

# Community Organizing in Alcohol and Other Drug Prevention Coalition Building: The Role of Strategic Decisions

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## Abstract

*Community organizing and coalition building have become a common approach to prevention of alcohol and other drug problems. These techniques can be especially useful in approaching substance-related problems in college communities. Strategic decisions are involved in development of such coalitions which, ultimately, impact the efficacy of prevention efforts.*

*This paper presents a case study of the development of a college-based alcohol and other drug prevention coalition with special attention given to strategic decisions. Strategic decision areas analyzed include mission, membership, leadership, and resources. Additionally, key learnings and suggestions for organizers and prevention specialists are offered.*

Use of community organization techniques has become a typical response to community alcohol and other drug problems (Room, 1989). Similarly, coalitions have become a common mechanism for creating community change or affecting social policy. The purpose of this article is to integrate these trends, add to development of theory and practice principles regarding coalitions as applied to AOD prevention, and to offer guidelines to other community organizers working in

this field. This article presents results of a case study of the development of a university-based AOD prevention coalition, focusing on the analysis of key strategic decisions made by coalition organizers. Strategic decisions will be distinguished from tactical decisions, the former being key decisions with significant or long-term impacts and the latter relating to implementation, tasks, and ongoing operations. Strategic decisions are seen as being fundamental to the success and survival of a coalition and, therefore, warrant the thoughtful attention of coalition organizers.

## Community Organizing and AOD Prevention

Greenfield, Huff, Jones, and Wechsler (1990) note several barriers to the adoption of community organizing as a prevention strategy, including a lack of organizers trained in AOD prevention, a lack of funding for long-term organizing efforts in most prevention projects, and a lack of evaluative outcome studies of community organizing techniques. Additionally, no single model of community organization has emerged as the standard method for mobilizing communities to respond to and prevent AOD problems. Indeed, the approaches referred to under the rubric of community organizing often vary from confrontational techniques such as painting over billboards advertising alcohol in low socio-economic areas (Wechsler, 1990) to program implementation (Pentz, 1986; Pentz, Alexander, Cornack & Light, 1990). In general, this lack of standardiza-

tion in method and definition is consistent with community organization practice outside of AOD prevention (see Taylor & Roberts, 1985). Thus, models and methods are often combined or altered by organizers to achieve the goals of their particular project (for example, Pentz, 1986). This mixing of organizing approaches is often both appropriate and effective (Rothman & Tropman, 1987).

The social planning approach, which utilizes professionals and analytic techniques to address large community problems such as mental health and public health, has been the most commonly used community organization model in prevention of community AOD problems, as prevention of these problems has fallen traditionally in the domain of public health professionals. However, Room (1990) notes a recent shift among public health professionals away from social planning toward locality development in efforts to prevent AOD problems. Locality development approaches community organizing from the perspective that community change is achieved best by the democratic participation of a broad spectrum of constituencies in self-help, problem solving, goal determination, and planning (Rothman & Tropman, 1987). Consistent with this trend, Wechsler (1988) outlines the community-based approach to AOD prevention which, like locality development, emphasizes community involvement in problem identification and intervention.

Thus, while no one model emerges as a standard approach to organizing communities around AOD issues, cur-

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rent approaches tend to emphasize community participation in problem identification, prevention planning, and prevention implementation.

Coalition building, a subset of the community organization approaches described above, has received little attention in the AOD prevention literature. In fact, Dluhy (1990, p. 17) has noted there has been little research on practicing coalitions in general, and has suggested further study in the following areas: leadership and critical leadership tasks, the optimum degree of conflict, the type of membership base, people's motivations for joining coalitions, and the balance of structure and responsiveness as competing dynamics (pp. 127-128). Each of these factors will be addressed in the context of the case presented and strategic decisions are discussed below. There are two unique aspects of this project: the focus on coalition development (in elaboration upon emerging community-oriented approaches) and the university-community collaboration.

### Methodology

A case study of the development of a community AOD coalition and its member groups is presented below. Primary sources of evidence include documents, archival records, participant observation, and interviews. A purposive sample of four coalition members representing key interest groups was chosen for interviews. Data from documents and records (primarily meeting minutes and project reports) and observations made by organizers at various meetings were integrated with interview data and analyzed to develop insights. The case history will be presented by describing the coalition's chronological growth and development, with the discussion based on strategic decisions confronted by the organizers. A contingency model will be used, suggesting that there are rarely universally "right" choices, but rather decisions should be made situationally, with attention to relevant factors or contingencies.

### Strategic Decisions

The following decision areas were determined to be strategic in this case and may be strategic in other applications. First, determining the mission of the coalition is of fundamental importance because it provides both a sense of purpose for members and a direction for goal formation and task accomplishment. Membership of the coalition also was seen as strategic, e.g., the balance among factors such as group size, recruitment of key community members, and group focus. Filling leadership roles was another important consideration: should the organizers assume leadership? Should potential or emergent leaders be tapped? Should leadership come from the university or the community or both? Strategy development (selecting collaborative or conflict approaches) and a focus on task or process goals had to be considered. Finally, issues regarding resources were key. Decisions in this area were partly by default, based upon funding availability, but this emerged as a key variable affecting the life and efficacy of the coalition.

