Community control of alcohol and drug risk environments: The California experience

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Consumption based disorders (alcohol/drugs, tobacco, food) are intimately connected to settings of use and circumstances of availability (California Department of Alcohol and Drug Programs 2002). How does it happen in a given community that consumption occurs at particular times, locations, and types of settings? How do local environments of consumption and availability contribute to the community’s alcohol and other drug (AOD) experience? How can public agencies and local coalitions manage these environments at the local (city, county) level to protect public health and safety? This paper reports on efforts by local communities in California’s 58 counties and 478 cities to address these questions.

California’s community ecology of alcohol and drugs

California’s AOD consumption environments encompass an enormous range of settings and circumstances. Each local community has its own ecology of AOD use and availability, ranging from very wet to almost dry (Wittman 1980). Basic types of communities exhibit certain patterns of availability and use. Suburban communities embed alcohol outlets in shopping centers and strip commercial areas serving a nearby residential community, where drinking occurs primarily in private homes. Urban communities concentrate alcohol outlets at intersections and in certain districts or neighborhoods, where drinking is divided between public and private settings. Resort communities may include alcohol sales in more than half of their commercial outlets; the number of alcohol outlets geared to the tourist population will be several times the number needed to serve the resident population.

Cities and counties also have sub-ecologies of availability and use in different districts or areas of the jurisdiction (Benham 1982). For example, San Francisco’s overall ratio of 20 outlets per 10,000 population varies greatly within the city’s fifteen neighborhood-commercial districts, entertainment districts, and Downtown. Distinct groups within a sub-community have their own
patterns of drinking/drug use and accompanying issues. In California’s densely-settled cities, conflicts about drinking/drug use in public places and at public events occur among groups who want more, less, and no drinking. These conflicts often are not easily resolved, particularly in communities that lack public services to mediate the conflicts and do not have clear policies for AOD use in public settings.

The local ecology of illicit drugs follows a different pattern. Where alcohol availability is relatively stable in time and place, illicit drug availability is highly mobile as dealers and customers search out the best venues to move drugs without getting caught. To some extent the drug system maps on to retail alcohol outlets, especially for poorly run outlets that become “magnets” for vice, drug-dealing, and neighborhood disruption.

California’s community ecology of AOD availability raises two challenging questions for community control: (1) How do community agencies, organizations, groups and concerned individuals sort out “normal” and “OK” AOD uses from “problematic” use at the local level? (2) How do local jurisdictions (cities, counties) use their powers to reduce and avoid the problems? (3) How do local organizations and groups use their resources to reduce and avoid the problems?

Understanding problematic community AOD consumption environments

Most community drinking situations are considered non-problematic, such as enjoying a beer with co-workers in the bar after work, sharing a bottle of wine at a restaurant with friends, having a glass of wine at a community art-fair in the streets. However, other AOD-related situations are considered ongoing problems in the community: Most often mentioned are drinking driving, AOD-related violence, public drunkenness and lack of decorum, and drinking by young people (Wittman 1995). These problems are situated in local contexts of time and place. They are found at specific local addresses such as private homes known for their drinking parties, among setting types such as sports bars that serve young people, and in certain geographic areas, such as “needle parks” where people go to score drugs.

Local communities (agencies, organizations, groups, concerned individuals) need to take stock of the community’s problematic drinking/drug use situations. This assessment is a necessary precursor to self-determined community action to reduce AOD problems. The assessment has two components: Objective risk and perceived risk.

Objective AOD risk environments. Community alcohol problems are concentrated in high-risk settings, with relatively high levels of drinking / drug use that require community health and safety services, and other people’s time and energy to clean up afterwards. Problematic behaviors also affect neighbors and displace desirable commercial or social activity. These problems can be objectively measured in terms of services, responses, and effects on the environment, for example through archival data from police and health departments, surveys of business activities, and door-to-door studies of impacts on neighborhood activities.

Community AOD problems occur along a continuum from “high-risk” to “low-risk” depending on relative levels of observed problem consequences. Settings can change from being low-risk to high-risk settings, and vice-versa. From a local policy perspective, therefore, it makes sense to talk about AOD risk-management for all levels of risk, emphasizing policies to reduce risk and, in certain circumstances, promote no risk (abstinence).

