final years of high school. There were three phases. In the early phase, the project's interventions included school curricula, parent involvement, peer leadership, and community task forces. During the second phase, there were no interventions. In the third phase, the interventions were classroom curriculum, parent education, a print media campaign, and youth development and community organizing. The evaluation measured the tendency to use alcohol, to drink heavily, and to obtain alcoholic beverages. The project had its greatest success in the early years; the progress eroded during the period of no intervention and showed modest success in the final phase. The failure of the project to maintain its effectiveness during the interim phase demonstrates the importance of intervention throughout adolescence, and it also points to the significance of community-level policy and other actions that change community norms around youthful drinking (Perry et al., 2002). The Project Northland team has increased their focus on community-level change in a replication of the program that is currently underway in 61 schools and communities in the Chicago area.

A 5-year community alcohol trauma prevention trial, the Community Trials Program, involving a quasi-experimental design with three experimental communities and matched controls in California and in South Carolina, used community mobilization and strategic use of the mass media. It addressed all alcohol use, not only that of underage youth. Two of three communities were composed primarily of ethnic minority residents, which may have implications for implementing prevention efforts in other minority communities. The program had five mutually reinforcing components:

1. Community mobilization addressed support for public policy interventions by increasing general awareness, knowledge, and concern about alcohol-related trauma. Program initiatives were jointly planned by project organizers and local residents and implemented by the residents.
2. The responsible beverage service component sought to reduce sales to intoxicated patrons and increase enforcement of local alcohol laws by

working with restaurants, bar and hotel associations, beverage wholesalers, the Alcohol Beverage Control Commission, and local law enforcement.

3. Another component sought to decrease driving after drinking by increasing the number of DWI (driving while intoxicated) arrests through a combination of special officer training, deployment of passive alcohol sensors, and the use of sobriety checkpoints. News coverage publicized these activities.

4. A component directed toward underage drinking sought to reduce alcohol sales to minors by enforcing underage sales laws; the training of sales clerks, owners, and managers to prevent sales of alcohol to minors; and the strategic use of the news media to bring media attention to the issue of underage drinking.

5. Local zoning and other municipal powers that determine alcohol outlet density were used to reduce availability of alcohol.

This multicomponent approach resulted in a 43 percent decline in alcohol-related assault admissions to hospitals and decreases in heavy drinking. There was strong support for the efficacy of a coordinated, comprehensive community-based intervention to reduce high-risk alcohol consumption and alcohol-related trauma, although frequency of drinking did not change and there was a slight increase in the number of persons who reported any drinking in the intervention communities (Holder et al., 2000).

Intermediate outcomes also indicated success, including decreases in alcohol outlet sales to underage-appearing pseudo-patrons without identification. Local regulations of alcohol outlets and public sites for drinking were changed in all three experimental communities. Changes in the Northern California intervention city were typical. The city council implemented a proposal to eliminate special land use conditions for alcohol outlets, adopted restrictions on the availability of alcohol in city parks, denied a new alcohol license, revoked a retailer's conditional use permit because of liquor sales violations, and instituted a citywide ordinance requiring new owners of offsite and onsite alcohol outlets to complete a responsible server course. In addition, the Hispanic Chamber of Commerce voted to make its annual festival alcohol free.

The DWI reduction component resulted in an increase in news coverage of DWI arrests, additional police enforcement, greater use of breathalyzer equipment, and increased public perceptions of risk of arrest for DWI. Alcohol-related crash involvement as measured by single vehicle night crashes declined 10-11 percent more among program than comparison communities .

Communities Mobilizing for Change on Alcohol (CMCA) was a 6-year project designed to test creative approaches to reducing drinking by young people. The project was implemented in seven small to mid-sized communi-

ties in Minnesota and Wisconsin in 1993; eight other communities in the region served as a control group. CMCA emphasized environmental factors that affect the supply of alcohol to youth and used a community organization approach to achieve policy changes among local institutions. The community coalitions included a variety of citizens with differing connections to the community and the issue: parents, youth involved in school service activities, and social service workers, as well as law enforcement officers and politicians. Adults and young people in each community identified and promoted a variety of issues designed to change the local environment in ways that made alcohol more difficult to obtain and made underage drinking less acceptable (Wagenaar et al., 1999, 2000a, 2000b).

