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Alcohol Policy Development with Ontario, Canada Municipalities:

A Community Action Demonstration

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Abstract

A Municipal Alcohol Policy (MAP) is a local policy option that manages drinking events in designated municipal recreational settings. MAP development began in the Province of Ontario in the late 1970s, initiated by recreation managers and municipal politicians who were becoming concerned about the number and extent of alcohol-related problems occurring at these licensed events. In 1994, a unique opportunity to evaluate MAP development and effectiveness occurred. The described application of a Community Action approach to the formulation of Municipal Alcohol Policies demonstrates a role for community participation in the alcohol policy arena – adding another dimension to the historical development of evidence-based policy options. As a result of this intervention and its evaluation, there has been an enhanced understanding of policy development .As well, a quality standard for policy content has been developed along with a self-directed guide for policy development. MAPs are proving to be an effective in Ontario municipalities in managing alcohol use in their recreational facilities.

Key words: alcohol policy, community-action, recreation

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Introduction

A review of the research literature by a prominent group of international researchers concluded, “policies that influence the availability of alcohol, the social circumstances of its use, and its retail price are likely to reduce the harm caused by alcohol in a society” (Babor, et al., 2003: 7). They referred to these policies specifically as “alcohol policies” since they consisted of publicly targeted regulations, sanctioned by legislators, to benefit the health and social welfare of the majority of people – notably within a nation or state. They also reported on the emergence of alcohol policies within communities and other settings that are producing similar reductions in alcohol-related harm. Some of the micro policy actions cited included the integration of alcohol policies into school-based strategies, the mobilization of communities to limit alcohol availability, and the operation of roadside sobriety checks as a drinking-driving countermeasure.

Common to many alcohol policy initiatives is the response to a need to reduce alcohol-related problems. Since communities experience similar problems and needs, decision-makers will come to demand descriptions of outcomes and developmental processes. A Community Action model is more applicable to studies of communities because of its emphasis on inquiry, learning, and action to improve the community. It emphasizes participation by those most closely involved in or affected by the outcomes, and involves activities that generate knowledge (Park, 1999). Some of the elements involve: participant focus and ownership; broad stakeholder participation; flexibility in the research design; collecting empirical data, applying learnings from rapid appraisal methods and the use of outside facilitators. Furthermore, outcomes tend to have more meaning to those participating in the study than to the research community (Institute of Health Promotion Research, 1995). Municipal Alcohol Policy (MAP) development is compatible with these elements.

A Municipal Alcohol Policy (MAP) is a local policy option that manages drinking events in designated municipal recreational settings (Douglas, Moffatt, Caverson, Single, & Thomson, 1986). MAP development began in the Province of Ontario in the late 1970s, initiated by recreation managers and municipal politicians who were becoming concerned about the number and extent of alcohol-related problems occurring at these licensed events. The described application of Participatory Action Research to the formulation of MAPs

demonstrates a role for PAR in the alcohol policy research arena – adding another dimension to the historical development of evidence-based policy options.

Background and MAP formulation

Understanding policy formulation has been of interest to decision-makers and social scientists for many years. As first coined by Easton in 1965 (Shankula et al., 1981), public policy is a "black box" process - a mystery as to how demands are converted into regulations for distribution. Since then, Social Science studies have given rise to a number of public policy models (Dye, 1975). When Schoettle (1971) compared such policy models to conventional practice, he concluded that, while the individual models were academically interesting, in reality, public policy emerged from a "muddling through" process that tended to use elements from a variety of models – principally incrementalism. These early public policy analyses did provide a basic understanding and framework for predicting outcomes when replicated.

As observed by Babor et al. (2003), in comparison to the general public policy research arena, alcohol policy research has had a much shorter history. When the first Municipal Alcohol Policy was being considered, it had to draw from the alcohol policy research available in the 1980s (Beauchamp, 1980; Shankula et al., 1981; Single & Storm, 1984; Murray, Thompson, & Douglas, 1984) and the prevalent public policy publications of the 1970s. Over the time span involving the evolution of MAPs, additional alcohol policy publications appeared (Edwards et al., 1994; Holder & Edwards, 1995) at the time when empirical data collection was about to be collected on MAP outcomes. Therefore, with the formulation of the first MAP in 1980, an understanding of how it was developed arose among other municipalities interested in developing a similar policy to reduce the alcohol-related problems they were experiencing.

Over time, the question of MAP effectiveness in reducing problems became of interest to politicians, municipal administrators, facility groups and organizations, alcohol programmers and researchers; thus creating a willing coalition of interested stakeholders. These "willing coalitions", a necessary component of successful policy formulation (Bauer, 1971: 14), emerged within communities and across communities. What began as a service response to assist one municipality resolve alcohol-related problems in its facilities (Thompson & Douglas, 1983) has evolved into an Alcohol Policy model being applied in over two hundred cities, towns and villages in the Canadian Province of Ontario (Gliksman, Douglas, Rylett, & Nabonne-Fortin, 1995; Gliksman, Douglas, & Rylett, 1999).