### Case Analysis

The coalition described here was formed by the staff of a comprehensive university-based AOD prevention program which had been in existence for one and one half years and had an impressive record of accomplishments in on-campus educational and environmental prevention efforts (Stanger, 1991). Coalition building differs from traditional approaches to AOD prevention targeting college students in that it gives local residents a voice on campus, and seeks to manipulate the environment and develop policy both on and off campus, rather than strictly providing drug education.

In recent years, university-community relations had been strained. This rancorous relationship evolved in large part from loud parties adjacent to campus, leading to drunken and loud behavior. The

coalition, which came to be known as the College Area Coalition for Drug and Alcohol Abuse Prevention, is the first formal attempt to address student-related AOD problems off campus.

*Mission:* Because the coalition originated through a grant proposal developed at the university, community members were not consulted in advance and the mission was developed without their input (they did, however, submit letters of support in the grant proposal). Ideally, the mission would be developed collaboratively by community members. Hence, one of the organizers' first decisions was regarding how to form the coalition's mission in a way that it would be broadly shared. Many key actors had particular agendas which might be furthered by their involvement in the coalition, and the organizers' task was to develop a purpose which would be seen as valuable to as many key players as possible. For example, student groups wanted to improve their image in the community and nearby residents wanted to decrease noise and unruly behavior related to student drinking. Thus the mission, broadly defined, was to develop a university-community partnership to engage in AOD prevention.

*Membership:* Organizers realized that success of the coalition would be contingent upon recruiting key players already active in the area, who had a range of interests and perspectives to add clout and credibility to the coalition's initiatives. Additionally, representation from a broad spectrum of community constituencies was desired. Members were strategically recruited from local law enforcement agencies, schools, churches, community planning groups, businesses, and campus organizations (particularly the Greek system and residence halls).

*Leadership:* From the outset the organizers were aware of the need for the group to develop an inspiring vision which could focus and motivate action (Garner, 1989). Traditionally, this development is guided by a leader who can articulate a vision and get others to share it. Given a lack of emerging leadership within the

coalition, this area did not receive much attention, and may have weakened members' commitment to the coalition. Using a contingency model of leadership (Hersey & Blanchard, 1988) to assess the group's level of development (maturity), the organizers concluded that, as a newly formed group with many members not experienced in coalition principles and behaviors, the group required leadership with a high task orientation, focusing on clarifying the group's purpose, mandates, and possible objectives. The organizers developed the agenda for the first meeting and filled both the chair and facilitator roles. The agenda was tightly structured to enable coalition members to address key issues quickly: development of coalition goals and operating guidelines. The organizers provided structure by facilitating the discussion about these items to enable group members to make the decisions within a structured discussion context.

There was reluctance on the part of members to volunteer to chair the coalition, and to fill this gap the organizers decided to continue to fill a leadership role, but did this as facilitator rather than chairs or official leaders. This provided necessary structure but did not allow the organizers to direct the decisions regarding substantive items. The lack of emerging leadership may have been related, in part, to the fact that the community played no part in developing the project and viewed it as a university-based project. When initial grant funding ended after six months, a coalition member agreed to serve as chair, and the organizers shifted into a consultant role, assisting the chair with meeting planning and follow-up. Eventually, the coalition operated without any involvement from the organizers, a sign of its evolving maturity.

*Strategy development:* A key decision involved development of an overall stance on strategy, with the choices being a collaboratively-oriented locality development approach or a conflict-oriented social action approach (Rothman & Tropman, 1987). Related to a decision on overall strategy is a decision about the type of goals: process goals related to establishing

collaborative working relationships and problem solving structures, common in locality development, or task goals focused on problem solving and concrete tasks. Because not all the members had been together before the project, the organizers felt that attention to process goals initially was necessary to forge effective working relationships. This assessment was in large part based on historical conditions involving strained university-community relations. Given this history, the organizers subtly worked toward building more positive relations between university members (primarily students) and surrounding community members. Possibilities for conflict were avoided at this time so members could develop a sense of cooperation. After positive relations were developed, the organizers focused the group on identifying and solving specific problems.

*Resources:* Organizers and two interviewees noted that the limited financial resources over a limited time period (6 months) represented a key limitation. More time for organizers to contact people between meetings and attend meetings of coalition member organizations would have been a significant benefit. In particular, contact with local businesses and schools (secondary and primary) warranted more organizer time.

### Discussion and Next Steps

Interviewees noted that the coalition was very successful when building upon ongoing on-campus prevention activities but was not as successful in expansion into the community (see Table 1). Community support was not broad-based, due in large part to another problem: lack of resources for organizers to do necessary outreach. Two respondents noted the inconsistent participation of some members and the fact that goal setting and action planning needed more attention to ensure follow-through and results. It was also noted that this was the first time that all the players were in the same room, and this laid an important foundation upon which to build.

