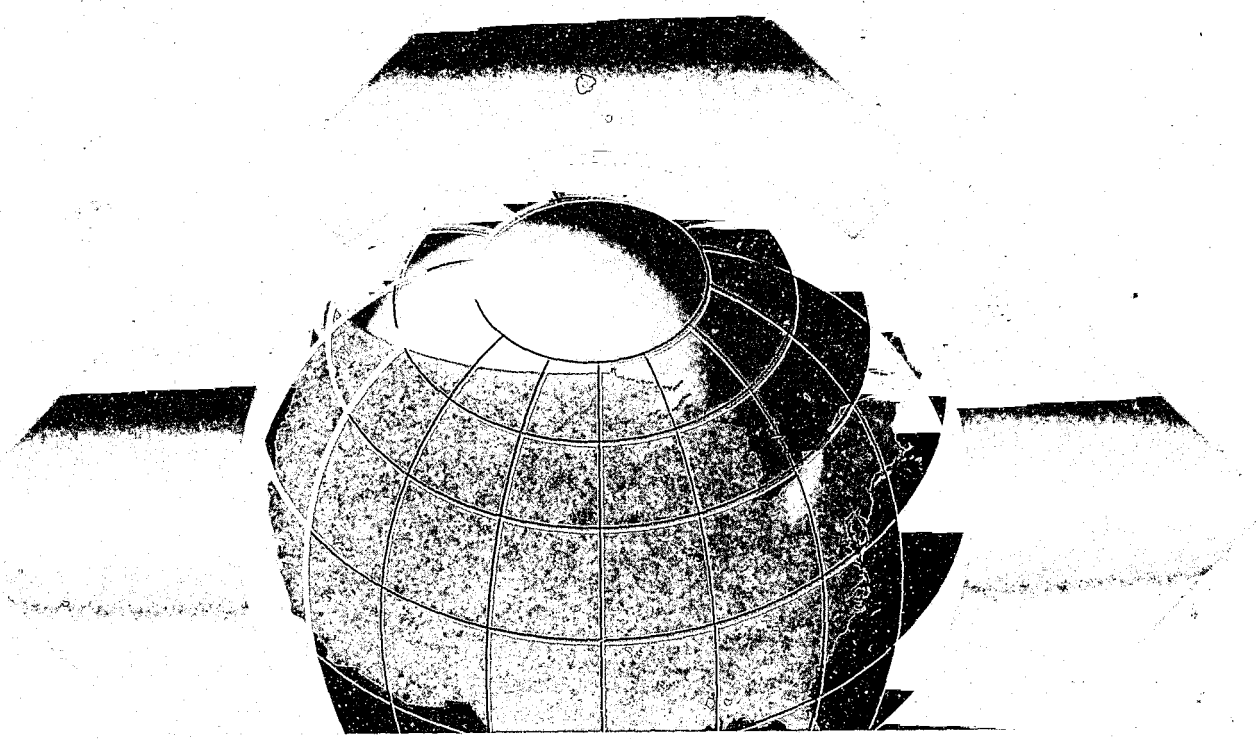

Acknowledgments

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Foreword

Calvin Hill

Substance abuse is at the heart of the nation's most serious domestic problems. Much of the violence in the United States is directly related to illegal drugs and excessive alcohol consumption. And a substantial amount of all medical expenses can be traced to illegal drugs, alcohol, and tobacco use. Alcohol abuse alone costs American businesses billions of dollars in lost productivity, medical costs, and premature deaths — and its toll has been rising over the past five years.

In recent years, a consensus has emerged from community leaders throughout the nation. They tell us that the way to reduce the harm from substance abuse is to reduce demand, provide treatment for those who need it, and develop and implement strategies at the federal, state, and particularly, community levels.

Every community in the nation needs a comprehensive strategy to reduce the harm from substance abuse. This strategy must involve local public and private organizations, such as the schools, police, courts, business and labor, churches, parents and young people, welfare and recreation agencies, and prevention and treatment providers. Leaders of these groups must make a commitment to support effective public policies and to provide much-needed financial resources that will enable successful implementation of these communitywide strategies.

Join Together was created to help communities be more effective in developing and implementing strategies to reduce the harm from substance abuse. We believe that the most effective strategies will emerge from coalitions that include the leaders of all the institutions in a community. Today, there are thousands of such coalitions hard at work throughout the country. They represent the frontline in the battle against substance abuse. Policy makers and community leaders must understand the needs of these groups in order to help them be successful.

This **Report to the Nation** is the second national study Join Together has conducted to describe community coalitions and to assess their contributions and needs. We hope coalitions, local leaders, and public policy makers will use these findings to strengthen their capacity and their commitment to reduce the harm from substance abuse.

Sincerely,

Calvin Hill

Calvin Hill
Chairman
Join Together National Advisory Committee

The Join Together 1993 Survey: Summary of Major Findings

- Community coalitions fighting substance abuse exist in most U.S. cities, suburbs, and rural areas. They differ dramatically from groups that have traditionally focused on alcohol and drug problems in that they have a greater breadth of membership, are led by an equal mix of lay people and professionals, and focus on communitywide change — rather than on single issues.

- Coalition leaders almost unanimously agree on the policy priorities the nation should pursue to reduce the harm from substance abuse. More than 90% of these leaders support increased taxes on alcohol, lower legal blood-alcohol concentration levels for drivers, restrictions on alcohol advertising, and funds for treatment on demand. And close to 80% oppose the decriminalization of illicit drug sales and possession.

- Community coalitions give at least as much attention to alcohol abuse, especially among young people, as to illegal drugs.

- The issues and activities coalitions emphasize — prevention, public awareness, early intervention, treatment, and aftercare — vary depending upon the sponsoring organization of the coalition.

- Through the Center for Substance Abuse Prevention (CSAP) Community Partnership Program, the federal government has become a major catalyst in developing new community coalitions. CSAP-supported coalitions have broader membership, engage in more communitywide strategic planning, and focus on higher risk populations (such as pregnant teens) than other types of coalitions. Most coalitions focus their activities on prevention programs aimed at young people. Fewer coalitions are directly involved in treatment and aftercare.

- The majority of coalitions, especially those funded by the federal government, are less than six-years-old. They face problems that are common to groups in the early stages of development, such as leadership turnover, unstable funding, and evolving organization and governance structure.

- Coalition leaders believe only a minority of leading institutions, such as schools, law enforcement agencies, and state governments, are doing a good or excellent job in fighting substance abuse. They are disappointed with the minor roles which labor and business, civic groups, religious organizations and the media have played on this issue. This view has not changed since the 1992 survey.

Table of Contents

Introduction

In 1989, a high school senior in Fort Washington, Pennsylvania, conducted a survey to learn how many students in his class drank alcohol. Even though all his classmates were under the legal drinking age, he found that a full 90% of them drank. These results were run in the local newspaper and prompted area parents to convene a meeting to discuss the problem of underage drinking. The result: a community coalition formed to find ways to reduce teen alcohol and drug abuse.

In South Central Los Angeles, a mother on welfare was sickened by seeing lives wasted by illegal drugs and violence. Without additional resources or grants, she mobilized her neighbors to form a community coalition that now runs programs for young people.

In 1982, the National Elks asked 2,300 mayors from around the country in what areas they most needed help. Seventy-five percent of the mayors said they needed assistance in fighting drugs. This finding led Elks members in hundreds of communities to participate in anti-substance abuse coalitions, and today, Elks chapters supply about 5 million — or a little more than one-third — of the 14 million red ribbons that represent drug awareness programs across the country.

The parents and children in Fort Washington and South Central Los Angeles are not alone. In the American tradition of local action and innovation, citizens throughout the nation have formed community coalitions to fight substance abuse.

For the past two years, Join Together has surveyed community coalitions around the country in an attempt to better understand the growing anti-substance abuse movement. This report of the survey results serves two purposes. First, coalitions can learn about similar efforts around the country and use this information to strengthen their own work. Second, this report lets the nation know what resources coalitions need — in fundraising, technical assistance, and policy changes — to be successful.

While more than 5,500 organizations responded to both the 1992 and 1993 surveys, this report focuses *only* on the answers from agencies that lead or sponsor coalitions (as opposed to agencies that simply participate in a coalition run by others). This group

FIGURE A
SURVEY RESPONDENTS

RESPONDENTS BY YEAR

	Responded only in 1992	Responded only in 1993	Responded in 1992 and 1993	TOTAL
Lead a coalition	515 (28%)	612 (41%)	1069 (48%)	2196 (40%)
Participate in a coalition	867 (47%)	557 (38%)	819 (37%)	2243 (40%)
Do not lead or participate in a coalition	460 (25%)	304 (21%)	326 (15%)	1090 (20%)
TOTAL	1842	1473	2214	5529

includes 2,196 respondents that answered our survey by May of 1993. (See **Figure A.**) Join Together decided to focus only on this segment of lead agencies because these are the groups that carry out coalitions' activities throughout their communities. Any references in the report to the full 5,500 respondents are clearly indicated. See the Appendix for information about how the survey was conducted.

CHAPTER 1

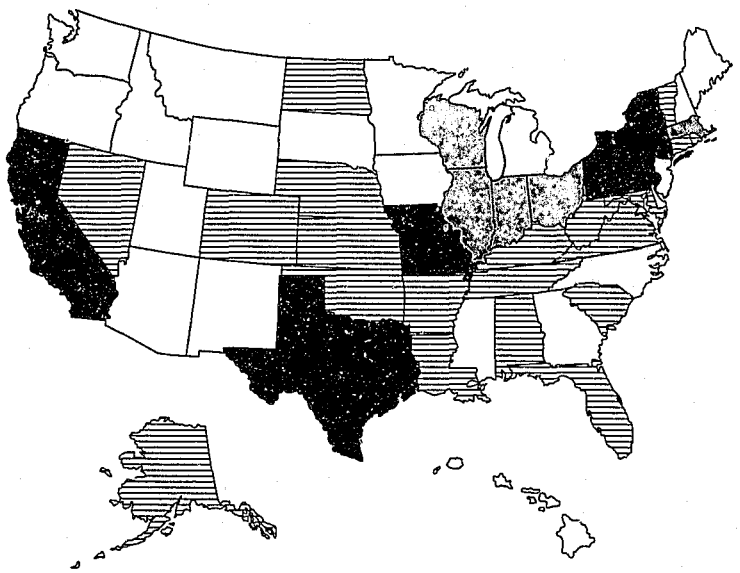
What Are Community Coalitions Against Substance Abuse?

Almost 2,200 groups lead or sponsor community coalitions fighting substance abuse throughout the nation. In fact, coalitions from every state responded to the Join Together survey. (See **Figure B** .)

The survey reveals common characteristics among community coalitions that distinguish them from other groups concerned with substance abuse. These characteristics include their broad membership base, their leadership, and their budgets. In addition, community coalitions tend to address a wide variety of issues identified by the community, commonly referred to as systemwide change, rather than focusing their work on a single area, and these groups are more likely to focus on changing community environments than on addressing individual needs.

FIGURE B

WHERE CAN YOU FIND COMMUNITY COALITIONS?