Perceived AOD risk environments. Local communities (cities, counties, special districts) include AOD environments operating at some level of risk generally considered normal – that is, people living and working in the area expect certain AOD problems in spite of harm and losses
that occur, and in spite of the fact that many people would agree something should be done to reduce the risk. Others will disagree that action should be taken, viewing the problematic occurrences as tolerable or even desirable. Still others come from cultures and beliefs that make it difficult to conduct an assessment. Finally, some people will hold that they are not affected by the problems since they do not experience them directly, and believe they do not have to pay for them.

These perceptions and perspectives all count toward determining local control policies at the community level. Doing no more than arguing back and forth about them may create dissension that makes it all the harder to address AOD problems. From a risk-management perspective, steps should be taken to shift perceptions of risk, particularly among key community leaders, toward recognition that these problems involve serious threats to public health, safety, and quality of life, and something can and should be done about them.

The Three Actor Model for assigning risk

Given the dynamic, contending perspectives on environmental risk that attach to a given setting or circumstance, how can local communities work effectively with varying perceptions of AOD risk environments while pursuing objective concerns about public health and safety? As the case studies below will show, community prevention initiatives manage AOD risk environments by negotiating (mitigating) risks among three “actors” or interested parties who each have a stake in the subject AOD risk environment: (1) Owner/managers who own/operate the environment; (2) Occupants/neighbors who are immediately affected by the environment; and (3) Officials/other interested parties who attend to risk consequences (Center for Substance Abuse Prevention 1999; Wittman 1997a; Wittman and Wright 1997).

Egregious risk (high-risk “hot spots”) and structural risk (problematic patterns).

Actionable AOD risk environments come in two forms: Egregious and structural. The egregious risk environments occur at specific settings that stick out like a sore thumb. These “out of control” places are highly visible “hot-spots” associated with greater problems and higher need for public services (police calls, treatment services, nuisance abatement, etc.) than is typical for most settings of the same type.

Structural risk environments embed risk of AOD problems as part of other activities and aspects of the subject environment. For example, an annual community rodeo or agricultural fair may typically involve high levels of drinking and drunkenness, routinely occurring year after year. The problematic AOD use has become so routine that local planners accommodate it without questioning it. For example, extra police presence will be routinely budgeted for the area or for the event, rather than question why so much law enforcement is needed in the first place (Prevention by Design Newsletter 2004).

Community environment AOD prevention planning takes action on egregious risk environments by dealing with the setting’s owners/managers to reduce the problems on a case-by-case basis. Structural risk environments are dealt with through public policy and environmental management measures applied to each setting for a specific setting type, or to the applicable geographic areas (Wittman 1997a).

Establishing environmental accountability. The major challenge in addressing community AOD risk environments is to fix responsibility for them in the local community. One way to state this is to insist on “environmental accountability” (Bobo, Kendall, Max 1996; Center for Substance Abuse Prevention 1999). Establishing environmental accountability is more challenging than knowing how to mitigate specific AOD problems in the environment. The
former is a community political process. The latter is a technical activity for which ample tools are available. The real challenge for community prevention planning is to gain community acceptance of the need to manage the problem-environment in the first place, then to obtain effective mitigations from the parties involved (Goldberg and Wittman forthcoming 2005). A Three Actor Model exercise has been developed to help account for variations in perceptions of risk (Wittman and Wright 1997), and to help assign responsibility for the risk in ways that undertake specific policies and programs to modify the risk environment in question (Wittman 1997b).

State and local resources for community control

The State of California provides substantial powers and resources to local communities for management of AOD risk environments. These powers can be grouped into retail, public, and normative (social) domains (Wittman and Shane 1988). For managing retail outlets, the California Alcoholic Beverage Control Department (ABC) defers to local zoning review and has several special programs to assist local law enforcement. For managing alcohol at public places and events, the state leaves to local jurisdictions the power to regulate drinking at public places and public events, except for property owned by the state. For shaping normative uses of alcohol, local communities have potential support that could give them great discretion to develop local programs and policies. As of 2004, the California Department of Alcohol and Drug Programs provides $63 million annually to support community-level AOD prevention initiatives. This funding is distributed through 58 county alcohol and drug program agencies, or county ADPs, which are free to encourage community environment approaches to prevention. The California Department of Education provides another $55 million annually to local school districts for school-community programs to reduce AOD and violence in school-aged youth. The State Department of Health, Tobacco Control Section, conducts a highly effective statewide tobacco prevention program, funded at about $100 million per year, that can be used as a model for reducing community AOD risk environments. Other state agencies and statewide organizations provide epidemiological information and technical assistance when asked for help.