Comments from interviewees did shed light upon the questions by Dluhy (1990) mentioned earlier regarding coalitions. Members' motivations for joining were varied (see "Expectations" in Table 1), and the broad and inclusive mission developed for the group did facilitate the involvement of all key factors. The filling of leadership functions was a problem noted above, and its effects showed up in the interviews: spotty meeting attendance and a lack of clear goals. Virtually all coalition members were overextended, and it was difficult getting the involvement necessary to provide energy and leadership during and between meetings. One member, a dynamic and influential community activist, agreed to become chair when his term on a planning group ends a year from the date of project funding termination. This would have a major energizing effect.

The broad mission statement brought in members but made goal definition more difficult. Perhaps more directive leadership would have helped here. Also, in their attempt to build collaboration, organizers downplayed potentially conflicting issues related to student-community animosity. A more open discussion of conflicting views may have energized the group and eventually increased commitment.

With the consultants providing the initial structure because no member was willing to devote the necessary time, the group did not easily coalesce and develop commitment. When the organizers left due to funding termination, a member volunteered to chair, but group participation eventually waned due to lack of concrete accomplishments. Group members are still interested but seem to be waiting for more dynamic and organized leadership to emerge and to secure additional funding. In this case, a greater commitment of resources for organizers would have been necessary to more fully develop and sustain the group. In spite of these frustrations, the facts that groups which had not worked well together in the past were now collaborating and that the university's successful on-campus prevention programs became better known to the

surrounding community improved relations, and provided a foundation for further collaborative action.

There were two significant results of the coalition on campus. First, student coalition members have formed a community advisory board to the associated students with the mandate to address AOD problems both on-campus and in the surrounding community. This development is viewed as important by the organizers in that the associated students have yet to maintain an on-going AOD prevention agenda. Because the structure for the advisory board is essentially institutionalized,

it has the potential to make a significant impact. It remains to be seen, however, whether the coalition and the newly formed advisory board will function together, if at all. Additionally, as a result of the coalition, student government developed a committee on alcohol and drug abuse prevention. In doing so it entertained dialogue on whether the campus bar should be closed as well as ongoing debate on the efficacy of alcohol advertising on campus. These activities represent a historic break with tradition and are directly traceable to the coalition.

In sum, coalition building can be seen as an integral part of community organizing and AOD prevention planning.

Fostering indigenous leadership within a coalition is crucial to development of an inspiring and motivating vision which can guide and sustain members' efforts. Funding needs to be sufficient enough that organizers can adequately develop community support (day-to-day continuity and follow through between meetings) and allow the group to coalesce. Moreover, in joint university-community coalitions, the input of key community members is vital in the early planning and development stages. Finally, expectations should be reasonable and a significant amount time should be built into organizing efforts to establish

Table 1. Key Player Feedback

Community Player (and Affiliation)	Expectations	Accomplishments	Problems and Suggestions	Future Direction
<i>Law Enforcement Official (Campus)</i>	Strengthen Enforcement	Student Activities	Spotty Attendance	Focus on Student Problems
	Establish Links with Others	Links with Businesses	Lack of Clear Goals	
<i>School Principal (Community)</i>	Increase Awareness	Student Prevention Materials	Lack of Funding	Obtain Funding
	Understand Student Perspective	Put All Players in Same Room	Lack of Funding	Focus on Specific Issues
<i>Religious Leader (Community)</i>	Deglamorize Use	Broke Down Barriers		
	Increase Awareness	Student Activities	Spotty Attendance	Continue Efforts
<i>Student Leader (Campus)</i>	Increase Awareness	Kept Going Past Funding	Lack of Community Support	Deal with Obstacles
			Lack of Funding	Increase Community Involvement

trust and develop working relationships among disparate coalition members. Because both university-community relations and AOD problems are typically complex, it is naive to expect a coalition to function as a single solution to AOD problems. However, coupled with other on-going prevention efforts, a coalition can serve as an effective component in a comprehensive AOD prevention approach.

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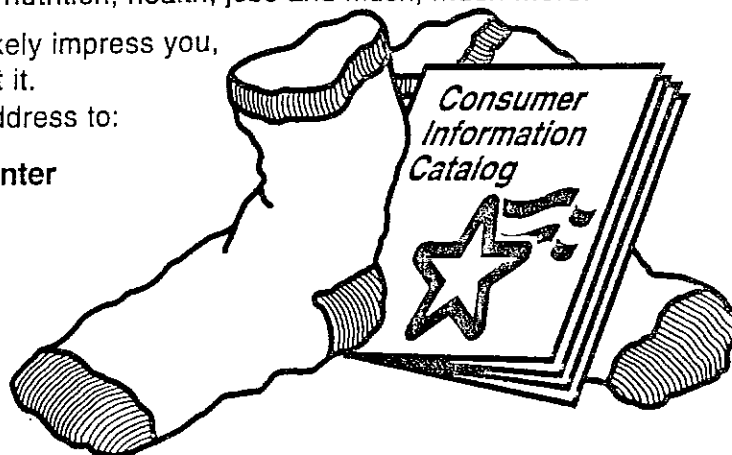
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