N=2196, 1992-1993

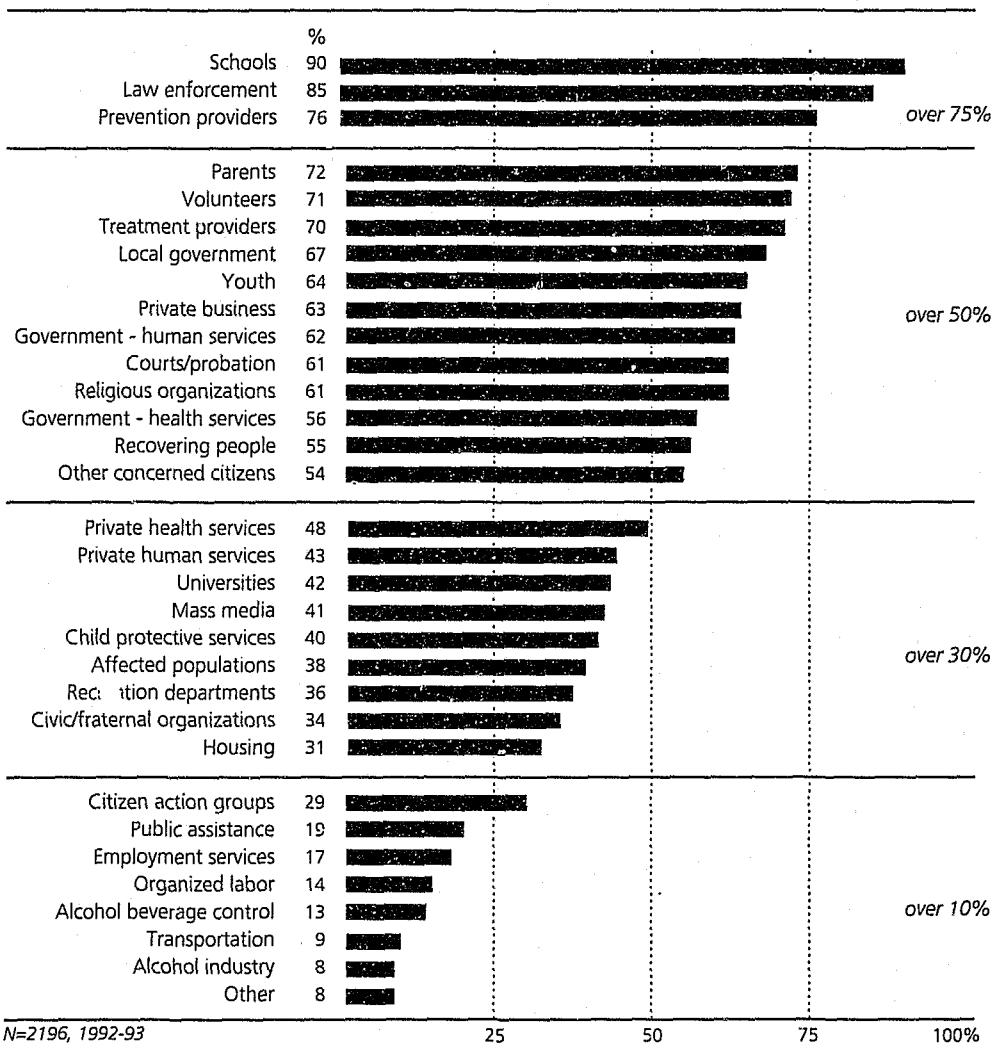
Who Participates in Coalitions?

Current Membership: Membership is an important measure of a coalition's legitimacy. A coalition with sustained participation by its members is probably doing a good job. On the other hand, a coalition that is not meeting its goals quickly loses support from groups and individuals. Broad participation is also essential to carrying out programs that involve multiple agencies.

The membership of almost all coalitions include local schools (90%), law enforcement agencies (85%), and alcohol and drug prevention agencies (76%). More than half the coalitions named other major local institutions, such as direct service agencies that help people with alcohol and drug problems, as playing a role in their work. Seventy percent of respondents said treatment providers participate and more than 50% of coalitions include governmental health and human service agencies. **Figure C** on the next page shows the percent of groups involved in coalitions.

Potential Membership: The survey reveals that not all institutions that are members of community coalitions take an active role in the coalition's work. (See the ratings coalition leaders give major institutions in Chapter 4.) Even active participation by some business people or clergy does not mean that the entire business or religious community has been mobilized. Nevertheless, it does mean that key footholds have been established.

FIGURE C
PARTICIPATION IN COALITIONS



While many key groups actively participate in coalitions' efforts to reduce substance abuse problems, there are a number of institutions that are not yet doing their part in a majority of communities. (**Figure D** shows which groups increased their participation in coalitions from 1992 to 1993.) The survey shows that each coalition needs to identify the groups that are missing from its membership and then develop ways to involve them in the coalition's efforts. Meeting this challenge requires coalition members to find some mutual benefit to attract additional organizations to participate.

The following are specific groups many coalitions still need as part of their membership base:

Media: Increasing public awareness about substance abuse and possible communitywide solutions is key to any coalition's comprehensive strategy. News, advertising, and programming policies strongly affect a community's capacity to address substance abuse issues. The survey revealed that local media leaders and organizations participate in fewer than half (41%) of the nation's coalitions. When these key groups are present, coalitions

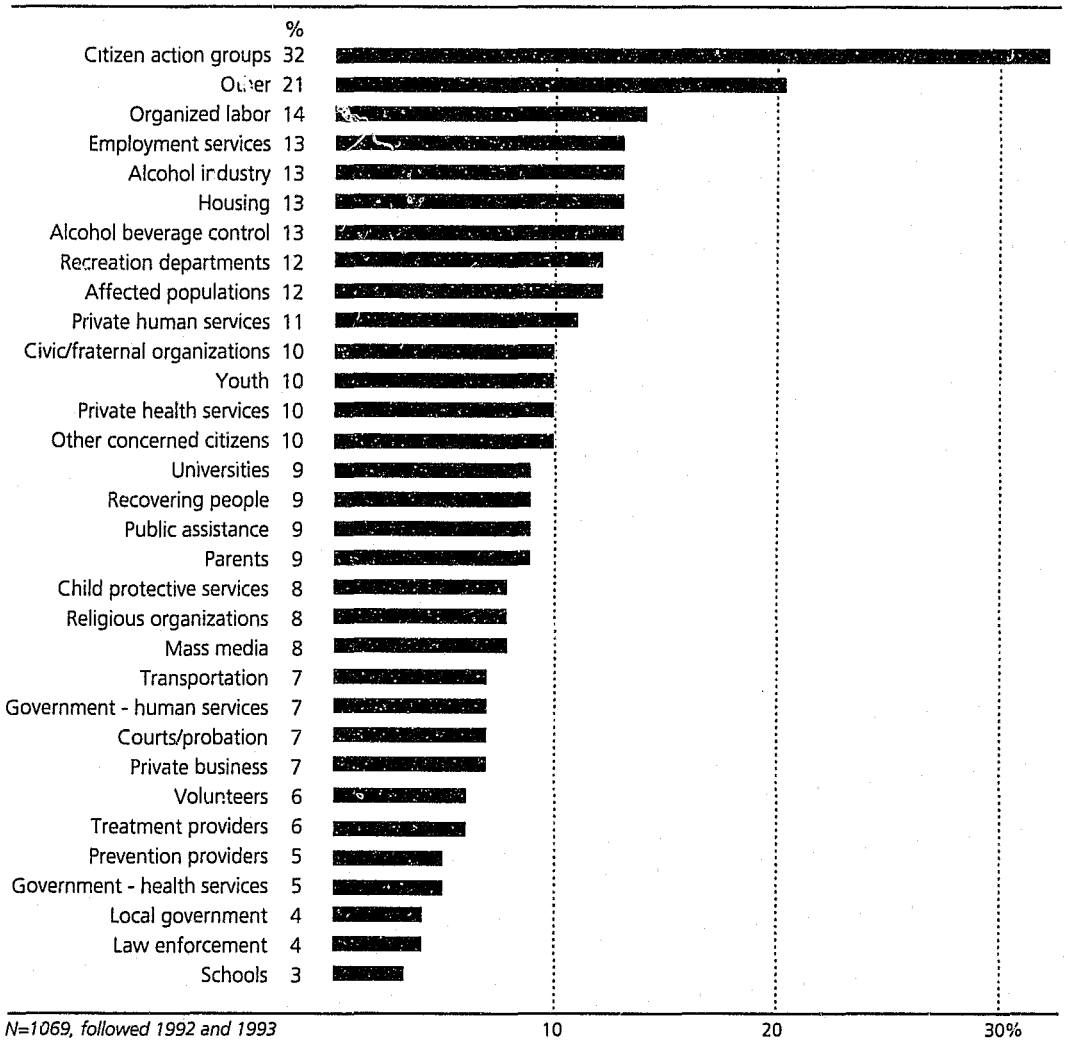


FIGURE D
GROUPS THAT INCREASED PARTICIPATION

have a much easier time developing and implementing effective public awareness programs.

Child Protection Agencies: A hotly contested issue in many communities is whether parents in treatment should retain custody of their children. Because the threat of losing custody of a child discourages many parents from seeking treatment, public agencies and community coalitions need to provide the resources and support to help parents with substance abuse problems obtain treatment without concern of a custody battle. However, because child protective service agencies participate in fewer than half the coalitions, their absence from the coalition table makes it more difficult to work out a local solution to this issue.

HOW THE MEDIA INCREASED ONE GROUP'S EFFECTIVENESS

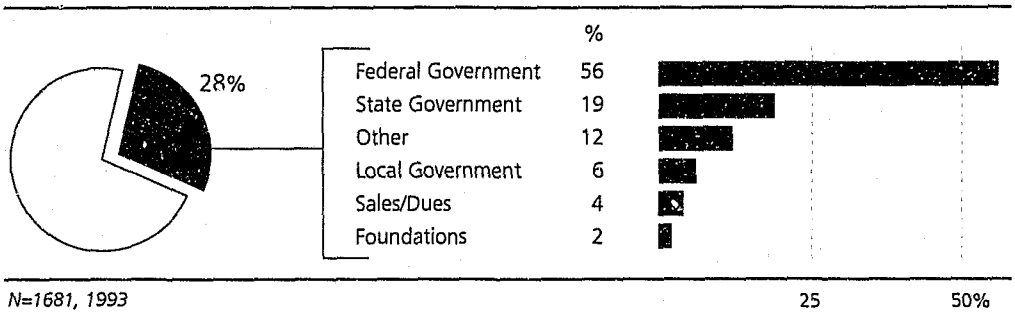
Strong media support has helped the Fighting Back coalition in Santa Barbara, CA, to be successful. The chairman of the coalition is the publisher of the Santa Barbara News Press. And the general manager of the television station is an active member of the group. With their help, the group launched a media campaign to educate residents about alcohol problems. The media's commitment resulted in weekly television and newspaper features about growing alcohol abuse and directed residents to sources of help. This sustained media coverage has lasted over two years and would not have been possible without this media leadership in the coalition.

Job Training and Employment: Job training and employment are also critical elements in a substance abuser's successful recovery. Nonetheless, public employment services participate in fewer than 20% of the coalitions.

Sources of Coalition Funding

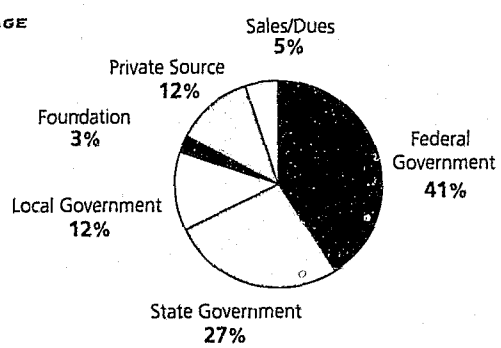
Community substance abuse coalitions are relatively new organizations — 5.4 years is the average age in this study. A number of these groups have only one major source of financial support. Dependence on a single funding source is a constant source of concern for coalitions. (**Figure E** shows the percent of coalitions that rely solely on one funding source.) As initial public or private grants run out, coalitions need other financial sources to support the continuation of their efforts. Our survey shows, however, that as coalitions mature, they begin to develop multiple funding sources that are often key to their survival. (**Figure F** shows the average sources of coalitions' financial support.)

FIGURE E
PERCENT OF COALITIONS WITH 100% OF BUDGET FROM ONE SOURCE



Federal Government Support: Eighty percent of coalitions' funds come from some level of government, with the federal government ranked as the most important source. In fact, almost half the coalitions (41%) receive some source of federal funding. This reflects the commitment by the federal government in recent years to develop community coalitions through the Center for Substance Abuse Prevention (CSAP) Partnership Program, the Drug Free Schools and Communities Act, and the Bureau of Justice Assistance community demand-reduction grants.