In addition to these state resources, local jurisdictions (cities, counties, special districts such as schools and parks) have substantial powers and resources to manage AOD risk environments under their control: Planning and zoning laws, regulations for use of open space and conduct of public events, community health and safety campaigns, nuisance abatement, code compliance, community development incentives, environmental design standards, business operating standards, community policing programs, and the capacity to obtain grants from state, federal and foundation sources. These are powerful tools to manage community AOD risk environments particularly when used in combined and coordinated ways (Wittman 1994).

How do California’s local communities use these resources to organize action on AOD risk environments? What are the tools that can be used to take advantage of available funding and technical assistance? How do local communities organize themselves for action? Below we describe briefly the powers and resources available to local jurisdictions for control of AOD risk environments. We will also present four vignettes to show how these powers and resources are deployed by local communities.

Planning and land-use controls. In California, local planning and zoning ordinances allow the local jurisdiction to manage AOD availability in two ways, particularly with respect to retail alcohol outlets. First, local zoning can set text restrictions on the number (density), location, type, hours of sale, and conditions of operation for retail alcohol outlets permitted in the city. Second, a conditional use permit (CUP) review process is applied on a case-by-case basis to each prospective alcohol outlet (or to substantial changes in existing alcohol outlets), and to
special events such as one-day street party permits at which alcohol will be available. The review process may be used to deny the permit request, approve it, or approve with special conditions of design and operation. The CUP process enables public agencies and concerned community groups to work jointly on identified risk environments using methods that range from education, to persuasion and incentives, to mandatory requirements, to sanctions for non-compliance that can include revocation of the permit (Wittman 1994). About two-thirds of California cities are estimated to use some form of zoning text restrictions and CUPs to regulate alcohol outlets (Wittman and Hilton 1985).

Nuisance abatement. Existing non-conforming uses can be “deemed approved” to operate according to an original use permit so long as the establishment does not create public health and safety problems or other actionable nuisances. Once these “grandfathered” outlets are declared nuisances they can be brought under the tighter standards of a new ordinance. Nuisance ordinances are especially valuable for dealing with illicit drugs in community contexts. Problems associated with drug dealing and local manufacture – violence, community disturbance, noxious and toxic substances, property damage – are exactly those of interest to nuisance abatement and code-compliance operations (El Cajon Police Department 2000). This is an area in which CPTED (Crime Prevention through Environmental Design) concepts and practices might be further explored for preventative applications to forestall or minimize predictable AOD-related nuisance behaviors.

The community control continuum: Education – compliance – enforcement. The preferred approach to address AOD risk environment issues is through proactive education and compliance, proceeding to enforcement procedures only when earlier methods fail. Effective zoning administration integrates legislative, administrative, and organizational controls into a seamless community control system. This system needs to work for both egregious and structural AOD risk environments. When diligently executed and duly observed, zoning and abatement controls are almost always effective since the owner/manager literally manages (manipulates) the risk environment to achieve specified problem reductions (Wittman 1994).

Getting such results requires a community control system that works from a base of common knowledge of the features of the system, agreement on its values and its purposes, and skill in complying with its provisions. Community investment in creating this local system pays repeated dividends in trouble-free use of the community’s AOD environments, and early identification of incipient problems.

Particular methods for managing AOD risk behaviors. Local ordinances and use permits are useful devices for transmitting best practice requirements regarding marketing, display, and service of alcoholic beverages. Requirements can include restrictions on marketing and advertising to young people, disallowance of risky activities in connection with drinking (e.g., dangerous games of skill, gambling, sexual activity), and requirements for beverage service training / standards of service to minimize intoxication and disastrous consequences. Noise restrictions also turn out to be excellent controls on drinking behavior, since noise levels in a drinking establishment tend to rise along with blood alcohol levels (Wittman, Kattari and Harding 2003). Of course these best practices can also be adopted voluntarily, and as a matter of special campaigns directed at specific organizations and agencies outside of a formal regulatory process.

