

Changing Community Conditions through Public Policy and Environmental Strategies



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Learning Objectives:

- ❖ Participants will become familiar with resources, training and consultation that promote environmental change.
- ❖ Participants will learn how to use media strategies to support policy change efforts in the community.
- ❖ Participants will learn about enforcement initiatives that affect environmental change.

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Domain 5: Public Policy and Environmental Change

Weight on Exam: 12%

Associated Tasks:

- **Provide resources, trainings, and consultations that promote environmental change.**
- **Participate in enforcement initiatives to affect environmental change.**
- **Participate in public policy development to affect environmental change.**
- **Use media strategies to support policy change efforts in the community.**
- **Collaborate with various community groups to develop and strengthen effective policy.**
- **Advocate bringing about policy and/or environmental change.**

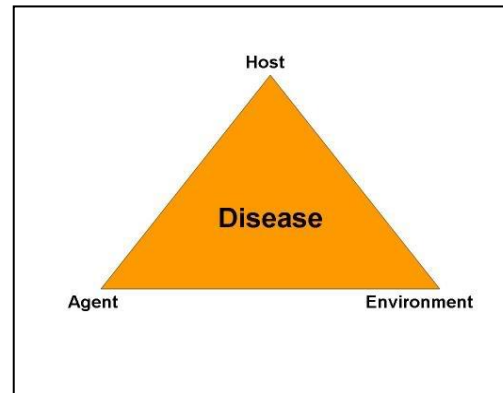
Public Health Model

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. A public health approach requires not only an understanding of how agent, host, and environment interact, but also a plan of action for influencing all three.

Agent - the catalyst, substance, or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies (drugs) and availability.

Host - the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Environment - the context in which the host and the agent exist, including conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.



The public health model stresses that problems arise through the relationships and interactions among the agent, the host, and the environment. In the case of alcohol, tobacco, and other drug problems, the agent is the substance, the host is the individual drinker or drug user, and the environment is the social and physical context of drinking or drug use. Of particular importance to prevention are environmental influences on substance abuse. This model requires the community to think in a comprehensive manner beyond the part of the problem they can see. Since this model is widely used by health agencies, it can also help to create a common language to support the local planning process. Prevention programs in the past, including drug abuse programs, often neglected to deal with the environment. Often they focused exclusively on inoculating the host/individual through educational efforts expecting that information on the risks associated with alcohol, tobacco, and other drug use would be sufficient to prevent use and avoid problems. However, a teenager (host) who attends a well presented educational seminar on prevention at school may go home to a neighborhood (environment) where use is glamorized on billboards, laws are not enforced, and alcohol, tobacco, and other drugs (agent) are plentiful. A public health approach to prevention requires not only an understanding of how the three factors of host, agent, and environment interact, but also inclusion of a plan of action for influencing all three.

Influencing the Host

Prevention practitioners can reach people directly through schools, social programs, workplaces, and other groups. Efforts to reach the host and his/her peer group typically employ some combination of the following information- and skill-building strategies:

- Developing problem-solving and decision making skills;
- Increasing self-awareness and self-efficacy;

- Learning non-use skills for dealing with anxiety and stress;
- Enhancing interpersonal skills, needs; and
- Understanding the relationship between alcohol, tobacco, and other drug use and health concerns.

Influencing the Agent and Other Causative Factors

The agent in the public health model is the substance. Public health advocates have had some success in influencing legal agents such as alcohol and tobacco. Requiring warning labels on alcoholic beverage containers and cigarette packages and advertising are examples of these successes.

Influencing the Environment

Programs that influence the environment to reinforce healthy behaviors are increasingly part of community-based prevention efforts. Within a public health model, environments include schools, families, neighborhoods, and communities, as well as the broader social and cultural environments that are influenced by legislation, pricing, advertising, and media portrayals of alcohol, tobacco, and other drug use.

The public health model demonstrates that programs that depend exclusively on teaching the host, altering the agent, or changing the environment, oversimplify the complex problem of alcohol, tobacco, and other drug use. Each factor—the agent, host, and environment—must be considered for effective prevention. Effective prevention using the Public Health Model requires that a coalition focus on both the risk and protective factors that exist for the agent, the host, and the environment.

The agent (alcohol and other drugs) must be made:

- Less attractive, and/or
- Less accessible.

The environment (society) must offer more:

- Rewards for abstinence,
- Reinforcement for responsible use by adults,
- Attractive recreational and social options,
- Social and legal sanctions for misuse and, abuse which cause harm,
- Culture-specific healthy messages, and/or
- Positive, healthy role models.