FIGURE F
SOURCES OF FUNDING FOR COALITIONS
ON AVERAGE



N=1681, 1993

These federal programs have generated new community coalitions whose survival may depend on continued federal funding. In particular, the CSAP Partnership Program has supported 250 community coalitions, most of which are new, and many of which are now worried about how to get additional funding when their initial grants expire.

State Government Support: State governments are also an important source of funding for community coalitions. Twenty-seven percent of the coalitions rely on state contracts or grants. Non-governmental health coalitions receive more money from state grants than any other group.

Local Government Support: Although local government is not a major source of support for coalitions (12% on average), a large portion of available local government money seems to go to older coalitions — more than five-years-old. (**Figure G** compares the age of coalitions and their sources of funding.) This may be a hopeful sign for the newer coalitions whose five-year federal grants will soon run out. The survey findings suggest that as coalitions mature, develop records of success, and establish deeper roots in a community, they will receive at least some support from local government.

Coalition Budgets: Most community coalitions have relatively small annual budgets. About one-third spend less than $50,000, but one-fourth spend more than $500,000. (See **Figure H.**) Understandably, budgets tend to increase or decrease from year to year. Thirteen percent of coalitions that participated in the 1992 and 1993 surveys had budget changes during the past year — 8% increased their budgets significantly, while 5% saw their budgets fall significantly in one year.

FIGURE G

SOURCE OF 100 PERCENT OF FUNDING BY AGE OF COALITION

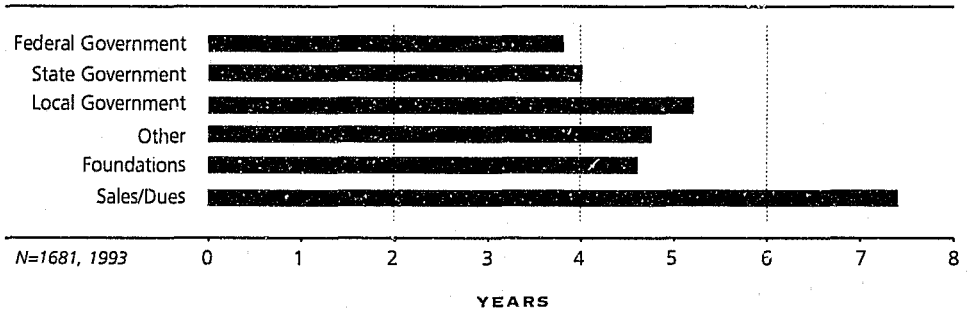
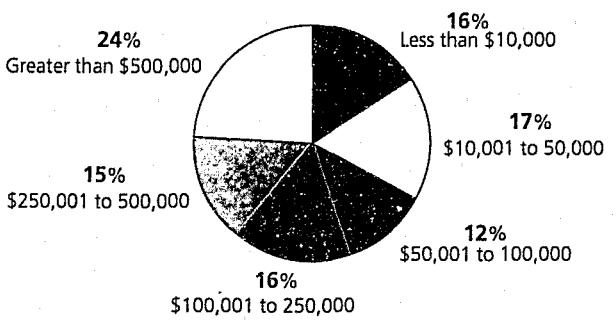


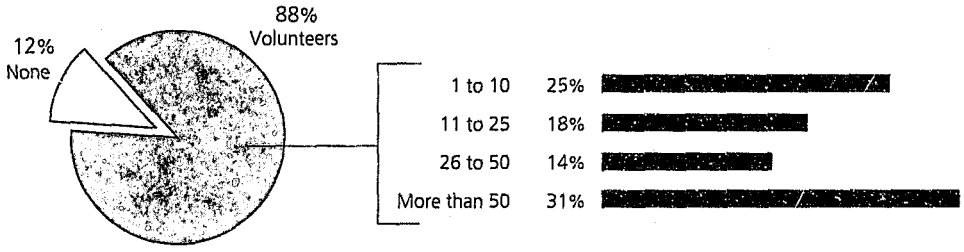
FIGURE H

ANNUAL BUDGETS



N=2196, 1992-93

FIGURE I
NUMBER OF VOLUNTEERS



N=2196, 1992-93

Because many coalitions work on a limited budget, they are dependent on volunteers. (See **Figure I.**) Thirty-one percent have more than 50 volunteers and only 12% have no volunteers at all. Volunteers are especially important to coalitions because 45% of the survey respondents have fewer than three full-time employees. It is important to note that sustaining high levels of volunteers over time is an enormous challenge for any community-based organization.

How Coalitions Are Run

Nearly 60 percent of the coalitions report having an equal representation of professionals, large organizations, citizens, lay people, activists, and government officials among their membership. (See **Figure J.**) This representation appears to broaden over time. There is a small but noticeable drift toward broad, inclusive leadership among the coalitions that started as professionally-based organizations. There is little or no movement from broad leadership to professional dominance.

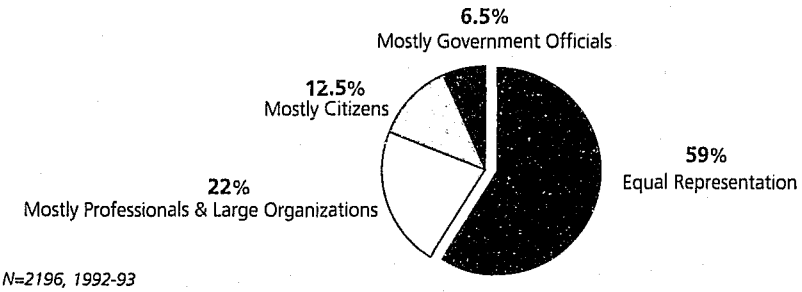
Most coalitions use written plans or strategies to guide their work, with only 17% reporting that they have no written plan. (See **Figure K.**) Even so, of the groups with written plans, only 35% include five or more of the eight elements that should be key components of any strategic plan. (See **Figure L.**) (**Figure M** shows how frequently coalitions include each component of a comprehensive strategy in their plans.)

Stable but innovative leadership can be important to a coalition's success. Unfortunately, 30% do not have a single leader or director. And of those that have one person coordinating the group's work, 11% have had a change in leadership in the past year. Newer coalitions, especially those most dependent on federal funding, are particularly volatile. Twenty-two percent of the CSAP-funded coalitions changed leaders in the last year.

Types of Coalitions

Obviously, not all coalitions are alike. For instance, Miami's coalition was started by the business community. One of its founders is chairman of Knight Ridder newspapers and its executive committee consists only of non-governmental leaders. The coalition in San

FIGURE J
COALITION MEMBERSHIP



N=2196, 1992-93

FIGURE K
STRATEGIC PLAN ELEMENTS

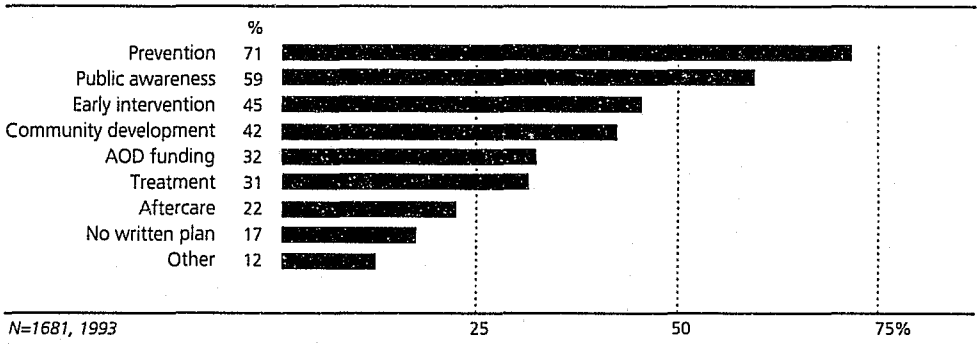


FIGURE L
AVERAGE NUMBER OF STRATEGIC PLAN COMPONENTS

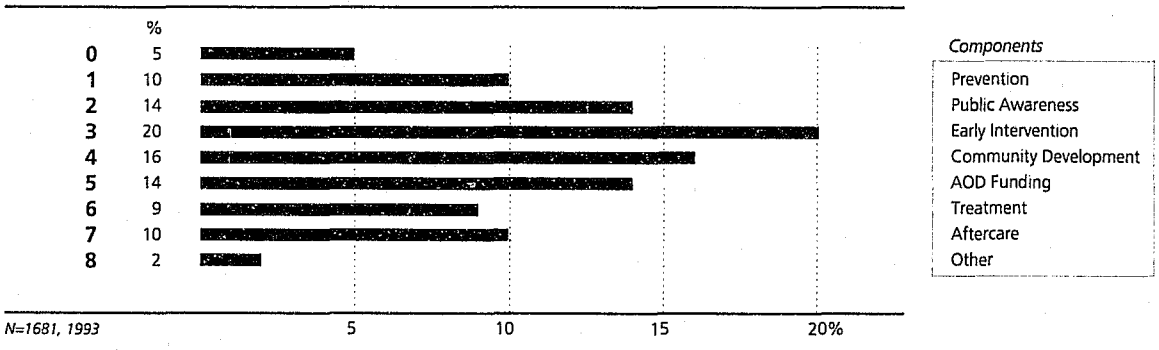
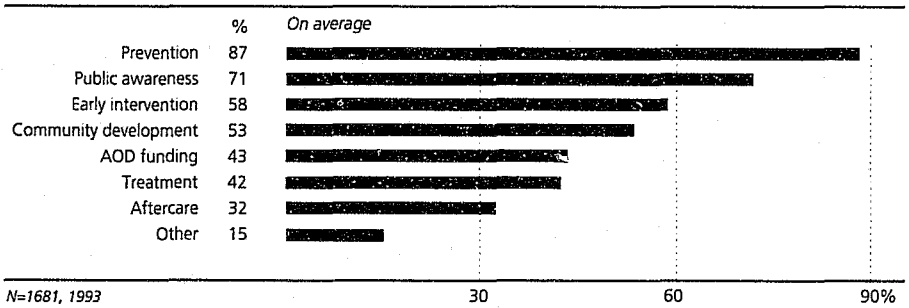


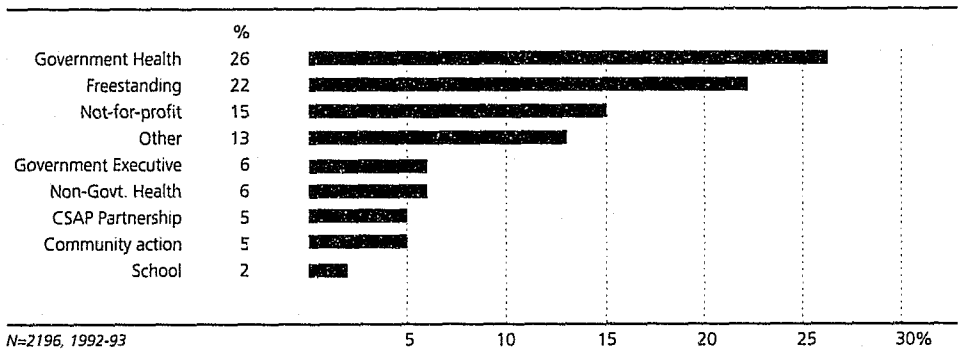
FIGURE M
MOST FREQUENT COMPONENTS IN STRATEGIC PLANS



Francisco is located in the mayor's office. And in Boston there are two coalitions — one based in the mayor's office and another led by people from both the public and private sectors. But while coalitions differ from place to place, there are some general categories that most groups fall into.

In response to a survey question asking the coalitions to identify the type of organization in which they operate, eight different organizational types emerged. (See **Figure N.**) The sidebar shows how these eight coalition types are categorized.