A specialized police information service has been developed to improve local capacity to monitor AOD experiences in any setting or area of the community, particularly alcohol outlets. ASIPS (Alcohol/drug Sensitive Information Planning System), aggregates police calls-for-service and arrest data into 54 problem groups that can be tracked by time, location, and type of setting.
AOD-related police events can be monitored in the context of all police events for a given setting (or for any designated geo-area or class of settings), by time and by location. ASIPS information is provided periodically in user-friendly reports soon to be available on the internet (Wittman and Harding 2004).

Do community environment initiatives diminish AOD problems or displace them? AOD environmental risk management is able to stop trouble because the owner/operator acts decisively to bar trouble-makers and troublesome behavior from the setting in question. But does that mean the trouble disappears or just changes address? If the trouble-makers moderate their behavior without leaving the setting, the trouble does abate. But what if the trouble-makers leave? The answer depends on the breadth and extent of the AOD risk management policy. If just one bar starts diligently observing laws against serving minors, the minors will probably find an alternative. If all the bars in town crack down, the minors will reduce their drinking in bars. But this does not automatically mean the minors will reduce their drinking overall. The drinking may be displaced to another venue. In a rural area this could mean increased drinking in unprotected and dangerous outdoor settings, and AOD-related problems could worsen.

Rather than rely solely on displacement of AOD use from a specified setting, this scenario suggests proactive prevention work should also occur directly with the subject group’s drinking practices and norms as well as the times and places where drinking occurs. For example, a lesbian-gay-bisexual-transgender (LGBT) prevention group in one California county was concerned about high-risk settings where its members drank and used drugs. Analysis of ways these settings were used showed that it was important to focus on the members’ own expectations and drinking practices that contributed to the risk. The result was a set of standards both for alcohol-safe settings and events in the community, and a system for identifying and addressing AOD-related risk behavior among LGBT community members (Staples, 2003).

Local experiences in community control – case studies

The following vignettes illustrate the local alcohol availability control system at work to help California cities manage alcohol use and availability in the context of community development issues. These examples span the period from the 1970s to the present.


Problem: Barriers to neighborhood development. East Oakland is a series of small, close-knit neighborhoods tied together along the city’s linear transportation system. Neighborhood groups in the middle 1970s participating in a federally-funded community development program sought to improve businesses in their areas. To compete successfully for funds, local residents determined they must deal with problematic off-sale alcohol outlets. Typically, several alcohol outlets clustered at key intersections in local neighborhood-commercial zones. This “overconcentration” of alcohol outlets encouraged street drinking, loitering, drug-dealing, and vice activities. The overconcentration also encouraged poor outlet operation and affected patronage at nearby businesses. These conditions would discourage investment in the area and harm employment opportunities for young people.

A local community organization, Oakland Community Organizations, at first tried working with the state ABC or local police. These agencies, although sympathetic, could do little to modify the problematic land-use pattern through existing alcohol law and nuisance regulations. After a frustrating year, OCO sat down with these agencies to write a zoning ordinance that would require 1,000 foot minimum spacing between alcohol
outlets and require certain features of safe operation. An effective lobbying campaign with the Oakland City Council resulted in passage of the ordinance in December 1977. OCO followed up implementation of the ordinance to see that its provisions were followed and waivers were not granted. Over time the problems abated as outlets thinned out through business turnovers and operators who were pressured to improve business practices. By 1987, neighbors reported significant improvements in the quality of life and police incidents decreased. The community effort to obtain the new ordinance, which received support from many community organizations, also led to the development of a successful youth training program (Case Study Oakland, Wittman and Shane, 1988).

*Problem: Neighborhood quality of life and crime issues.* By the mid-1990s, it had become clear that “grandfathered” outlets operating with non-conforming use permits issued before 1977 were creating undue levels of police problems. This deficiency in the 1977 zoning ordinance was corrected with a complaint-driven “deemed approved” ordinance passed in 1997. Negotiations between a foundation-funded community action group, the police department, and the city planning department resulted in creation of an Alcoholic Beverage Action Team (ABAT) to enforce the new ordinance. ABAT responded to complaints and cited outlets for code and use-permit violations. This ordinance (a novel form of nuisance abatement) allowed the city to take action on outlets that are the subject of excessive community complaints. The city can require mitigations in problematic operations and property management, and shut down outlets if necessary.

As of 2003, six outlets had their ABC licenses revoked and over 100 inspections were performed leading to mitigation orders, followed by re-inspections in 20 percent of the cases. The 1997 ordinance includes a license fee surcharge on alcohol outlets to pay for the ABAT operations. This surcharge withstood a court challenge that went to the state supreme court, creating a precedent and promising new resource for other California cities to adopt. (Russo 2004).