The host (individuals and families) must be given more:

- Information on which to base decisions,
- Opportunities to develop self-esteem and insight,
- Understanding of the causes of addiction, its symptoms, and techniques to use in helping people who are addicted,
- Skills to communicate, solve problems, and resist peer pressure
- Knowledge about prevention theory and programs.

The information contained in this section is taken, in part, from *IADDA Prevention White Paper*, draft, January 1990.

Activity Worksheet

Determine if the strategy addresses the Agent, Host or Environment

Strategy	Agent	Host	Environment
Life Skills Curriculum for 5 th Graders			
Dispute Mediation training for 8 th Graders			
Drug-Free School Zones			
Outlet density			
Parent training			
Content labeling on bottles of beer			
Beverage Service education training			
Community coalitions			
DWI classes			
Anti-smoking media campaign			
Pricing and taxation			
Mentoring			
Enforcement of policies regarding purchase, possession and Use			

Public Health Model Strategies

Agent —The drug and its characteristics	Host —Individuals, their knowledge, attitudes, behavior and susceptibilities to alcohol and other drugs	Environment —The setting in which using behavior occurs and the social norms that shape use patterns.
Content labeling; health warning labeling; pricing and taxation; enforcement of public policies regarding purchase, possession and use; reduce attraction through packaging, location of products in stores; reduce number of sales outlets; restrict access;	Comprehensive K-12 curriculum; school assemblies; Red Ribbon Campaign; health fairs, information dissemination; prevention workshops and classes; competency/skills training; parent education; parent/family skills training; parental non-use; positive role models; newsletters; community volunteer training; education for businesses; curriculum-based support groups; peer resistance training; alternative activities; prevention education/skills training; mentoring; tutoring; community service projects; peer assistance leadership activities; employee assistance programs; parent peer groups; family case management; parent support groups; student assistance programs; crisis intervention, in-school suspension; alternative classes/schools; DWI education/information/referral/crisis hot lines; job skills training; structured family therapy; detox; residential therapy; outpatient therapy; aftercare	Media campaigns; public education campaigns; information clearinghouses; counter-advertising; policies that restrict advertising and availability; community partnerships and coalitions; data collection; advocacy; drug-free school zones and workplaces; school and workplace policies, counter advertising addressing culture and custom; beverage service education programs; policies related to abusive behavior; social norms which do not allow/condone/approve of high risk behavior; community policing;

What are environmental strategies?

Grounded in the field of public health, which emphasizes the broader physical, social, cultural and institutional forces that contribute to the problems that coalitions address, environmental strategies offer well-accepted prevention approaches that coalitions use to change the context (environment) in which substance use and abuse occur.

Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies.

Coalitions should select strategies that lead to long-term outcomes.

Increasing fines for underage drinking, moving tobacco products behind the counter, not selling cold, single-serving containers of beer in convenience stores and increasing access to treatment services by providing Spanish-speaking counselors are all examples of environmental strategies.

Roots of environmental approaches

Interest in the scientific study of environmental strategies and the corresponding use of alcohol policy dates back to the mid-1970s. In the United States this approach was embraced in the mid-1980s by communities looking for mechanisms to address the growing problems of alcohol outlet related crime and violence, drinking and driving, underage access to alcohol and other community-based alcohol problems.

Advantages of environmental strategies

Environmental strategies can produce quick wins and instill commitment toward long-term impact on practices and policies within a community. But, they also require substantial commitment from various sectors of the community to contribute to sustainable community change. Such approaches potentially reach entire populations and reduce collective risk. They create lasting change in community norms and systems, producing widespread behavior change and, in turn, reducing problems for entire communities.

Individual strategies, such as drug education classes, are based on the premise that substance abuse develops because of deficits in knowledge about negative consequences, inadequate resistance skills, poor decision making abilities and low academic achievement. But these efforts, while important in a multiple strategy approach, do little to independently alter the overall environment in which people live and work.

For example, numerous education campaigns and public awareness efforts related to heart disease exist. We are encouraged to avoid certain foods, exercise daily and get regular check-ups. This information is familiar and repeated often, yet we live in a society where heart disease remains an insidious public health problem.

Telling individuals what to do is different than limiting food options in grocery stores or providing exercise breaks for employees. Likewise, simply telling an individual that substance use/abuse is dangerous will not necessarily affect their behavior in a significant manner.

Individuals do not become involved with substances solely on the basis of personal characteristics. They are influenced by a complex set of factors, such as institutional rules and regulations, community norms, mass media messages and the accessibility of alcohol, tobacco and other drugs (ATOD). When a comprehensive, multi-strategy effort is in place, coalitions contribute to achieving population-level change by focusing on multiple targets of sufficient scale and scope to make a difference communitywide.