FIGURE N
COALITION TYPES



TYPES OF COALITIONS FIGHTING SUBSTANCE ABUSE

Community Based Coalitions

- Free Standing Coalitions Against Substance Abuse
- CSAP Partnership Coalitions
- Community Action Coalitions

Government Sponsored Coalitions

- Government Health Coalitions
- Government Executive Coalitions
- School Sponsored Coalitions

Non-Government/Not-For-Profit Coalitions

- Non-Government Health Coalitions
- Not-For-Profit Coalitions

The structure of a coalition is determined mostly by the sponsoring organization. Other determinants include membership, leadership, internal stability, funding source and budget, staff and volunteer resources, strategic focus, programs, and target populations. A coalition's origins and structure explain a great deal about its activities, needs, and prospects.

Community Based Coalitions

Free-standing Coalitions: The largest group of the community-based coalitions is the independent, free-standing types. Close to 500 of the coalitions — such as the Substance Abuse Prevention Coalition of Southeast Michigan (PREVCO) and the Substance Abuse Initiative of Greater Cleveland — fit this category. These coalitions are concentrated primarily in mid-sized communities, but they also exist in urban, suburban, and rural areas.

They have small budgets and staff: half spend less than $50,000 a year and 66% have three or fewer full-time employees. The major funding source for these coalitions is the federal government. Virtually all rely heavily on volunteers, with 44% reporting more than 50 active volunteers.

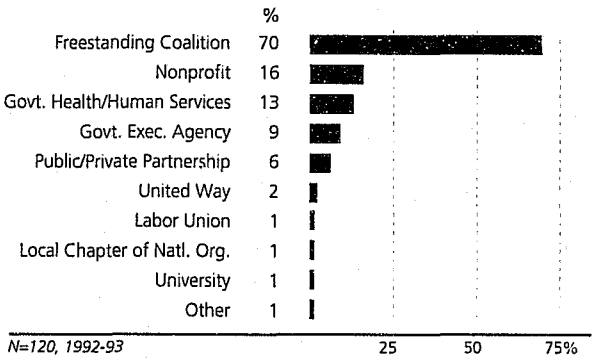
These coalitions are older than the other two types of community-based coalitions, and their leadership appears to be more stable than the CSAP Partnerships. Many of the free-standing coalitions focus their work more on systemwide issues and community change than other types of coalitions. Two-thirds of these coalitions have equal representation by community and professional leaders. This is higher than other types of coalitions, except for CSAP-funded groups and school-based coalitions.

Free-standing coalitions tend to focus more extensively on alcohol issues than on illegal drugs and are also likely to focus on tobacco issues. These coalitions also tend to be less involved in treatment issues.

Center for Substance Abuse Prevention (CSAP) Community Partnership Program Coalitions: CSAP coalitions are among the newest groups of community-based anti-drug organizations. The 250 CSAP grantees were given five-year grants to develop and implement their strategies. Some are entering their third year of funding, while others are still completing their first or second years.

CSAP grantees have a variety of sponsoring organizations. (See **Figure O.**) They exist in communities of all sizes. Seventy percent of this group said their annual budgets exceed $250,000, with the federal government often their only source of funding. Although they have moderately-sized full-time staffs, they also rely heavily on volunteers — 68% of the CSAP partnerships reported having more than 50 volunteers. This is a higher use of volunteers than any other category of coalition.

FIGURE O
SPONSORSHIP OF CSAP PARTNERSHIP GRANTEES



CSAP coalitions have a higher turnover in leadership, 22% in the past year, than any other type of coalition. They are also more likely to have equal representation of community and professional people than any other type of coalition.

Almost all CSAP Partnerships focus on systemwide issues and community change and are more likely to engage in systemwide planning than any group except for government executive coalitions.

HOW RESIDENTS AND THE POLICE COMBINED FORCES TO COMBAT SUBSTANCE ABUSE PROBLEMS

Drug and alcohol problems in Hartford, Connecticut, sparked a collaboration between residents and the Hartford Police Department four years ago. Members of the HART coalition (which stands for Hartford Areas Rally Together), an organization started more than 18 years ago by church groups that wanted to work together on community development issues, recognized that they couldn't tackle local substance abuse problems alone. But when they joined forces with the police department, which was struggling with similar frustrations, the two groups created a community policing program. The program has a hotline to identify and target places where drug dealing occurs. Landlords are encouraged to sign a contract with the community to maintain drug-free buildings in return for help in evicting drug-dealing tenants. Landlords also cooperate in identifying areas of prostitution. The police respond by seizing cars from johns who are soliciting prostitutes to cut down on drug-related prostitution. And the community groups work with police and city officials to revitalize drug-infested areas.

Community Action Coalitions: One hundred and fifteen coalitions described themselves as community action groups. Typical among these were Hartford Areas Rally Together (HART) in Hartford, Connecticut, and the Westside Crime Prevention Program in New York City. Community action groups are the "grassroots" of the coalition movement and are likely to be found in rural areas or in small neighborhoods within urban areas. These groups have very modest staffs and limited budgets; 60% spend less than $10,000 a year, and 86% have fewer than three full-time employees. Their funding is usually from private sources. These groups, whose average age is 4.7 years, rely heavily on volunteers. They also had the lowest leadership turnover of all the coalitions during the last year.

Government Sponsored Coalitions

Government Health Coalitions: The largest single category of coalitions participating in the Join Together survey is the 560 coalitions sponsored by a local or state government health, human service, educational, or law enforcement agency. This type of coalition is more frequently found in larger cities or counties. Examples include coalitions run by the Alcohol and Drug Abuse Division of the Department of Correction and Human Services in Helena, Montana, and the County Drug and Alcohol Services Department in San Luis Obispo, California.

These coalitions are generally funded by the federal government, and they rely heavily on volunteers. Fifty-five percent report equal representation of community and professional leaders; however, 21% are dominated by professionals. Their leadership turnover (9%) in the past year was lower than CSAP and free-standing coalitions.

Despite their location within government agencies, these government health coalitions are less likely to focus on systemwide issues (68%) and community change (64%) than community-based coalitions. They are also less likely to engage in systemwide planning (39%) but more likely to be involved in treatment issues (31%) than the typical community-based coalition.

Government Executive Coalitions: One hundred forty coalitions sponsored by government executives, mayors, and governors participated in the survey. They include groups such as the Governor's Alliance Against Drugs in Boston, Massachusetts, and the Mayor's Office of Drug Policy in Nashville, Tennessee. These groups are more likely to be found in larger population areas and include statewide anti-drug coalitions. They tend to have larger staff and budget resources than other coalitions. Forty-one percent of these coalitions have 10 or fewer volunteers, while 38% have more than 50. In general, the government executive coalitions involve more volunteers than other government-sponsored coalitions. Their funding source is usually the federal government.

Coalitions based in government executive offices are more likely to focus on systemwide issues (83%) and community change (84%) and engage in planning activities (60%) than those based in administrative agencies. They are less likely to be involved in alcohol issues than are other types of coalitions.

School-sponsored Coalitions: A smaller number of respondents (43) said their coalitions were sponsored by schools. For instance, the Sumter County Board of Education runs such a coalition in Americus, Georgia, as does Jefferson County Public Schools in Louisville, Kentucky.

School-sponsored coalitions are quite distinct from other types of coalitions. They are found in rural areas with small populations and have low budgets and staff resources. They also rely on moderate numbers of volunteers, probably due to the small size of their communities. They had the second highest level of leadership turnover (19%) in the past year. In addition, they are very likely to have equal participation of professionals and community people in their coalitions (70%).

School-sponsored groups are quite narrowly focused on education, prevention, and early intervention activities within the schools, and they work on alcohol issues (67%) more extensively than on illegal drugs (53%). They are also less likely to focus on systemwide issues (49%) or community change (51%) than any of the other types of coalitions.

Non-Government and Not-For-Profit Coalitions

Non-Government Health Coalitions: One hundred thirty-two of the participating coalitions are, or operate within, non-governmental health and mental health agencies. Such agencies include the Rehabilitation Institute of Chicago, and the Wyoming Medical Center in Casper, Wyoming. Coalitions that operate within such agencies are usually found in communities with populations of 100,000 to 500,000. They have comparatively higher budgets and larger staffs than other coalition types. Their funding comes primarily from state governments and these groups tend to rely less on volunteers than other community-based organizations.

[Footnote: The school category is underreported because some school-based coalitions, especially those in larger areas, categorized themselves as a local or state governmental health, human service, educational, or law enforcement agency.]

When compared to the community-based coalitions, this group is more likely to be dominated by professionals (44%). Many of the coalition members are treatment providers that participate in publicly supported treatment programs. Leadership turnover in this group was 9%. Coalitions of this type focus more on treatment issues and somewhat less on community change, and they attempt to address the needs of individuals more than the needs of communities.

Not-for-Profit Coalitions: Not-for-profit organizations sponsored 319 of the coalitions included in this report. Examples of such sponsoring groups include the Southwest Community Center in Syracuse, New York, and the YMCA of Minneapolis. This type of coalition is more frequently found in communities where the not-for-profit sector is well organized and has a long history.

Not-for-profit coalitions tend to have larger staffs and more budget resources than other coalitions. They are usually funded by state governments and they rely less heavily on volunteers than do other coalitions. This group had a lower turnover of leaders in the past year than other groups and is more likely to be dominated by professionals than are other coalitions.

CHAPTER 2

What Do Coalitions Do in Their Communities?

For many people, the idea of a coalition fighting substance abuse is an abstract concept. It is probably difficult to imagine what community coalitions actually do, who participates in coalition efforts, and what populations these groups target. This survey should help increase people's awareness of coalition activities and help them understand why these activities are an important tool in the nation's drug-reduction strategy.

The 1993 survey asked each coalition to what degree they conducted a particular activity — prevention, early intervention, treatment, and aftercare — and who their target audience was.

PREVENTION IS A KEY PART OF A NEIGHBORHOOD APPROACH

The Youth Advocacy Program in Austin, Texas, works to prevent drug use among minority youths living in a high-risk neighborhood. The program provides intensive outreach services through case workers who teach kids about the dangers of drug use. Workers counsel clients on street corners, in the pool hall and in the community center. The program was started in response to a severe paint-sniffing problem in the community. The executive director works closely with the media to educate the public about the dangers of inhalants.

Prevention

Seventy-five percent of the coalitions reported extensive substance abuse prevention activities. (See **Figure P.**) Free-standing, CSAP, and school-based coalitions are more likely to focus on prevention activities than are other coalitions.

FIGURE P

COALITIONS REPORTING EXTENSIVE PROGRAM ACTIVITY

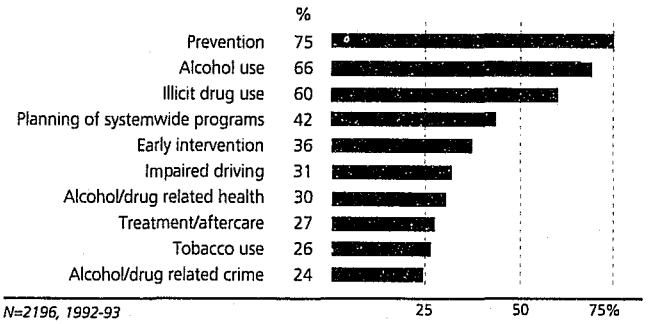


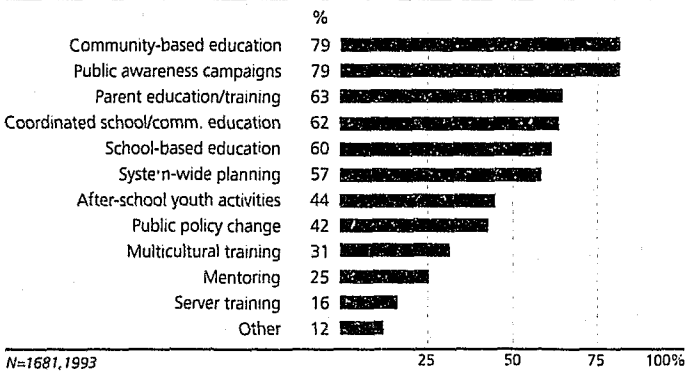
Figure Q shows specific prevention activities and the percentage of coalitions that are engaged in these activities. **Figure Q-1** shows how prevention activities vary by coalition type. Ninety-two percent of CSAP coalitions and 87% of free-standing coalitions sponsor community-based education and prevention programs. Seventy-seven percent sponsor public awareness campaigns. Ninety-two percent of the participating CSAP Partnerships and 88% of the free-standing coalitions are involved in public awareness campaigns.