- City of Oceanside (1975 – 2002)

*Problem: Redevelopment of a blighted central core area.* Oceanside is a seaside residential community of about 170,000 people located next to a major highway in northern San Diego County. As the Viet Nam war wound down in 1975, the city worked to redevelop its downtown and beachfront areas for recreational and commercial use in a rapidly-growing part of the county. Practically this meant eliminating certain land uses from the core downtown area and reconfiguring new ones. Close proximity to the nearby Camp Pendleton Marine Training Base had tagged downtown Oceanside as a “liberty town” with a high concentration of alcohol outlets, street drinking, and drinking on parks and beaches. Redevelopment plans included efforts to displace bars and liquor stores, adult theaters and bookstores, pool halls, and pawnshops.

Oceanside is a case study in evolution of alcohol policies as an integral element of the city’s redevelopment plan. Decisions about alcohol availability were woven into all aspects of redevelopment planning, including land-use decisions, economic development planning, community participation in the planning process, and coordination among several agencies. Oceanside Police made sure alcohol outlets were included in the planning process. Alcohol outlet controls include a 1,000 foot spacing ordinance, restrictions on types of alcohol outlets permitted in the downtown area, limits on activities permitted in alcohol outlets. Additional limits placed restrictions on drinking in public and on the beaches. These limits were offset by development incentives to
relocate the outlets or convert them to other uses (Case Study Oceanside, Wittman and Shane, 1988).

By 1983, four of eleven bars remained that had been slated for removal in 1978. In the 1990s, the mix of uses and businesses in downtown Oceanside shifted toward regional tourism and services to the growing community’s increasingly affluent residents. The City of Oceanside participated in a federally-funded “Community Trials” program, 1990-95, to apply environmental approaches to prevention of trauma and DUI. County ADP funding continued for environmental prevention after the federal grant ended. With continuing high levels of support, alcohol outlets remained well under control through police and the community AOD prevention program oversight. A state ABC “Shoulder Tap” program, operating during 1998-2000, used underaged decoys to “tap” adults outside liquor stores to buy alcohol for them. The Oceanside PD, one of 19 local jurisdictions participating in the Shoulder Tap program, reported the lowest successful buy rate (3.0 percent) among all participating jurisdictions (11.7 percent average). Public drinking in beaches and at public events is similarly well managed (Community Prevention Planning Program, 2002).

- City of Los Angeles (South Central district) (1983 - 1996)

**Problem: Lack of protection and services for residential neighborhoods.** In 1983 a coalition of 22 churches and labor groups, organized by the Industrial Areas Foundation (Saul Alinsky), worked with the South Central Organizing Committee (SCOC) to identify neighborhood problems. Local door to door surveys and community meetings were held. Crime and vice associated with alcohol outlets rated among the top three items needing action. Efforts to address outlet-related problems with the state ABC and LA Police Department proved frustrating. SCOC organizers then created a mass rally of 2,700 people to bring the city’s attention to the problem outlets. A local church minister asked whether zoning law could be used to deal with the myriad facility-related, land-use problems involved with the outlets.

SCOC pressure succeeded in attracting assistance of the city attorney and a pro-bono attorney experienced in working with local community groups. The result was a 24 month trial CUP applied to new off-sale alcohol outlets, and to existing outlets seeking to expand or change their operations. The trial was confined to the South Central council district (one of 15 councilmanic districts in the City of Los Angeles). Thirty one retail alcohol outlet use-permit applications were reviewed during the trial period from 1984 to 86. Eighteen applications were approved with conditions and twelve were denied. Existing outlets seeking to expand or make other significant changes were more likely to be denied than new outlets. The application process itself was credited with discouraging a number of troublesome applicants from starting the process to seek an alcohol outlet use-permit in South Central.

Community concerns were represented by the “CUP Committee” chaired by a householder from a neighborhood severely affected by alcohol outlets and gangs. The CUP Committee was credited with making sure that community concerns were fully included in the CUP review process. Police reports and community responses both indicated the ordinance served its purpose. Following the trial period, a CUP ordinance was established city-wide for all new on-sale and new off-sale outlets in fifteen City Council districts. The Interim South Central Ordinance was made permanent, and a
nuisance abatement feature was added (Case Study Los Angeles, Wittman and Shane 1988).