Costs associated with implementation, monitoring and political action within a community can be considerably lower than those associated with ongoing education, services and therapeutic efforts applied to individuals. The bottom line is environmental strategies are effective in modifying the settings where a person lives, which plays a part in how that person behaves.

A broader look at policy

Environmental approaches tend to center on policy that shapes perception in communities, homes or workplaces in local, state or national venues. Environmental strategies focus on populations and affect large numbers of people through the adoption of systems and policy change and ongoing effective enforcement.

Policies, formal or informal, can be enacted locally. Informal policy change can occur at a high school, police department or with local merchants. For example, if local alcohol retailers are willing to attend merchant education sessions voluntarily, formal policy change is unnecessary. However, if your community determines that parents and other adults are the main suppliers of alcohol to underage drinkers, existing ordinances and laws related to social host issues may require more formal policy change.

Do not immediately head to the state house to get laws enacted. In many instances, it is easier for coalitions to achieve policy success at the local level—particularly as they relate to alcohol and underage drinking. Start at home and learn about existing policies that may simply need more proactive enforcement.

Continuing enforcement creates lasting environmental change. For example, if the local school district enacts a 24/7 Zero Tolerance Policy, prohibiting students from consuming or possessing alcoholic beverages, enforcement augments the environmental work. Consistent enforcement for policy violations leads to widespread adoption. Just passing a policy does not ensure that a community will change. Enforcement of a policy that responds to a community problem provides the greatest impact. The consequences for violating a policy must be appropriate and swift.

http://www.cadca.org/files/resources/Beyond_the-Basics-Environmental_Strategies-11-2010.pdf

Media Advocacy

For many years the main role of the media in preventing alcohol, tobacco, and other drug problems has been to build general awareness of the problem and to direct messages to the individual to change behavior regarding the use of alcohol, tobacco, and other drugs. Media advocacy, however, shifts the focus and the message from individual to collective behavior change, that is, to norms and policies. A working definition of media advocacy is “the strategic use of media as a resource for advancing a social or public policy initiative.” This contrasts substantially with the traditional mass media approach that focuses on individual behavior. As an example, a few years ago community members were concerned about an announcement at an Oakland Athletics baseball game about a promotion for Bud Lite at a future game. Small flashlights with Bud Lite inscribed on them would be given away to anyone who came to the ballpark who was 16 years of age or older, although the legal drinking age was 21. Community members decided to challenge Anheuser-Busch for promoting this particular product in this way. Using contacts with the media, they raised public concern about the beer promotion, and Anheuser-Busch canceled its planned giveaway. This is one way of focusing on alcohol policy through the media, in contrast to the traditional focus on behavior change. The media was used to focus public attention on policy issues. The message was, “Shouldn’t the alcohol industry know when to say ‘when’ in their efforts to promote alcohol to underage youth?” In media advocacy, challenging conventional wisdom and public thinking is important. Mass media becomes the arena for contesting public policies and for shifting emphasis from individual behavior change to collective behavior change and policies. Media advocates ask themselves how a media opportunity can best advance policy goals and shift the debate from individuals to the collective decisions of policies and norms.

Using contacts with electronic or print media editors and reporters, advocates can generate public interest in changing industry promotional practices, media policies, tax laws, law enforcement practices, labeling laws, school rules, workplace policies, health care policies, community norms, and other factors that may contribute to youth alcohol, tobacco, and other drug use. Reporters may not be aware of factors in their communities that promote alcohol, tobacco, and other drug use. By using specific media-related skills, prevention practitioners can provide them with interesting information and stories that strategically support prevention agendas. Those skills include research, creative use of epidemiology and statistics, issue framing, and gaining access to media outlets.

Research

It is important for those using media advocacy to have current, relevant facts and figures on hand and to be able to discuss their implications for alcohol, tobacco, and other drug issues. Reporters and editors are more likely to contact people they know who have access to reliable facts when they are researching a story. It is important to be able to back up positions with concrete information and data. Solid research in the alcohol, tobacco, and other drug field is readily available to prevention practitioners interested in media advocacy. One major resource is the Center for Substance Abuse Prevention’s National Clearinghouse for Alcohol and Drug Information (NCADI). By calling toll-free (800) 729-6686, prevention practitioners can obtain

resource manuals, monographs, articles, and literature searches on any related topic. At the State level, Regional Alcohol and Drug Abuse Resource (RADAR) Network Centers serve as local information clearinghouses. RADAR Network Centers can be located by calling NCADI. In addition to gathering research on topics of specific interest, media advocates must also understand how local media outlets operate. Which reporters are most likely to cover health issues? What are the names of relevant news editors? Who should receive a news release? This information can be obtained by studying local media outlets and by telephoning the news departments and asking for names. Learning how the media prefers to receive information pays off by making the media advocate appear more professional and therefore more trustworthy.