A number of coalitions use systemwide planning in their prevention activities. In fact, more than half (57%) of all community coalitions indicated that they do systemwide planning for prevention. CSAP partnerships (84%) and government executive coalitions (77%) were most apt to sponsor systemwide planning programs. In contrast, only 24% of community-action groups are engaging in planning or activities beyond their local areas.

[Footnote: Some of the results are based on the responses of the 2,196 lead community coalitions, while others are based on the 1,681 of the 2,196 who answered questions that were only included on the 1993 questionnaire.]

FIGURE Q

TYPES OF PREVENTION PROGRAMS SPONSORED



As expected, school-based coalitions are most likely to have school-based education programs (93%) and coordinated school and community education programs (81%). However, almost three-fourths (71%) of government health coalitions also sponsor school-based education programs.

Communities often have a substantial shortage of constructive afterschool activities for children. But many community-based coalitions have responded to this need by initiating afterschool programs. CSAP respondents (58%), community action groups (54%), and free-standing coalitions (52%) sponsor after-school youth programs, as compared with school-based coalitions (44%).

In addition, 63% of the coalitions had programs for parent education and training, and 31% had programs for multicultural training. Only 16% reported server training programs aimed at people who work in bars and restaurants.

Even though there was a strong consensus among respondents about public policies that would help their work (see Chapter 5), only 42% of all the coalitions reported that they actually worked on public policies that relate to prevention. And even fewer take an active role in other public policy areas. The government executive coalitions (57%) and the free-standing coalitions (50%) were more likely to get involved in public policy prevention issues. Becoming involved in public policy issues relating to prevention and other substance abuse issues may well provide opportunities for coalitions to expand their membership base and to increase the impact they have on their communities.

FIGURE Q-1

PREVENTION PROGRAMS SPONSORED BY COALITION TYPE

COALITION TYPE	PREVENTION PROGRAMS: Systemwide Planning	School-Based Education	Community-Based Education & Prevention	Coordinated School/Comm. Education	After-school Youth Activities	Public Awareness Campaigns	Mentoring	Parent Education Training	Server Training	Multi-cultural Training	Public Policy Change
CSAP	●		●		●	●				●	
Free-standing	●		●		●	●					●
School-sponsored		●		●							
Community action					●						
Government health		●									
Not-for-profit											
Non-government health											
Gov't. executive agency	●						●				●

● = More likely to sponsor compared to other coalitions

N=1681, 1993

Early Intervention

The 1993 survey shows that many coalitions focus solely on prevention and public awareness activities. Only 36% of them extensively address early intervention activities. (See **Figure P**, page 18.) And almost two-thirds of the coalitions that did report addressing early intervention to any extent — a little, some, or extensively — direct their programs to either high-risk youths or youths in the general population. But when asked if they targeted their early intervention activities to specific groups — including pregnant teens, school drop outs, and juvenile offenders — the coalitions were less likely to say yes.

Specific Early Intervention Programs: Research shows that student assistance programs are the fastest growing school-based coalition program. Thirty-nine percent of all respondents said they sponsor student-assistance programs, while 86% of school-based coalitions sponsor such programs. While most student assistance programs target youths within the school system, some programs also reach out to youths in juvenile detention centers and health care clinics.

STUDENT ASSISTANCE PROGRAM TAKES A MULTI-CULTURAL APPROACH

Seattle Public Schools Comprehensive Student Assistance Program targets high-risk youths with multi-cultural drug education, prevention and intervention services. Program staff from many ethnic backgrounds work with students in 61 elementary and secondary schools in the area. They also arrange special events with the help of community groups and the school district. Drug and alcohol intervention specialists work closely with experts to create educational programs with specific ethnic groups in mind. For instance, they provide parenting education workshops geared to African American and Latino youth, and they operate many of their activities in several different languages.

FIGURE R

EARLY INTERVENTION PROGRAMS SPONSORED BY COALITION TYPE

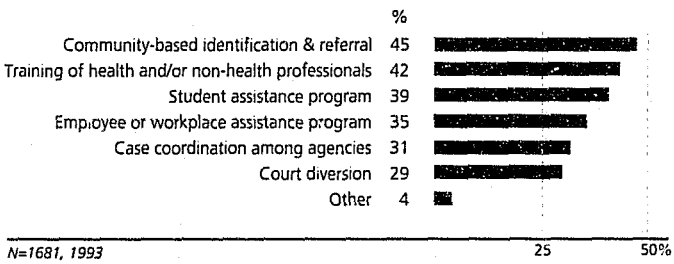
COALITION TYPE	Student Assistance Program	Employee or Workplace Assistance Program	Training of Health &/or Non-health Professionals	Court Diversion	Community-based Identification & Referral	Case Coordination among Agencies
CSAP						
Free-standing						
School-sponsored	●	●				
Community action						
Government health	●					●
Not-for-profit					●	
Non-government health		●	●	●	●	●
Gov't. executive agency				●		

● = More likely to sponsor compared to other coalitions

N=1681, 1993

FIGURE R-1

TYPES OF EARLY INTERVENTION PROGRAMS SPONSORED



N=1681, 1993

The differences in the activities of community-based coalitions and those sponsored by public or private-service agencies become more pronounced in intervention and treatment programs. The coalitions sponsored by service agencies are substantially more focused on reducing the problems individuals face in getting referral and treatment services and are less likely to engage in planning broad community strategies to reduce the harm from substance abuse.

Almost half (45%) of the community coalitions reported sponsoring community-based identification and referral and 42% reported training of health and/or non-health professionals. Non-government health coalitions tend to sponsor professional trainings (65%) and case coordination among agencies (54%). (See **Figure R.**) Thirty-five percent of the coalitions sponsor other early intervention programs, such as employee or workplace assistance programs. (See **Figure R-1.**)

Treatment and Aftercare

Only 27% of community coalitions reported that they extensively address treatment and aftercare; 35% do not address treatment and aftercare at all. For those addressing these programs, the target populations are more likely to be adults, high-risk youths, and youths in the general population. Less likely to be targeted are specific vulnerable groups such as pregnant teens, school dropouts, juvenile offenders, and adult offenders.

Specific Treatment Programs: These types of programs differ depending on the type of community coalition. (See **Figure S.**) Seventy-two percent of all non-government

FIGURE S

TREATMENT PROGRAMS SPONSORED BY COALITION TYPE

	TYPE OF PROGRAM									
COALITION TYPE	Systemwide Planning	Detox.	Methadone Maintenance	Inpatient Chemical Dependence Tx	Outpatient Treatment	Residential Recovery	Reimbursement Reform	Ambulatory Counseling	Acupuncture	Central Intake
CSAP										
Free-standing										
School-sponsored										
Community action										
Government health		●	●		●	●				
Not-for-profit										
Non-government health	●	●		●	●	●		●		●
Gov't. executive agency	●		●							

● = More likely to sponsor compared to other coalitions

N=1681, 1993

health coalitions sponsor programs in outpatient treatment, compared with only 5% of community action groups.

Only about 25% of the coalitions report any involvement in systemwide planning of treatment programs and strategies. (See **Figure S-1.**) Not very many treatment-based coalitions seem to be involved in laying out a strategic plan for how services should be provided for the whole community. Even though financial barriers to treatment remain a central problem in many communities, only 4% of the coalitions report trying to reform public policy related to financing substance abuse treatment.

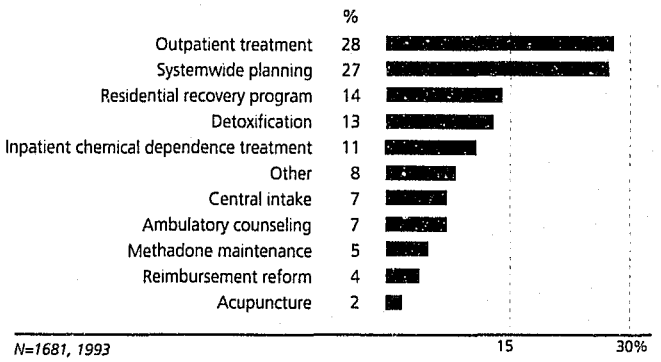
These findings present a central challenge to success in many communities. Treatment and prevention-based coalitions may well limit their ability to reduce the harm from substance abuse by failing to become involved in the kind of comprehensive strategic planning that addresses the overall treatment and financing needs of the community.

Approximately one-fourth of the coalitions sponsor outpatient treatment programs. The percentages were much less for other types of treatment programs. For example, less than 10% of the coalitions sponsored programs for ambulatory counseling or central intake.

Specific Recovery and Aftercare Programs: More than one-third of coalitions collaborate with the criminal justice system on recovery and aftercare programs. (See **Figure T.**) A similar number of coalitions sponsor programs for family and community support groups. Given the generally low level of coalition involvement in treatment, this finding suggests that when coalitions are involved they are building the kind of community-based support systems necessary to sustain treatment success and help prevent recidivism.

Coalitions are less likely to sponsor recovery and aftercare programs outside of the criminal justice system, such as drug-free housing, help with

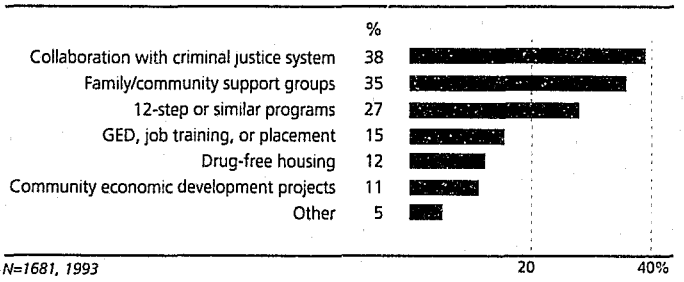
FIGURE S-1
TYPES OF TREATMENT PROGRAMS SPONSORED



MIAMI'S DRUG COURT LEADS OFFENDERS INTO TREATMENT

Rather than go to jail, convicted drug addicts in Miami can opt for treatment and vocational training. These services are part of the city's one-year Diversionary Treatment Program, which encourages offenders to obtain drug treatment to kick their habit, then teaches them useful job skills and helps them earn their GEDs when necessary, instead of being thrown in jail. The beginning stages of the program take place at a Central Intake, where offenders undergo acupuncture and receive counseling. When these phases have been successfully completed, the offenders move on to the third program phase, which is held at the local community college and provides aftercare, education and vocational training to get them ready to leave the program. The program is cost effective — at $800 for each client per-year — and its success rate for graduates is 66 percent, compared with 17 percent for other treatment programs in Florida. The Miami Coalition played a leadership role in the Drug Court's development.

FIGURE T
TYPES OF RECOVERY & AFTERCARE PROGRAMS SPONSORED



completing a general education diploma (GED), and job training/placement. Although these intensive programs may well remain within the realm of specialized agencies rather than coalitions, these programs should be integrated in any community's overall strategy.