Problem: Maintaining control during community change and upheaval. By 1991 the SCOC and its CUP Committee had been superseded by the Community Coalition for Substance Abuse Prevention and Treatment, a large federally funded program operating under a multi-year grant from the Center for Substance Abuse Prevention, US Department of Health and Human Services. The Coalition continued SCOC work to address problems with alcohol outlets. Re-surveying the local community as SCOC had done eight years earlier, the Coalition found continuing problems with existing outlets in operation prior to passage of the CUP. These “grandfathered” establishments were not required to meet the stringent CUP guidelines for new or expanded uses as long as there was no physical expansion or “substantial change in mode or character” of operation in the grandfathered establishment. In spring 1992 the Coalition was engaged in protracted negotiations with the mayor’s office to open up the CUP review process to included grandfathered South Central outlets that were creating nuisances through poor management and continuing crime/vice/loitering activity on and about the premises. Initially the mayor resisted. Following public demonstrations and extensive media coverage, the mayor agreed to open up the CUP review process to allow use of nuisance abatement powers for all problematic outlets, regardless of the date they received their use permit.

On April 28, 1992, the day after agreement was reached with the mayor, Los Angeles erupted in the civil disturbance following the Rodney King trial in which police officers were given what many considered light punishment for severely beating a black motorist in an widely-seen news videotape. Approximately 200 alcohol outlets were put out of operation among 750 outlets operating at the time in the South Central district (down from almost 900 ten years earlier). Many of the 200 disabled outlets were among high-problem establishments under negotiation with the mayor’s office.

The Community Coalition worked out a system to institute the regular case-by-case community review just negotiated through the mayor’s office. This approach permitted denial of permits to outlets with past histories of nuisance conditions. The alcohol outlet re-build process slowed to a deliberate pace that evaluated the merits and problems of each application with full community input and thorough agency reviews, including extensive participation by LAPD. This policy prevailed over several challenges: Demands to fast-track alcohol outlet permit reviews as part of official Rebuild LA; overt discriminatory treatment of South Central neighborhood groups participating in the hearing process; attempts by local and national media to exploit racial differences between outlet operators and neighborhood residents; and most importantly, a vigorous merchant lawsuit, finally resolved in the state supreme court, that sought unsuccessfully to limit the city’s powers to deny permits on the basis of past nuisance conditions.

By 1996, fewer than half the shut-down alcohol outlets had re-opened and at least 30 had converted to other non-alcohol commercial uses. LA Police and university researchers reported that crime and police problems had declined in areas where alcohol outlets no longer operated. The Community Coalition program director credits the coalition’s success with an outpouring of technical assistance from many sources, sympathetic administration of the review process by city agencies, and support from residents of other LA neighborhoods who attended outlet review hearings to assure fairness and public accountability in the process (Center for Substance Abuse Prevention, 1999).
Isla Vista (Santa Barbara County) (1991 – 2005)

Problem: College student drinking and partying. Isla Vista is a college community in unincorporated Santa Barbara County near the City of Santa Barbara. Approximately 13,000 of Isla Vista’s 22,000 residents are college students. A University of California campus surrounds Isla Vista on three sides, and the fourth is a magnificent bluff overlooking the Pacific Ocean. UC Santa Barbara, with an enrollment of about 20,000 students, has the distinction of being one of the heaviest-drinking universities in the US. This reputation includes heavy weekend partying and holiday drinking, notably during Halloween. About half of the student drinking in Isla Vista occurs along a residential street, Del Playa, with multi-unit low-rise apartment housing, heavily occupied by students, that runs along the bluff. Two blocks of Del Playa and two side-streets are a notorious “party area” that accounts for half the party calls in Isla Vista and more than two-thirds of alcohol-related police calls for service. (Community Prevention Planning Program 2003)

Federally-funded alcohol/drug prevention efforts have been underway at the university since the early 1990s. Student education programs in the early 1990s have expanded to include treatment and prevention services. On-campus prevention services, which have won several national awards, have made significant progress creating AOD-safe dorms and campus settings. Student DUls are minimal (students mostly walk in any case). Fraternity parties, while not trouble-free, are managed with relatively few problems.