The specific objectives of the project were to change community policies and procedures to reduce: access to alcohol by underage youth, whether through retail sales to youth or purchase or provision by parents, other adults, or older youth; number and proportion of alcohol outlets selling to underage individuals; youth and adult support for or tolerance of underage purchase and consumption of alcohol; prevalence, quantity, and frequency of alcohol consumption among youths 15-20; and incidence of alcohol-related health and social problems among youths 15-20 (Wagenaar and Perry, 1994).

Outcomes included increases in intervention communities of age identification checking by retailers and reduced sales to minors, especially in on-sale establishments. Young people aged 18-20 reduced their propensity to provide alcohol to other teens and were less likely to try to buy alcohol, drink in a bar, or consume alcohol. However, there were no effects on drinking by high school seniors (Wagenaar et al., 1999, 2000a).

Additional analyses of arrest and traffic crash data indicated that DUI violations declined in the intervention communities. Again, this effect was most marked for college-age youth and only approached significance for youth aged 15-17. There were no differences in arrests for disorderly conduct or traffic crashes for either age group. Collectively, findings from the CMCA project indicate that a community-organization approach to limiting youth access to alcohol can be effective for college-age youth, 18- to 20-year-olds (Wagenaar et al., 1999, 2000a, 2000b).

The Massachusetts Saving Lives Program (Hingson et al., 1996) sought to reduce drunk driving and speeding through community mobilization. Communities introduced media campaigns, drunk driving checkpoints, business information programs, speeding and drunk driving awareness days, speed watch telephone hotlines, police training, high school peer-led education, Students Against Drunk Driving chapters, college prevention programs, alcohol-free prom nights, beer keg registration, and increased liquor outlet surveillance by police to reduce underage alcohol purchase. To increase pedestrian safety and safety belt use, program communities con-

ducted media campaigns and police checkpoints, posted crosswalk signs warning motorists of fines for failure to yield to pedestrians, added crosswalk guards, and offered preschool education programs and training for hospital and prenatal staff. Coordinators engaged in numerous activities designed to help local news outlets move beyond reporting only the specifics of motor vehicle crash injuries and deaths to explaining trends in local traffic safety problems and strategies communities were implementing to reduce traffic injury and death (Hingson et al., 1996).

During the 5 years of the program, the proportion of drivers under age 20 who reported driving after drinking in random-digit dial telephone surveys declined from 19 percent during the final year of the program to 9 percent in subsequent years. The proportion of vehicles observed speeding (through use of radar from unmarked cars) was cut in half, and safety belt use increased from 22 percent to 29 percent. (Differences between intervention and comparison communities were statistically significant). Alcohol-related traffic deaths declined 42 percent more in the program cities than in cities in the rest of the state during the 5 years of the program, when compared with the previous five years. This decline was also seen among 16- to 25-year-olds, many of who may have been college students (Hingson et al., 1996).

Ingredients of Success

Assessments of public awareness of problems related to underage drinking, and of existing support for policies and programs to reduce those problems, can provide measures of baseline community knowledge as well as readiness for change. To maximize the effects of limited human and financial capital, previous community-based efforts have emphasized the importance of conducting assessments of community needs and resources to help develop coalition goals and strategies (Mills and Bogenschneider, 2001). This approach was used in the three successful community mobilization projects discussed above.

Support for effective strategies may in fact be higher than is often assumed by organizers at the outset of community mobilization efforts. For instance, research investigating student sentiment towards alcohol policies and laws consistently documents support for policies that control underage drinking (Wechsler et al., 2002). In a 1998 national opinion poll on how to control alcohol-related problems in the United States, the Robert Wood Johnson Foundation reported that 69 percent of young adults said they did not want to see the minimum drinking age lowered from 21 to 19. It appears that the true level of support for alcohol policies that have been shown to be effective (e.g., the minimum drinking age, alcohol excise taxes to pay for programs designed to prevent underage drinking) is significantly

underestimated by students, as well as by administrators and other key members of college communities. Most college students support more strict and consistent enforcement of existing policies, as well (DeJong et al., 2001).

A clear mission is critical to the success of community mobilization efforts. Different objectives may lead to different compositions of community coalitions. For instance, successful adoption of server training requires the cooperation and collaboration of local alcoholic beverage retailers. This constituency, however, may oppose keg registration. Having the flexibility to build coalitions or implementation teams on the basis of the goals is important to success. Strategic planning of coalition initiatives may also include establishing measurable objectives, creating target timelines, clearly defining member responsibilities, and developing leadership to maintain coalition efforts and membership involvement.