Creative Use of Epidemiology and Other Statistical Data

The creative use of epidemiology and other statistical data is a powerful strategy. It involves translating the research from often dry or bewildering facts and figures into attention-grabbing news. News must have some immediate relevance. In other words, facts must not only be correct, they should be presented in a way that brings the issue home to the reader. For example, the fact that 12 million U.S. college students annually consume more than 430 million gallons of alcoholic beverages is not particularly attention grabbing. Expressed more creatively, the information can be much more effective: *The annual alcohol consumption of college students exceeds the volume of an Olympic-sized swimming pool for each of the 3,500 colleges and universities in the United States.* This image enables the public to visualize how much students on local college campuses are drinking. The public might then wonder what the college presidents and other officials are doing about student drinking. Expressing data in such a graphic way can help capture the attention of reporters and ultimately the decision-influencing public and opinion leaders.

Framing the Issue

Like the creative transformation of data, framing the issue, or influencing the terms of the debate, is a useful strategy. With any issue, both sides attempt to frame the issue to make their positions seem most reasonable. For example, when media advocates point out that advertising alcoholic beverages to vulnerable populations should be limited by law, the alcoholic beverage industry attempts to frame their position in civic terms. The debate shifts from “Should children be targeted by beer companies?” to “Should beer companies have their First Amendment rights protected?” In addition to framing the issues, the alcoholic beverage industry tries to frame itself in a positive light—by presenting itself as a supporter of sporting events, as a patron of local and national artistic endeavors, as a prevention educator of young people, and as a protector of freedoms. According to Lawrence Wallack, PhD, a professor at the School of Public Health, University of California at Berkeley, prevention practitioners have two means of reframing issues that the alcoholic beverage industry has framed to its own advantage. First, they can focus attention on promotional practices in the environment as the primary problem, not the behavior of individuals who drink. Second, they can address industry practices that appear unethical.

Gaining Access to the Media

Gaining access to the media involves watching for opportunities to contact the media with timely information. Contact may be established through a news release (with a follow-up

telephone call), a letter to the editor, a guest editorial, or a telephone call to build interest in a story angle. Over time, media advocates can build credibility so that the media will contact them first when the possibility of an alcohol- or other drug-related story arises. Gaining access to the media can help groups gain community support for their efforts. For example, when SeaWorld in San Diego, California, owned by Anheuser-Busch, announced its intention to open a hospitality center where adult park patrons could get two free glasses of beer, prevention practitioners used media advocacy techniques to bring their concerns to the attention of the public. The resulting media coverage led other groups and individuals to join a prevention coalition to continue SeaWorld protests and address other environmental issues.

Media Advocacy Case Study

In California, the State legislature passed the “Three Strikes and You’re Out” law in 1994. The law permits revocation of an alcohol license, if the licensee is caught selling alcohol to minors three times in a 3-year period. The law gave community members concerned about sales to minors a means to shut down retailers that would not comply with the law, and the law warned business owners to take measures to prevent sales to underage young people if they wanted to stay in business. In addition, that same year the California Supreme Court ruled that minors could be used as decoys to conduct compliance checks on licensees. Further, the following year the California State Department of Alcoholic Beverage Control (ABC Department) offered grants to communities forming partnerships with law enforcement to reduce problems associated with alcohol. Communities used the majority of the grant money to establish minor decoy programs. The minor decoy programs began to yield noncompliant retailers, and the three-strike provision began to pose a real threat to businesses selling to minors. In 1998, a California State senator introduced Senate Bill 1696. The bill allowed a fourth violation in a 3-year period and restricted the ABC Department’s grant funding for decoy programs. The bill was supported by multiple food and beverage retail associations, big breweries such as Anheuser-Bush and Miller, and the Wine Institute. However, when prevention advocates learned about SB 1696, they mobilized and declared defeating it a top priority. The California Council on Alcohol Policy distributed legislative alerts around the State. Members of the North City Prevention Coalition in San Diego wrote letters to their senator (the author of the bill) opposing it. Members of the coalition also signed a petition opposing the bill. Members of the San Diego Council on Alcohol Problems (SANDCAP) also contacted the senator and demanded the bill be dropped or dramatically changed. Other prevention and recovery organizations also opposed the bill and contacted the senator. The director of the San Diego Policy Panel on Youth Access to Alcohol urged its influential members from a cross-section of the community to work for the defeat of the bill. One prevention services director estimated that the senator received more than 500 calls opposing the bill. California alcohol policy activists met with the senator and wrote letters to the members of the policy committee. Policy advocates used their relationship with a San Diego newspaper to gain public support in San Diego for defeating the bill. The newspaper editor wrote an editorial describing the bill as beneficial to a special-interest group and not to the public interest, which prompted many letters to the editor. The newspaper ran eight more pieces on the topic within the next few