Non-government health coalitions are the most likely to sponsor specific programs in recovery and aftercare. These programs include 12-step or similar programs, family and community support groups, and collaborative programs with the criminal justice system. (See **Figure T-1.**)

FIGURE T-1

RECOVERY AND AFTERCARE PROGRAMS SPONSORED BY COALITION TYPE

	TYPE OF PROGRAM					
COALITION TYPE	12 Step or Similar Program	Family/ Community Support Groups	GED, Job training or Placement	Collaboration with Criminal Justice System	Community Economic Dev. Projects	Drug-free Housing
CSAP						●
Free-standing						
School-sponsored		●	●			
Community action						
Government health				●		
Not-for-profit	●					
Non-government health	●	●		●		
Gov't. executive agency						

● = More likely to sponsor compared to other coalitions

N=1681, 1993

Tobacco Use

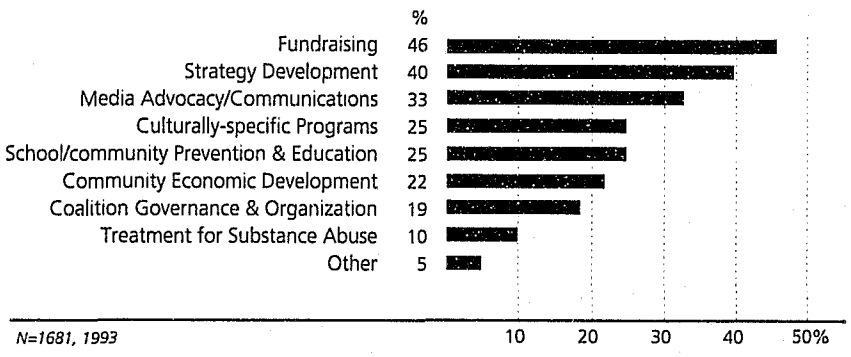
The adverse consequences of tobacco use are an enormous national health problem. Since most smokers start in their early teens, much of the nation's efforts to reduce tobacco use has been focused on young people. Approximately one-fourth (26%) of the community coalitions report that they extensively address tobacco use. (See **Figure P,** page 18.) Twenty-one percent of community coalitions do not address tobacco use at all. Among the various types of coalitions, school-based coalitions (49%) were most likely to address tobacco use. The school coalitions' activities regarding tobacco use were overwhelmingly targeted toward youths in the general population.

CHAPTER 3

What Do Coalitions Need From Others?

Federal, state, and private groups such as Join Together offer technical assistance to coalitions across the country. In fact, Join Together alone receives more than 100 requests for help each week from coalitions. Despite the available help, many community coalitions have difficulty locating assistance when they need it. We asked coalitions to rate their top three technical assistance needs. (**Figure U** displays these results.)

FIGURE U
TECHNICAL ASSISTANCE NEEDS



According to the 1993 survey, coalitions ranked fundraising as their biggest need, with nearly one half (46%) of them indicating that their organizations needed technical assistance in this area.

The 1992 survey asked open-ended questions about the needs of coalitions. Even though none of the questions related to funding, virtually every answer mentioned coalitions' needs for funds, either for their own operations, or to start much-needed programs in their communities. The 1993 survey reveals that coalitions continue to need money and resources and are willing to devote time to fundraising.

The request for fundraising assistance was particularly strong from the community-based coalitions — 56% of the free-standing coalitions, 62% of the CSAP-supported coalitions, and 51% of the community action coalitions listed this need. Many of these groups depend either on year-to-year government contracts or on a single five-year CSAP grant that will run out in 1995 or 1996.

FUNDERS HELP FIGHT SUBSTANCE ABUSE

Some private philanthropies are trying to encourage their peers to fund substance abuse initiatives. In 1992, a group of funders concerned about alcohol and drug abuse formed an affinity group to encourage others to make grants in the substance abuse arena. The group, called Funders Against Substance Abuse (FASA), is housed at Join Together, and communicates with foundations through a quarterly newsletter that profiles successful substance abuse programs and demonstrates the positive impact such programs have on communities.

These findings lead to a central conclusion: If community coalitions have some sense of security about core funding, they are more likely to continue to expand the role of developing communitywide strategies. Coalitions with very short-term or unstable funding are more likely to be diverted from strategic planning to activities that pay the current bills.

JOIN TOGETHER ENCOURAGES LEADERSHIP IN COMMUNITIES

Through its National Leadership Fellows Program, Join Together has brought together 70 exceptional community leaders in 1992 and 1993 for recognition, training and support to sustain their efforts against substance abuse. The Fellows Program allows these leaders to share successful strategies, ideas and program models. The Fellows provide each other with much-needed support to continue building effective coalitions and to continuously respond to changing community needs. Each year a new group of 35 Fellows is selected.

Coalition Leadership and Organization

Newer coalitions often have unresolved issues of leadership, organization, and structure. How these issues are handled often determines the long-term survival and effectiveness of a group. Time and energy devoted to conflict over leadership and structure often distracts an organization from its original mission, but may also bond different groups together in new and stronger ways.

Nineteen percent of all the coalitions indicated they needed help in leadership and organization. Of the CSAP group, 32% cited a need for help in this area. (See **Figure V.**) This is probably because these coalitions are relatively new. The response suggests an important area on which CSAP might focus technical assistance activities for its grantees.

FIGURE V

DIFFERENCES IN TECHNICAL ASSISTANCE NEEDS BASED ON COALITION TYPE

	TECHNICAL ASSISTANCE NEEDS							
COALITION TYPE	Coalition Governance & Organization	School/Community Prevention and Education	Media Advocacy/ Communications	Treatment for Substance Abuse	Strategy Development	Community Economic Development	Fund Raising	Culturally Specific Progams
CSAP	●				●	●	●	
Free-standing	●				●		●	
School-sponsored		●		●	●			
Community action		●				●	●	
Government health		●						●
Not-for-profit								
Non-government health			●			●		
Gov't. executive agency								

● = More likely to report as TA need compared to other coalitions

N=1681, 1993

Strategy Development

Assistance in strategy development is the second most frequently cited need among all the coalitions, no matter how they are funded. Forty percent of the coalitions said they needed help developing comprehensive strategies. Free-standing, CSAP-funded, and school-based coalitions said they needed help in this area more often than other types of coalitions.

CONSULTING FIRM PROVIDES COALITIONS WITH SUCCESSFUL STRATEGIES

The Arthur Anderson consulting firm has worked with several of the major anti-drug coalitions around the country—including those in Miami, Boston, and Baltimore—to outline long-term strategic development. Arthur Anderson's approach, which is adapted from a private sector strategy, consists of eight key components. The plan works from the top down, dividing the coalition into a number of task forces that solicit input from the grassroots level.

Media Advocacy

Keeping the issue of substance abuse alive in the media is a major challenge to both local and national groups. The press coverage of substance abuse-related stories has fallen sharply since 1989. Many coalitions find it particularly hard to get media attention that increases public awareness of alcohol related problems. Therefore, it was not surprising that so many coalitions put the need for help in media advocacy high on their list. One-third of the coalitions reported that they needed technical assistance with media advocacy and communication.

School and Community-Based Prevention Programs

Many coalitions sponsor school and community-based prevention programs. Yet only 25% of them reported needing additional technical assistance for these programs. Fifty-four percent of school-based coalitions and 31% of the community action coalitions reported a need in this area, but only 15% of the CSAP coalitions cited a similar need. It may be that CSAP-funded groups have better access to technical assistance through the Department of Education and other CSAP programs.

Treatment

Only 10% of the coalitions indicated a need for technical assistance relating to treatment issues. This low percentage may reflect the fact that many of the community coalitions in this survey do not address treatment and aftercare in their programs.

CHAPTER 4

Report Card: How Coalitions Rate the Performance of Major Community Institutions

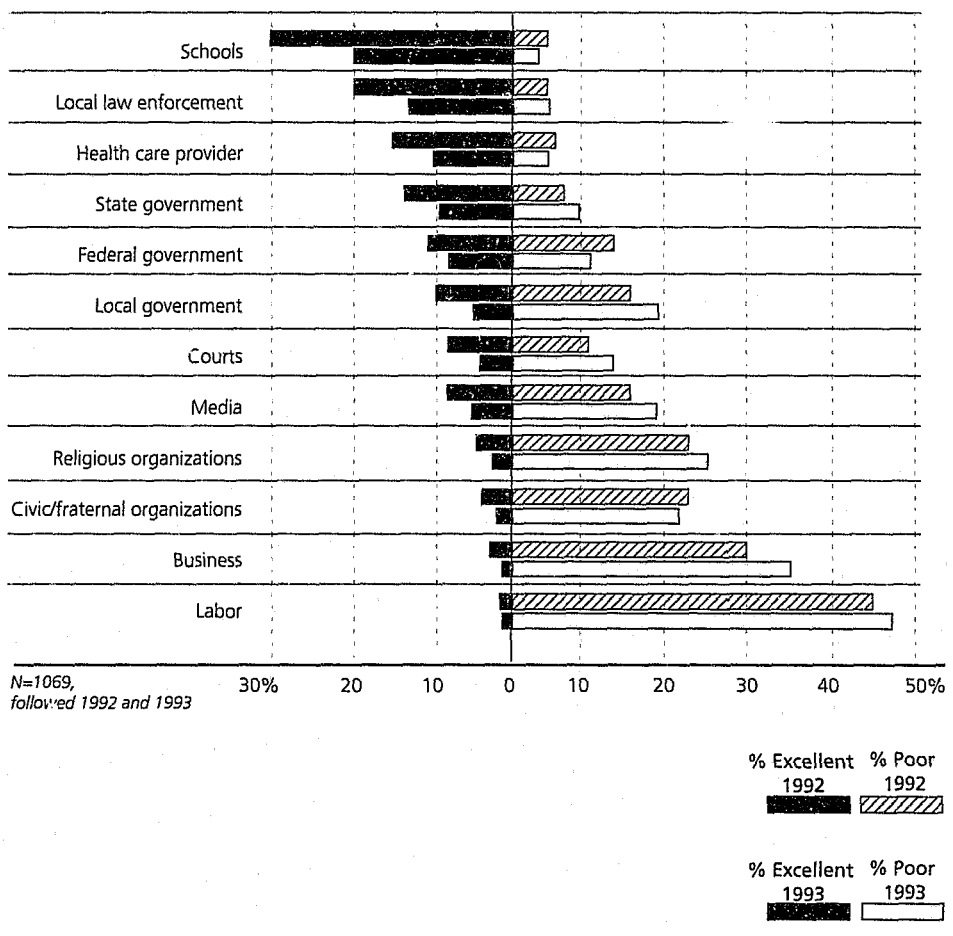
For communities to make long term progress in reducing the harm from substance abuse, every leadership group in the community must recognize the problem and mobilize to fight it. Representatives of many of these groups are already members of coalitions, as reported earlier in this report. This is an essential first step — but we wondered how closely the performance of these groups matches their membership.

In both 1992 and 1993, we asked coalition leaders to rate the performance of major community institutions in reducing substance abuse. The question was: "How would you assess the current efforts of the following groups in addressing substance abuse in your community?" The possible ratings were: 1) Poor; 2) Fair; 3) Good; and 4) Excellent.

The ratings in both 1992 and 1993 were consistent. (See **Figure W.**) The apparent trend toward lower ratings in 1993 was not significant. To be certain, we telephoned more than 50 coalition leaders who had participated in both years to ask if they thought the perfor-

FIGURE W

HOW RESPONDENTS RATE THE PERFORMANCE OF MAJOR INSTITUTIONS



mance of major institutions had gotten worse in the last year. Most of these leaders said that things either had not changed, or had gotten a bit better. Nonetheless, we are concerned about this downward shift and we will continue to watch it.

The highest ratings continue to to be given to the groups that are most active in coalition efforts: the schools, local law enforcement, health care providers, and state governments. Many coalition leaders gave these groups excellent ratings again, and a lower percentage of coalition leaders rate the performance of these groups as poor.

At the other end of the spectrum, coalition leaders continue to be very disappointed with the roles being played by labor and business, civic groups, religious organizations, and the media. These institutions received very few ratings of excellent from coalition leaders, and substantially higher percentages of poor marks.

Challenges Ahead

The continuing poor performance by these major institutions poses a challenge to the coalitions in their communities. What must the coalitions do to mobilize more involvement from business, labor, religious groups, and the media? In what ways can they develop and articulate a mutual interest?

Illegal drugs and excessive alcohol clearly affect the productivity of business. More than two-thirds of the people arrested for illegal drug activities, and the majority of people involved in alcohol related accidents, are employed at the time of their arrest. Public safety in a community clearly affects the overall business climate. Business pays for much of the damage done by illegal drugs and excessive alcohol use through inflated medical-care premiums for their employees. And many employees are parents, too, so when they are distracted by drug or alcohol use by their children, their work performance may suffer.