Qualitative results from an evaluation of the 37 colleges across Ohio involved in the Ohio College Initiative to Reduce High Risk Drinking indicate that strong, well-trained leadership, active involvement of key campus leaders, and committed resources are the components sustaining organized efforts to change attitudes and behaviors. Turnovers in leadership appeared to have a negative affect on sustainability: coalitions were twice as likely to be sustained when there were no leadership turnovers (Peters, 2002), although it is difficult to determine to what extent leadership stability as opposed to other factors contributed to success. Project directors and coalition chairs from participating institutions indicated being a member of the Ohio College Initiative to Reduce High-Risk Drinking was helpful through the initiative's provision of training, technical assistance and a forum for exchange of information. Training (see recommendation five below) in the environmental model was identified as critical to the success of implementation of environmental management strategies. Coalition longevity was also closely associated with the number of designated staff, both full and part time, working on the prevention effort.

Grassroots participation is essential to the success of some community mobilization efforts. It is important for ensuring that local community interests are represented, thereby enhancing the acceptability and feasibility of implementing prevention efforts. Youth development and behavior may be shaped by factors that are unique to a specific environment, including the structure and dynamics of a family, neighborhood, community, and culture (Lerner, 1995). Community participants provide essential knowledge of their environment that can yield the most accurate assessments of the problem and a menu of possible solutions that are sensitive to local conditions (Mills and Bogenschneider, 2001). Such a locally driven process also gives the local participants a vested interest in developing resources to

support coalition initiatives, and strengthens their commitment to and support for coalition initiatives.

Finally, the involvement of gatekeepers and key community leaders and institutions is an important aspect of adopting and implementing successful community mobilization strategies. The role of key leaders is to develop support for and cooperation with different institutional components of interventions (e.g., cooperation between law enforcement, educators, city council members, and retailers) on strategies to enforce existing laws regarding eliminating sales to minors. For instance, the involvement of college officials and presidents (see below) is also important in communicating the importance of policy enforcement. Involvement of key community leaders can be an essential ingredient for success, provided that they have access to training and information regarding approaches to reducing underage drinking whose effectiveness has been scientifically demonstrated. Strong key leaders combined with substantial grassroots support can provide the community and social capital necessary to undertake effective interventions.

Collaboration Between Communities and Colleges

Institutions of higher education can play a critical role in community mobilization efforts. Comprehensive college-based approaches to address underage alcohol consumption and high-risk drinking should be predicated on a model of student drinking that incorporates the environment and student campus culture, as well as individual factors (Presley et al., 2002) (see also Chapter 10). Building a coalition between campus and community is a vital component of effective alcohol and other drug prevention efforts of colleges (Wechsler, 1996; Presidents Leadership Group, 1997; DeJong et al., 1998; DeJong and Langford, 2002) and is a promising vehicle for promoting environmental change (DeJong et al., 1998). College campuses and local communities have a reciprocal influence on one another in relation to college student alcohol use. Communities within the immediate proximity of college campuses are more likely to report a lowered quality of neighborhood life due to alcohol related behaviors, including noise, public disturbance, and vandalism (Wechsler et al., 1995). Similarly, effective restrictions on underage access to alcohol in a community may be severely undermined by the ease of alcohol access in the campus living communities. The reverse is also true: even a substantial campus-based alcohol prevention strategy cannot succeed if it is surrounded by a community with easy access to alcohol.

Institutions of higher education influence the local environment, with a potential to offer either a positive or adverse climate regarding underage alcohol consumption. Colleges working with local police can enhance the

consistency of enforcement efforts by notifying one another of alcohol-related incidents and by seeking timely and meaningful sanctions. Shared initiatives require few university resources, but they can lead to policy reforms and changes in enforcement that can significantly change the drinking environment.

A campus and community partnership can substantially affect relationships overall, improving the coordination between student affairs offices and local police or other agencies related to student concerns (Gebhardt et al., 2000). Three elements are critical to the development, maintenance, and success of community and university partnerships: (1) the development of consistent support, with associated financial and human resources, (2) the identification of goals and focused planning efforts based on an assessment of local needs and problems and available resources, and (3) the application of assessment and evaluation to measure the effect of partnership activities.