months. The newspaper articles allowed both sides to voice their arguments. However, alcohol policy advocates made strong arguments: “What’s our priority, industry profit or safety for our children? The beer industry sells an estimated 1.1 billion cans of beer each year to junior and high school students; kids already have ready access to booze. We should be making it more difficult to sell to them, not easier. The industry is trying to ‘buy’ a bill in the legislature to get itself off the hook; it made \$2.4 million dollars in donations in the 1996-97 legislative year. Why let these ‘three-strike’ violators off the hook? Prevention strategies should be implemented without giving violators a break; 95 percent of Californians want stricter, not weaker, enforcement” (Ryan & Mosher, 2000, p. 15). This local media coverage and activism by San Diego residents made it clear that the senator’s local constituency opposed the bill. Despite all the attention and criticism in San Diego, the bill moved along with only minor revisions. Policy advocates opposing the bill believed it was going to pass and decided to strengthen their efforts in the media to defeat the bill. The advocates knew the media across the State would be interested in the story. They had data on the amount of money the alcohol industry donated to political campaigns, and they “had a frame that would attract attention: The industry was trying to protect their right to sell to kids” (Ryan & Mosher, 2000). Although the advocates had been reluctant to criticize the senator and the bill statewide because they didn’t want to anger her and risk their ability to work with her in the future, they decided to be more explicit. James E. Mosher, J.D., senior policy advisor, the Marin Institute for Prevention of Alcohol and Other Drug Problems, sent an op-ed piece on SB 1696 to newspapers in Sacramento and San Jose, outlining the principal reasons that this was a bad bill; the piece ran a few days later. Soon, other major newspapers in the State were running stories and editorials about the bill. The stories generated letters to the editor, mainly in support of defeating the bill. The media took the frame and called it the “fourth-strike bill.” One headline in San Jose read, “Responsible retailers don’t need SB 1696. And the community doesn’t need irresponsible retailers” (Ryan & Mosher, 2000, p. 24).

Apparently the media coverage worked. The senator agreed to meet with policy advocates to seriously discuss their concerns. She amended the bill by removing the fourth-strike provision and retaining the grant funding for the minor decoy programs. Grassroots organizing to generate media coverage at the local level didn’t seem to be enough to defeat the bill. Nearly everyone involved in defeating the bill felt it would not have been amended without the broad negative media attention the bill received. The surprise victory for the alcohol policy activists proved the effectiveness of their media advocacy efforts and helped to strengthen their confidence and commitment. Further, and most important, because of the relationships that were developed, alcohol policy advocates now sit at the table with legislators to assist in drafting bills related to prevention issues and continue to work with the media (Ryan & Mosher, 2000).

Activity

Locate examples of the following media advocacy tools in the case study described above:

1. Research:
2. Creative use of data:
3. Framing the issue:
4. Gaining access to the media:

Adapted from: CSAP, Substance Abuse Prevention Specialist Training, 2006

Seven strategies to affect community change

1. Provide information—Educational presentations, workshops or seminars, and data or media presentations (e.g., public service announcements, brochures, billboard campaigns, community meetings, town halls, forums, web-based communication).
2. Enhance skills—Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools).
3. Provide support—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, Alcoholics or Narcotics Anonymous).

4. Enhance access/reduce barriers**—Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity).
5. Change consequences (incentives/disincentives)—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Change physical design—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modify/change policies—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

**Note: This strategy also can be utilized when it is turned around to reducing access/enhancing barriers. When community coalitions establish barriers to underage drinking or other illegal drug use, they decrease its accessibility. Prevention science tells us that when more resources (money, time, etc.) are required to obtain illegal substances, use declines. When many states began to mandate the placement of pseudoephedrine-based products behind the pharmacy counter, communities experienced a significant decrease in local clandestine methamphetamine labs. Barriers were put into place that led to a decrease in the accessibility of the precursor materials for meth production.

The list of strategies were distilled by the University of Kansas Work Group on Health Promotion and Community Development— a World Health Organization Collaborating Centre. Research cited in selection of the strategies is documented in the Resources and

Research section of the CADCA website, www.cadca.org. The Institute uses this list by permission of the University.

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