How can coalitions use these facts to get business more involved in fighting substance abuse? If business leaders became more concerned, would their initiatives be welcomed by the coalition in their town? Why have business and labor leaders been so slow to understand their own interest in combating substance abuse? Is denial still the primary response in many American communities?

What must the coalitions do to mobilize more involvement from business, labor, religious groups, and the media? In what ways can they develop and articulate a mutual interest?

Similarly, the low grades given to the media by coalition leaders should be a matter of concern. The media do more than report the news. They establish and reflect the dominant social norms of a community. News reporting, program content, and editorial and advertising policies all contribute to the climate in a community. If there is never a story about successful treatment or prevention efforts, the community has no way of knowing that substance abuse problems can be solved. If pro-

grams and ads associate alcohol with the "good life," then kids have no reinforcement for messages of abstinence they hear at home and in school.

The poor marks given to the media in both 1992 and 1993 suggest frustration among coalition leaders. They know the media influences their communities. They do not know how to involve the media in their efforts. In their requests for technical assistance, coalition leaders asked for help in this area. It is important that media leaders respond. But it is also important for media trade organizations to work with their members in local affiliates to make them more conscious of the need to become active in local efforts against substance abuse.

Religious organizations pose a special challenge to coalition leaders. For some religious leaders, substance abuse raises moral issues. For others, coalition work with sectarian public and private organizations is quite new. They may work to combat substance abuse on their own, but are unfamiliar with others in their own communities doing similar things.

Persistence may be a key to success. We have heard many stories from coalition leaders about the length of time — often a year or two — it has taken to mobilize a coalition task force of religious leaders. However, once they are actively participating, the payoff for both the coalitions and the religious groups is substantial.

Churches, mosques, and synagogues are often the most stable and significant community institutions in an area. They have the capacity to build a community support network around individuals and families in need of assistance in prevention, treatment and recovery. The voices of pastors can be effective in helping to set community norms and expectations about substance use and abuse.

We believe the ratings in the 1992 and 1993 surveys are a loud and clear call from community leaders. They need more active involvement from all of their major institutions.

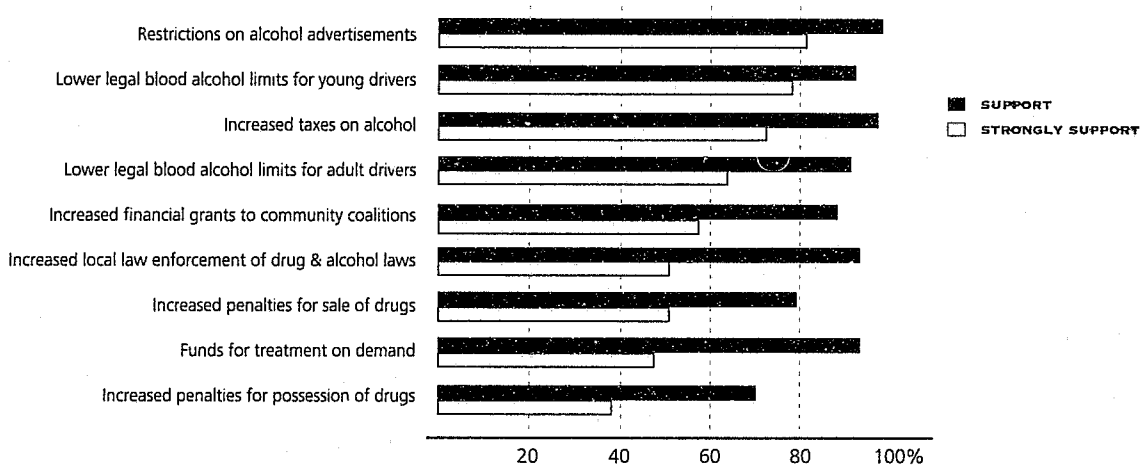
CHAPTER 5

Support for Policy Changes: Coalition Leaders' Priorities for National Policy

There is a remarkable consensus among community coalition leaders about the public policies they need to support their efforts against substance abuse. In the 1993 survey, respondents were asked for their views on a number of public policy issues. (**Figure X** lists policies respondents supported and **Figure Y** lists policies respondents opposed.)

FIGURE X

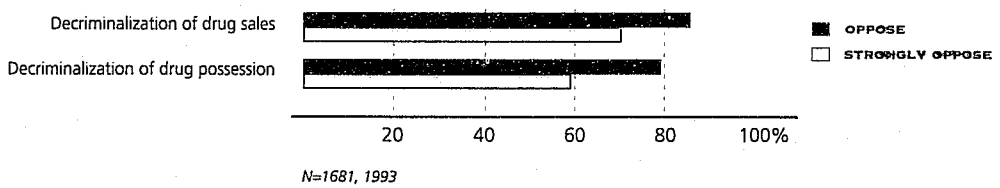
POLICY CHANGES RESPONDENTS SUPPORT



N=1681, 1993

FIGURE Y

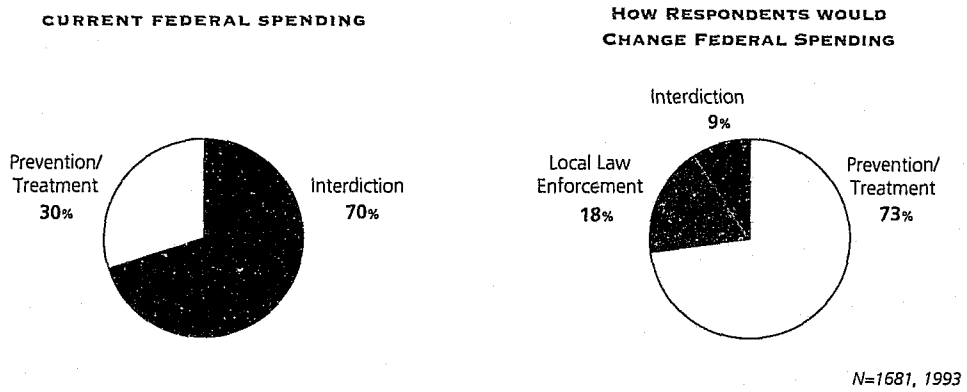
POLICY CHANGES RESPONDENTS OPPOSE



N=1681, 1993

The unanimity of views is striking, particularly with respect to changes in alcohol policy. Ninety-eight percent believe there should be additional restrictions on alcohol beverage advertising. Ninety-seven percent want taxes on alcoholic beverages increased. More than 90% of the participating coalition leaders believe allowable blood-alcohol concentration levels should be lowered for all drivers — that is, it should be virtually illegal to drink and drive. The fact that most coalition leaders agree on the policy initiatives the country should pursue is a strong signal from community leaders that current drug policies need to change.

FIGURE Z



N=1681, 1993

There is a similarly strong consensus that federal anti-substance abuse spending priorities should change. Respondents were asked how they would allocate federal expenditures to fight substance abuse among the four broad categories now identified in federal policy: prevention, treatment, support for local criminal justice activities, and international supply interdiction. (**Figure Z** compares the actual fiscal year 1993 Federal distribution with the budget allocation that community coalition leaders would make if they were in charge.)

Community coalition leaders believe there should be a virtual reversal of federal spending priorities. They want a dramatic shift from international supply interdiction to prevention, treatment, and support for local law enforcement. There is almost no support at the community level for a federal policy that emphasizes international supply-reduction activities. Not a single coalition leader would allocate more than half the federal budget to these activities. This does not mean, however, that community coalitions want law enforcement and drug laws weakened. The 1993 survey shows that community coalitions hold firm and consistent views in support of stronger laws against drugs and excessive alcohol. More than 90% want stronger law enforcement and 51% strongly support increased penalties for drug sales. Eighty-six percent strongly oppose decriminalizing the sale of drugs.

The majority of coalitions (79%) favor increased penalties for illegal drug possession, and the same majority is against decriminalizing possession of drugs. It is important to note that coalition leaders seem to distinguish between people in the drug business, whom they see as predators, and people who use drugs, whom they see as victims. Even if users are victims, however, coalition leaders believe strong law enforcement is an essential part of setting community norms and also a part of the process to coerce users into treatment.

Not surprisingly, community coalition leaders favor a policy change that would increase grants to coalitions (88%). While there is obvious self interest involved, there is also a call for the nation to recognize the need to support the development of broad community coalitions to reduce the harm from substance abuse. The body of evidence in the 1993 Join Together study suggests that the nation should heed this call to action.

JOIN TOGETHER
A NATIONAL RESOURCE FOR COMMUNITIES FIGHTING SUBSTANCE ABUSE

1993 National Survey

The Join Together project, in collaboration with the Boston University School of Public Health and the Pacific Institute for Research and Evaluation, is conducting a national survey of organizations that are engaged in community initiatives to combat substance abuse.

Join Together is sponsored by The Robert Wood Johnson Foundation to help strengthen community coalitions fighting substance abuse. The Pacific Institute for Research and Evaluation is a nationally recognized leader in research on substance abuse issues.

The information you provide will form the basis of a major report on *Who is Fighting the War on Drugs*, to be published in the Spring of 1993. This report, and other surveys to follow, will focus public attention on the work and needs of organizations like yours.

Organizations that complete and return this survey will receive Join Together publications and be eligible for free technical assistance, communications assistance and participation in Join Together's national computer network. You will also receive Join Together's quarterly newsletter *Strategies* and manuals on prevention, treatment, financing, public policy change, and organizational techniques that have proven to be effective in communities like yours.

Please mail the survey back to:
Join Together National Survey
Boston University School of Public Health
85 East Newton Street, Suite M806
Boston, MA 02118

A self-addressed, stamped envelope is enclosed.

This survey will take less than 30 minutes to complete. Your answers will be strictly **confidential** and your organization will not be cited in any reports without your permission. If you have any questions about this survey or about Join Together, please call (617) 437-1500, weekdays between 8:30 am and 5:00 pm (EST). **Complete the questionnaire for your substance abuse coalition or organization rather than fo any sponsoring agency that may be involved.**

I. Contact Information *(Please make any address changes below, if applicable.)*

1. Organization Name _____

2. Mailing Address _____

_____

3. Telephone _____ Fax _____

4. Contact person _____

5. Is there a single individual who is the Director or Coordinator of your organization?

☐ (1) Yes ☐ (2) No

IF YES: Did the person filling that position change within the past year?

☐ (1) Yes ☐ (2) No

II. Organization Description

1. Which **ONE** of the following *best* describes your organization or the organization in which you operate? (CHECK ONE)

- ☐ Community coalition on substance abuse
- ☐ Community development corporation
- ☐ Local or state government executive agency
- ☐ Local or state government health, human service, educational or law enforcement agency
- ☐ Non-governmental health/mental health-related agency
- ☐ United Way
- ☐ University
- ☐ Primary or secondary school
- ☐ Labor union
- ☐ Local chapter of national organization (which?)_____
- ☐ Chamber of Commerce or other business-related organization
- ☐ Religious organization
- ☐ Community action group
- ☐ Public/private partnership
- ☐ Independent not-for-profit service/research agency
- ☐ Unincorporated group or other (which?) _____

2. Approximately how many people reside in the target area your organization seeks to impact? (CHECK ONE)

☐ (1) Fewer than 10,000 ☐ (2) 10,001 to 50,000 ☐ (3) 50,001 to 100,000
☐ (4) 100,001 to 500,000 ☐ (5) More than 500,000

3. Which **ONE** of the following *best* describes the target area your organization seeks to impact? (CHECK ONE)

☐ (1) Primarily urban ☐ (2) Primarily suburban ☐ (3) Primarily rural
☐ (4) Equal mix

4. Approximately what percentage of your organization's budget for alcohol or other drug-related activities comes from the following source(s)? (PERCENTAGES SHOULD TOTAL 100%)

(a) Federal government _____ %
(b) State government _____ %
(c) Local government _____ %
(d) Foundation _____ %
(e) Other private source _____ %
(f) Sales or dues _____ %
100%

5. What is the annual budget your organization devotes to alcohol or other drug-related activities? (CHECK ONE)

☐ (1) Less than $10,000 ☐ (2) $10,001 to $50,000 ☐ (3) $50,001 to $100,000
☐ (4) $100,001 to $250,000 ☐ (5) $250,001 to $500,000 ☐ (6) More than $500,000

6. How many paid full-time equivalent staff (FTE) work on alcohol or other drug-related activities (count two people working half-time on alcohol or other drug-related activities as *one* FTE)? (CHECK ONE)

☐ (1) Fewer than 3 ☐ (2) 3 to 5 ☐ (3) 5.1 to 7
☐ (4) 7.1 to 10 ☐ (5) More than 10

7. How many volunteers participate in your organization's alcohol and other drug-related activities? (CHECK ONE)

☐ (1) None ☐ (2) 1 to 10 ☐ (3) 11 to 25
☐ (4) 26 to 50 ☐ (5) More than 50

III. Organization Goals and Activities

1. For each topic below, please 1) circle the extent to which your organization addresses each topic, and 2) place a check for those populations specifically targeted.