Resource identification and development is often the central challenge of health-based prevention efforts. Needed resources include not only financial support, but also human capital, community capital, in-kind contributions, and partnerships among groups and agencies. Previous college-community coalition initiatives have relied on regionally based assessment, planning, and training in order to effectively address local needs (Gebhardt et al., 2000).

The inclusion of colleges and universities as members of local or statewide coalitions may offer significant contributions in terms of leadership, organization, and resources. Colleges and universities can assist in the development of financial resources, the locality or state, and they can also be a valuable partner in the pursuit of grant and foundation resources. Institutions of higher education may also provide research and evaluation resources for the assessment of partnership efforts. Program evaluation functions as an important component in monitoring the implementation and impact of coalition efforts. College-community coalitions may also function as the best instrument to support recommendations from the National Institute on Alcohol Abuse and Alcoholism associated with future research, including the implementation of a national surveillance and data system for all U.S. colleges and universities and the evaluation of the effectiveness of joint campus-community coalitions.

New laws and regulations that affect the general community will also affect college student alcohol use, making institutions of higher education natural allies for coalition efforts. The coalition model not only allows colleges and universities in any one region or state the opportunity to pool and share resources, but also provides a venue for campuses to make a clear statement that underage drinking and high-risk alcohol use are not confined to any single campus. Issues associated with alcohol use are shared

problems that require a collaborative effort to generate shared solutions. Given the increased media attention often gained by both statewide efforts and college student alcohol consumption, this high visibility can help raise awareness of the issue and mobilize additional support in a community or state for the coalition's initiatives.

To develop financial support, coalition partnerships can cosponsor fundraising events and develop joint grant proposals. The development of partnerships between multiple groups allows for the effective coordination of resources. Such partnerships can provide a sharing of resources, facilities, and personnel. Interagency cooperation also allows for the pooling of resources to provide opportunities for sponsoring joint programs and for technical assistance and training. Community partnerships help to identify and express common goals, resulting in consistent and unified messages within the community.

College students may benefit from communitywide efforts. Several coalition efforts have been designed to address underage alcohol use (Hingson et al., 1996; Hingson and Howland, 2002; Gebhardt et al., 2000; Saltz and Stanghetta, 1997). These community efforts have led to reductions in underage alcohol use and alcohol-related problems. College students are not the primary focus of these coalitions, but are likely to benefit from the broader, communitywide aspects of the program designed to reduce such behaviors as drinking and driving and sales to minors. The Higher Education Center for Alcohol and Other Drug Prevention, a primary national resource center for institutions of higher education funded by the United States Department of Education, recommends a comprehensive approach to prevention that includes strategies designed to change the campus and community environment in which students make decisions about alcohol use (DeJong et al., 1998). The Higher Education Center has reported more than 42 statewide coalition efforts that include institutions of higher education in varying degrees of development and activity.

Ongoing efforts in this arena include the Ohio College Initiative to Reduce Underage Drinking, the Memorandum of Understanding Program recently undertaken by the campuses of California State University, the Committee on Community and University Relations begun in 1990 by the State University of New York at Albany, and the Matter of Degree Program developed by the American Medical Association and the Robert Wood Johnson Foundation. Based in part on the findings of the original Harvard School of Public Health College Alcohol Study (Wechsler et al., 1994), the ultimate goals of this 8-year, \$10 million national demonstration project are to reduce heavy episodic drinking rates and to test the public health model on which the program is based, as well as to share the lessons learned with other colleges and universities. The Harvard School of Public Health is conducting an evaluation of the program to identify successful interven-

tions and to track reductions in alcohol consumption. Program interventions include: (1) controlling the proliferation of bars and other alcohol outlets in proximity to campuses; (2) working with neighborhood associations, law enforcement, and landlords to address loud house parties and the disruption they create; (3) eliminating alcohol-industry sponsorship of athletics and other campus social events; (4) limiting tailgate parties to pre-game time only, creating alcohol-free tailgate zones, and restricting alcohol sales at concerts and other campus events; and (5) establishing higher standards—including academic achievement, community service, and compliance with campus and community alcohol policies—for fraternities and sororities and linking rush privileges to their adherence.