Starting in 2001, campus-community prevention planning focused on the heavy student drinking and partying in Isla Vista. The university prevention program began working closely with the AOD Council, a community coalition funded by Santa Barbara County Alcohol and Drug Program. The AOD Council established partnerships with the sheriff’s office (Isla Vista Foot Patrol), the Santa Barbara Recreation and Parks Department, a non-profit family and youth services program, local merchants, a residential neighborhood group, and student groups. By 2003 policies were either in formation or in place to manage alcohol in public places, at public events, and in Isla Vista’s retail alcohol outlets. However, UC Santa Barbara’s party reputation continued unabated. Students continued to report a stream of drinking experiences and related problems to the student alcohol/drug service. The Foot Patrol continued reporting disproportionate police problems, especially for alcohol-specific offenses in the Party Area. The popular press coverage celebrating Isla Vista as a college drinking haven continued.

Problem: Heavy-drinking locale in the midst of the community. A highly localized drinking ecology was firmly lodged in the Isla Vista student residence community. Younger undergraduates (mostly sophomores, some freshman and some juniors) self-selected into “party area” apartment houses looking for heavy drinking and weekend partying. Succeeding waves of students maintained this pattern as apartment occupancies turned over every year or two. Property managers and landlords abetted the practice through lax leases and minimal property management. Nearby off-sale alcohol outlets sold an estimated 9,000 to 15,000 beer kegs annually (each keg has a capacity of 15.5 gallons). Isla Vista Foot Patrol sheriff deputies served a party-patrol function to make sure live music bands shut down at midnight, enforced drinking in public and drunkenness ordinances, and developed ways to intervene in time before parties tipped over into drunken melees.
In 2003, in conjunction with a long-running County-sponsored master plan improvement program for the area, the Isla Vista AOD Council geared up to challenge this student drinking enclave. A multi-faceted residential responsibility program was begun: A property manager’s handbook was prepared on alcohol control and effective management practice. Initial meetings were held with concerned property owners. The Foot Patrol started a notification program to advise landlords formally that their residences were the subject of police calls. The university began a parental notification program advising when underaged off-campus students were cited for alcohol law violations. In early 2004, a keg registration program began to track keg purchasers and to cite party hosts for furnishing to minors when deputies found kegs and underage drinkers on the premises. By late 2004, sheriff’s deputies began reporting fewer disturbances, decreases in alcohol-specific offenses, and party hosts began asking the Foot Patrol commander for guidelines to avoid citations.

State grant funding received in 2005 for a “Safer Isla Vista” project targeted student binge drinking. The grant will provide support for five additional projects to create a comprehensive community service that builds on earlier efforts: (1) Safe parties guidelines (social host training for students); (2) a more systematic landlord notification program with potential repercussions for inclusion on UC’s student housing listings and insurance rates; (3) a responsible landlord management training program on effective AOD lease policies and site management, especially for owners/property managers whose residences are cited repeatedly; (4) a Place of Last Drink program to identify settings that are generating visits to a nearby hospital urgent care facility, and include them in Safer Isla Vista prevention programming; and (5) a web-based self-guiding community information and referral service that will market the wide range of healthy, non-drinking activities available for young people. A specialized data system and evaluation program will track these efforts, monitoring their implementation and reporting their outcomes.

The goal of the Residential Responsibility program is positive rather than punitive – to restore Isla Vista residences to ordinary living (which would include small house parties among friends), rather than to continue as distended party-houses. The goal is not to end parties, but to realign socializing among Isla Vista’s young people free of heavy drinking and related problems (sex, drugs, community disruptions, personal relationship problems) in properly sized, well designed facilities that accommodate young people in exciting and hip places.

**Conclusion**

These four examples (urban neighborhoods, suburban development, metro area, college town) are a small slice of the wide range of alcohol/drug ecologies found in California. They offer examples of the range of issues involved in establishing community control over AOD use and availability. Certain points stand out across these case studies that are applicable to all California communities.