Example:

TOPIC	EXTENT				TARGET POPULATIONS						
	Not at all	A little	Some	Extensively	High risk youth	Gen. pop. youth	Adults	Pregnant teens	Drop-outs	Juvenile offenders	Adults offenders
(a) Prevention	1	2	3	4	___	___	___	___	___	___	___
(b) Early intervention	1	2	3	4	___	___	___	___	___	___	___

TOPIC	EXTENT				TARGET POPULATIONS						
	Not at all	A little	Some	Extensively	High risk youth	Gen. pop. youth	Adults	Pregnant teens	Drop-outs	Juvenile offenders	Adults offenders
(a) Prevention	1	2	3	4	___	___	___	___	___	___	___
(b) Early intervention	1	2	3	4	___	___	___	___	___	___	___
(c) Treatment/ Aftercare	1	2	3	4	___	___	___	___	___	___	___
(d) Planning of system-wide programs	1	2	3	4	___	___	___	___	___	___	___
(e) Alcohol use	1	2	3	4	___	___	___	___	___	___	___
(f) Illicit drug use	1	2	3	4	___	___	___	___	___	___	___
(g) Tobacco use	1	2	3	4	___	___	___	___	___	___	___
(h) Alcohol/drug-related crime	1	2	3	4	___	___	___	___	___	___	___
(i) Alcohol/drug-related health problems	1	2	3	4	___	___	___	___	___	___	___
(j) Impaired driving	1	2	3	4	___	___	___	___	___	___	___

2. Please check the specific types of programs your organization sponsors: (CHECK ALL THAT APPLY)

PREVENTION
- (a) ☐ System-wide planning
- (b) ☐ School-based education
- (c) ☐ Community-based education/prevention
- (d) ☐ Coordinated school/community education
- (e) ☐ After-school youth activities
- (f) ☐ Public awareness campaigns
- (g) ☐ Mentoring
- (h) ☐ Parent education/training
- (i) ☐ Server training
- (j) ☐ Multicultural training
- (k) ☐ Public policy change
- (l) ☐ Other (specify) _____

EARLY IDENTIFICATION
- (a) ☐ Student assistance program
- (b) ☐ Employee or workplace assistance program
- (c) ☐ Training of health and/or non-health professionals
- (d) ☐ Court diversion
- (e) ☐ Community-based identification and referral
- (f) ☐ Case coordination among agencies
- (g) ☐ Other (specify) _____

TREATMENT
- (a) ☐ System-wide planning
- (b) ☐ Detoxification
- (c) ☐ Methadone maintenance
- (d) ☐ Inpatient chemical dependence treatment
- (e) ☐ Outpatient treatment
- (f) ☐ Residential recovery program
- (g) ☐ Reimbursement reform
- (h) ☐ Ambulatory counseling
- (i) ☐ Acupuncture
- (j) ☐ Central intake
- (k) ☐ Other (specify) _____

RECOVERY AND AFTERCARE
- (a) ☐ 12-step or similar programs
- (b) ☐ Family/community support groups
- (c) ☐ GED, job training or placement
- (d) ☐ Collaboration with criminal justice system
- (e) ☐ Community economic development projects
- (f) ☐ Drug-free housing
- (g) ☐ Other (specify) _____

3. Some organizations focus their alcohol- and other drug-related programs and activities *on only one or two specific areas* (e.g., school programs, enforcement programs, media campaigns, treatment efforts). Other organizations attempt to mobilize or affect *all or most* agencies and actors in the community in a coordinated and comprehensive effort to reduce substance abuse problems — i.e., a system-wide change effort. Which of the following *best describes* the goals of your organization? (CHECK ONE)

☐ (1) A focus on specific areas ☐ (2) A focus on system-wide change

4. Some organizations focus their efforts primarily on *individual needs* while others focus primarily on *changing community environments*. Which of the following *best* describes the goals of your organization? (CHECK ONE)

☐ (1) Addressing individual needs ☐ (2) Changing community environments

5. Does your organization lead, sponsor, or participate in a task force, consortium, or coalition that plans and/or directs alcohol or other drug-related programs, activities, policies, and/or resource allocation? (CHECK ONE)

☐ (1) No IF NO, PLEASE GO TO SECTION V (Community Report Card)

☐ (2) Yes, lead or sponsor

☐ (3) Yes, participate, lead organization is _____ (Please specify)

6. How long has your organization led/sponsored or participated in a coalition?

_____ Years

7. How central to your organization's substance abuse-related activities is the task force, consortium, or coalition?

Not at all			Very
1	2	3	4

8. Check all the agencies or actors that participate or are represented on the task force, consortium, or coalition.

- ☐ Schools
- ☐ Local gov't. executives
- ☐ Law enforcement
- ☐ Alcohol beverage control
- ☐ Gov't. health services
- ☐ Private health services
- ☐ Housing authority
- ☐ Recovering people
- ☐ Organized labor
- ☐ Private business
- ☐ Transportation
- ☐ Courts/probation
- ☐ Gov't. human services
- ☐ Private human services
- ☐ Recreation department
- ☐ Employment services
- ☐ Volunteers
- ☐ Child protective services
- ☐ Civic/fraternal orgs.
- ☐ Treatment providers
- ☐ Prevention providers
- ☐ Alcohol industry
- ☐ Citizen action groups
- ☐ Other concerned citizens
- ☐ Public assistance
- ☐ Religious organizations
- ☐ Colleges/universities
- ☐ Mass media
- ☐ Parents
- ☐ Youth
- ☐ Affected populations
- ☐ Other (specify) _____

9. Which **ONE** of the following *best* describes the membership of the task force, consortium, or coalition? (CHECK ONE)

- ☐ (1) Mostly professionals and large organizations
- ☐ (2) Mostly citizens, lay people, or activists
- ☐ (3) Mostly government officials
- ☐ (4) There is equal representation of professionals, large organizations, citizens, lay people, activists, and/or government officials

10. Has your organization requested technical assistance or information from the Join Together program?

☐ (1) Yes ☐ (2) No

3

11. Does your organization have a computer?

☐ (1) Yes ☐ (2) No

IF YES: Does your organization have a modem for the computer?

☐ (1) Yes ☐ (2) No

12. Would your organization participate in an electronic communication system?

☐ (1) Yes ☐ (2) No ☐ (3) Already participate (specify system) _____

13. Many organizations have written strategic plans to guide their work in dealing with substance abuse in their communities. Please indicate the components of your organization's **WRITTEN** strategic plan. (CHECK ALL THAT APPLY)

(a) ☐ No written plan
(b) ☐ Public awareness
(c) ☐ Prevention
(d) ☐ Early intervention
(e) ☐ Treatment
(f) ☐ Aftercare
(g) ☐ Funding for substance abuse services
(h) ☐ Community development
(i) ☐ Other (specify) _____

IV. Organization Successes and Problems

1. In which of the following areas do you believe your organization **MOST** needs technical assistance? Please check no more than **THREE** areas.

(a) ☐ Coalition governance and organization
(b) ☐ School/community prevention & education
(c) ☐ Media advocacy/ communications
(d) ☐ Treatment for substance abuse
(e) ☐ Strategy development
(f) ☐ Community economic development
(g) ☐ Fund raising for coalitions
(h) ☐ Culturally specific programs
(i) ☐ Other (specify) _____

V. Community Report Card

1. How would *YOU* assess the current efforts of the following groups in addressing substance abuse in your community?

	Poor	Fair	Good	Excellent	No opinion/ Don't know
(a) Local gov't.	1	2	3	4	_____
(b) Local law enforcement	1	2	3	4	_____
(c) Courts	1	2	3	4	_____
(d) Schools	1	2	3	4	_____
(e) Business	1	2	3	4	_____
(f) Labor	1	2	3	4	_____
(g) Religious orgs.	1	2	3	4	_____
(h) Civic or fraternal orgs.	1	2	3	4	_____
(i) Media	1	2	3	4	_____
(j) Health care providers	1	2	3	4	_____
(k) State gov't.	1	2	3	4	_____
(l) Federal gov't.	1	2	3	4	_____

4

VI. Public Policy Issues

1. Would *YOU* support or oppose the following changes in public policy? Please check the **ONE** response for each item which *best* reflects your opinion.

	Strongly Support	Moderately Support	Slightly Support	Slightly Oppose	Moderately Oppose	Strongly Oppose
(a) Increased taxes on alcohol	_____	_____	_____	_____	_____	_____
(b) Restrictions on alcohol advertising	_____	_____	_____	_____	_____	_____
(c) Lower legal blood alcohol content (BAC) level for **adult** drivers	_____	_____	_____	_____	_____	_____
(d) Lower legal blood alcohol content (BAC) level for **adolescent** drivers	_____	_____	_____	_____	_____	_____
(e) Funds for treatment on demand	_____	_____	_____	_____	_____	_____
(f) Increased local police enforcement of drug and alcohol laws	_____	_____	_____	_____	_____	_____
(g) Block grant funds directly to public/ private coalitions	_____	_____	_____	_____	_____	_____
(h) Decriminalization of illicit drug sale	_____	_____	_____	_____	_____	_____
(i) Decriminalization of illicit drug possession	_____	_____	_____	_____	_____	_____
(j) Increased penalties for illicit drug sale	_____	_____	_____	_____	_____	_____
(k) Increased penalties for illicit drug possession	_____	_____	_____	_____	_____	_____

2. What percentage distribution of federal spending do *YOU* believe would be most effective in reducing the harm from substance abuse? (PERCENTAGES SHOULD TOTAL 100%)

(1) Prevention/education _____ %
(2) Treatment/recovery _____ %
(3) Local law enforcement _____ %
(4) International interdiction _____ %
100%

Thank you for your participation.

Appendix

While more than 5,500 coalitions responded to the Join Together survey in 1992 and 1993, this report focuses on the answers from the 2,196 respondents that identified themselves as lead coalitions. Of the 2,196 respondents, 1,069 participated in both the 1992 and 1993 survey, while 515 participated only in 1992, and 612 only in 1993.

Join Together attempted to identify every community coalition in the nation. Beginning in the fall of 1991, the Pacific Institute for Research and Evaluation helped contact each state education, health, and highway safety bureau for names and addresses of possible community substance abuse coalitions. Join Together also asked national substance abuse organizations with local chapters, such as Mothers Against Drunk Driving and the National Federation of Parents, for their local affiliates.

In addition, we got lists of all the groups that had applied for federal Center for Substance Abuse Prevention Partnership Program grants or private foundation grants to community coalitions. These requests yielded more than 15,000 names and addresses.

In January of 1992, Join Together sent surveys to every coalition on the list. For this 1993 survey, we contacted all the 1992 respondents and any other groups we had identified since the 1992 survey.

The response to and participation in both surveys has been remarkable. Even after the 1992 survey was published, completed survey questionnaires from coalitions continued to pour in, and we are seeing a similar trend this year. We anticipate that by the end of 1993, we will have received survey forms from 7,000 groups.