The achievements of some of the campuses involved in the program to date point to the potential of such interventions (Weitzman et al., 2003):

- The University of Nebraska saw a decline in heavy episodic drinking rates from 64 percent in 1997 to 55 percent in 2001, and more students are drinking less when they choose to drink; in 2001, 71 percent said they drank four or fewer drinks per occasion, compared with 53 percent in 1997.
- Lehigh University has reported a dramatic reduction in alcohol-related crimes on campus. Overall, crime is down 51 percent—from 418 reports in 1998-1999, to 204 in 2000-2001. The percentage of Lehigh students negatively affected by high-risk drinking is declining: students reporting that they got into a fight with a student using alcohol dropped 21 percent, and the percentage of students who had study or sleep interrupted dropped 13 percent.
- The University of Colorado and the city of Boulder banned beer sales in the university's football stadium, which has resulted in a 69 percent reduction in fans being kicked out of the stadium and a 75 percent decline in arrests.
- Georgia Institute of Technology and the city of Atlanta supported a successful statewide effort to create a keg registration law, to help reduce underage access to alcohol. The campus has seen a 9 percent reduction in heavy episodic drinking, and 12 percent fewer students report driving after drinking.
- The University of Iowa and Iowa City succeeded in preventing a landmark soda fountain near campus from becoming a liquor store, and the city council enacted an ordinance to improve the enforcement of state laws regarding sales to minors and intoxicated persons. The new law also prohibits some drink specials, such as free alcohol, 2-for-1 and all-you-can-drink specials.
- The University of Wisconsin prohibited alcohol sales in the university's Kohl Center, representing a forfeiture of \$500,000 in alcohol

revenues every hockey season. The project worked with the Madison Alcohol License Review Committee to allow new liquor licenses in the campus area only if the establishment generates at least 50 percent of its revenue from food, effectively prohibiting large-capacity "drinking barns."

- Florida State University and the city of Tallahassee eliminated alcohol advertising on campus and developed a strategic plan to reduce the effects of high-risk drinking in the community, including suspension of driver's licenses for underage drinking and providing incentives to owners of bars and other alcohol outlets to maintain responsible business practices.

- The University of Delaware and the city of Newark are members of the Mayor's Alcohol Commission, which has developed policy recommendations on the sale and consumption of alcohol in the community, particularly in the areas of law enforcement, land use, and zoning.

- The University of Vermont and the city of Burlington led the effort to develop a responsible alcohol beverage service training for bar owners, managers, and servers, which is now part of the city's alcohol licensing review process.

- Louisiana State University (LSU), the LSU Campus-Community Coalition for Change, and the Baton Rouge Metropolitan Council unanimously agreed to restrict underage house parties, which members expect will reduce high-risk drinking at off-campus rental properties, which essentially operate as uncontrolled "bars" for underage students.

Reviews of campus and community coalition efforts have identified several strategies that contribute success of both on and off campus: (1) control of alcohol availability for underage youth, (2) increase in the level and consistency of policy and law enforcement and the development of new policies, and (3) attention to the irresponsible sale, promotion and marketing of alcohol.

FUNDING

Just as community mobilization provides an essential context for effective interventions to reduce underage drinking, a strong and ongoing commitment on behalf of public and private funders to provide resources for community mobilization is critical to the success of the overall strategy recommended in this report.

One existing model of federal support is the Drug Free Communities Program, originally authorized by Congress in 1997 and reauthorized in 2001. This national initiative awards a maximum of \$100,000 per year in federal funds directly to community anti-drug coalitions in the United States to combat youth substance abuse. After 5 years of the program, annual national competitions have awarded 531 grants to coalitions in 50 states,

the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. These coalitions work to reduce substance abuse among youth and strengthen collaboration among organizations and agencies in both the private and public sectors.

The Drug-Free Communities Program (DFC) represents a collaborative effort involving the White House Office of National Drug Control Policy, the Department of Justice's Office of Juvenile Justice and Delinquency Prevention, and the Department of Health and Human Services' Center for Substance Abuse Prevention. An 11-member expert advisory commission appointed by the President provides guidance.

DFC coalitions are required to include members from various sectors of the community working on multiple community prevention strategies. Members include youths, parents, businesses, the media, schools, youth organizations, law enforcement, religious or fraternal organizations, civic groups, health care, state, local or tribal governmental agencies, and other organizations. The DFC program represents a useful model for a national program to reduce underage drinking.

Recommendation 11-2: Public and private funders should support community mobilization to reduce underage drinking. Federal funding for reducing and preventing underage drinking should be available under a national program dedicated to community-level approaches to reducing underage drinking, similar to the Drug Free Communities Act, which supports communities in addressing substance abuse with targeted, evidence-based prevention strategies.