1. **Use change to make change.** Significant change in the local ecology of alcohol/drugs requires stimulation by a combination of internal and external forces. In these case examples, AOD prevention advocates worked with local groups and officials to insert management of AOD settings into broader community planning already underway to manage economic and demographic shifts. **Therefore,** seek conditions ripe for change and work with local planners to create leverage for preventive action.
2. **Know where you’re going, then figure out how you’re going to get there.** A common planning framework is needed to organize community action. The basic questions “what are we trying to prevent,” “what are we trying to achieve,” and “what steps are required to do this” need to be hammered out until they were well understood and agreed by all participants. Forging such agreement is a continuing process headed toward a concrete goal that remains clear at all times: Establish environmental accountability to manage community AOD problems through environmental risk reduction methods. Therefore, use the community planning process to clarify environmental risk-reduction concepts and strategies needed to achieve real outcomes. Establish a community data system to identify AOD risk environments. Monitor efforts to mitigate / prevent AOD problems. Create an action plan that incorporates policy (structural risk) and program (egregious risk) elements. An action manual and reference guide to support such a planning framework, available for California communities, can be used in other local jurisdictions with similar powers and resources (Goldberg and Wittman forthcoming).

3. **Form an alcohol/drug policy working group in the local jurisdictions.** The case studies make clear that community-level management of AOD risk environments requires coordinated official support from several public agencies or departments. These agencies—planning, police, attorney, code enforcement, public events and community services—working jointly can be highly effective. Working piecemeal and separately they are likely to accomplish little. Therefore, form a local alcohol/drug policy working group. This group can start small, looking at specific kinds of problems in specific types of settings, such as managing high-risk off-sales in residential neighborhoods (Pasadena Nuisance Off-Sale Premises Working Group 2004), and then can expand based on earlier accomplishments.

4. **Work with local coalitions actively engaged in policy-making and problem-solving to manage AOD risk environments.** Active participants—organizations, groups, concerned individuals who are directly affected by AOD problems and press for action—are the life-blood of community control. Local coalitions are vital to sort out the priorities for action and to implement those priorities. Case study communities built their coalitions specifically to manage AOD risk environments by working with existing groups and organizations already focused on related community issues. Therefore, work creatively with local agencies and organizations, keeping in mind that AOD prevention coalition partners will come from existing community groups and organizations already engaged on related issues. Only rarely will public agencies play leading roles in formulation of local coalitions, though the agencies can provide indispensable technical and policy support to coalition initiatives after the coalitions are established. A high level of skill is required to work with local coalitions; professional community organizers and knowledgeable AOD prevention program specialists are helpful.

5. **Expect challenges and opposition.** The alcohol/drug industry (producers, suppliers, retailers), other businesses that benefit greatly from alcohol sales (hotels, restaurants, resorts, entertainment venues), opponents of expanded public policy to protect public health and safety, and defenders of the status quo resistant to any change, all have reasons to resist environmental risk management of AOD problems. Changes that elevate values for public health and safety will challenge other values related to AOD consumption, particularly commercial aspects. Which value-sets will prevail? Public battles for control of the community’s AOD environment will be fought in the courts (reliable data describing problem environments is crucial), in the press and in public messages (media
advocacy is vital to support prevention and to address the opposition), and in debates through the local policy-making and decision-making processes used to manage AOD risk environments. Therefore, expect opposition and meet it with better information, more persuasive arguments, and stronger local alliances.

6.  

**Celebrate successes and establish sustainability.** Community management of AOD risk environments is a continuing task that can be successful, but cannot be completed. The case study communities celebrate their victories by recognizing each other’s support and working forward to establish local sustainability. This is done by developing long-term relationships among community allies for AOD prevention policies and programs, and by developing reliable funding sources. Therefore, nurture allies and search for reliable continuing sources of funding. One approach is to pursue the alcohol/drug industry and its customers to pay their share through taxes, fees, and fines. California has a fifty to one disparity between public health and safety costs attributable to alcohol ($17.8 billion in 2002 dollars) and the offsetting amount the industry pays ($350 million). See Max, Wittman et al., 2004.

7.  

**State agencies and statewide organizations must help.** Local community agencies and organizations must take the lead creating and adopting local policy for effective management of AOD environments. Yet only in the rarest situations can local entities self-organize. For most communities this means picking one’s self up by the bootstraps. Specialized assistance is needed, both to train and support local leaders, and to provide technical-professional services as needed. In California, this assistance is available from several sources, starting with county alcohol and drug programs and technical assistance from the state Department of Alcohol and Drug Programs. It is the subject of another paper to review how these state level and other external resources could best support California communities’ management of AOD risk environments.

California is primed to move forward on these seven points. The concepts and technology have been developed and resources are available. The question is how local communities and state agencies can work together to expand the “early adopter” examples described here into broad application as a matter of the state’s AOD prevention policy.
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