This Alcohol Policy model included a clearly defined set of components: an integrated arrangement of facility and event designation; management practices; prevention strategies; control and enforcement procedures; provisions for signage and for implementation. It also included a requirement for on-going policy monitoring and review for periodic policy updating (Douglas, Rylett, Narbonne-Fortin, & Gliksman, 1999).

When the first MAP was developed, however, the issue with municipal politicians was not its effectiveness in reducing problems, but the fear that citizens would rebel at the regulations restricting where and how alcohol would be used and ultimately impact on the ballot box. Therefore the first MAP evaluation (Gliksman et al., 1990) was an assessment of public response to an information campaign informing them of the policy, its regulations and rationale. Municipal staff were active participants in the design, execution and authoring of the results. The researchers found that individuals were “not necessarily opposed to polices that restrict the availability of alcohol” when they were informed of “the policy and the reasons for its incorporation” They concluded that, “politicians need not shy away from away from the (policy) issue for fear of losing popular support” (Gliksman et al, 1990: 414).

The resolution of this political barrier opened the gate to the development of MAPs in other Ontario communities. MAP activity in the province may also have been propelled by the dissemination of information about the intervention by researchers, partners, and independent sources. The dissemination of information was done through publications in academic journals, consumer magazines and in other publications such as public information articles, internal newsletters, pamphlets, and brochures. As well, to reinforce the emergence of a critical mass of policy communities, articles published in consumer magazines specifically targeted recreation staff and those in municipal administration (Lauzon, Dawson, McLean, & Douglas, 1995; Douglas & Narbonne-Fortin, 1996; Rylett, Douglas, Narbonne-Fortin, & Gliksman, 1999). Articles published in academic journals increased the awareness among Health Promotion and Prevention professionals and scientists in the addiction field about this policy option (Gliksman, Douglas, Rylett, & Narbonne-Fortin, 1995; De Pape, Leonard, Pollett, & Heughan, 1995; Narbonne-Fortin, Lauzon & Douglas, 1997). Articles published in newspapers were a result of partner activity, that is, by Public Health staff; Liquor Control Board; Ontario Provincial Police and Recreation or Municipal staff. As a result of these efforts, inquiries were received by CAMH provincial offices from municipalities and also from other groups, such as churches, social clubs, and development areas. Case study information was generated that described the policy development method and report combinations of

anecdotal and empirical data (some consisting of community surveys, administrative problem reporting records, and observations of drinking events (Thomson, Douglas, Murray, & Moffat, 1984; Douglas, Pyette, & Anstice, 1990; Douglas, 1990; Lauzon et al., 1995; Rylett, et al., 1995; McCarty & Heath, 1996; Douglas, Narbonne-Fortin, & Lauzon, 1997). In other instances, findings from the 1994 survey were integrated into case municipality reports (Tessier, Rylett, Douglas, & Gliksman, 1997). In 1994, CAMH recognized the unique opportunity to evaluate this primary prevention effort. This latest study provides additional consumer perspective about the implementation of MAPs; the manner in which they were formulated; and the impact of the policy on alcohol-related problems.

Method

All 776 municipalities listed in the Ontario Municipal Directory were surveyed by mail in 1994 and again in 1996.Questionnaires were mailed to Recreation Directors or to Municipal Clerks. In 1994, the questionnaire focused on the presence or absence of a MAP. Respondents with MAPs were asked about the development process used, what alcohol-related problems they were experiencing at licensed events. In 1996, the questionnaire included more specific questions about the previously identified problems as well as other relevant information about the municipality. In addition, municipalities with MAPs were asked to submit a copy of their policies for review in order to document the emergence of similar policy regulations among communities.

All municipalities had the opportunity to respond to either, both or neither of surveys. The response rate in 1994 was 70% (n = 546); in 1996 it was 64% (n = 497). Three hundred and eighty-six municipalities responded to both surveys. A total of 659 municipalities provided information for the study over the two-year period. Eighty-five percent (558/659) of the municipalities had rental facilities that are licensed for alcohol service, primarily through a Special Occasion Permit (SOP). Of these 558 municipalities, seven percent were in the central region of the province; 33.4% in the west region; 33.5% in the east region, and 33.6% in the north region. This distribution of responses compares well with the provincial distribution of municipalities (i.e., 6.4% central; 35.6% west; 3.2% east, and 24.7% north). Additionally, 83% were rural municipalities and 17% were urban. This also generally reflects the distribution of these municipalities in Ontario (87% versus 13%). As a result of these findings, there is confidence that the sample is representative of MAP activity in Ontario.

Findings

i. Dissemination

Between 1980 and 1996, 24 articles were published in academic and professional journals, or in consumer magazines and 182 articles were published in newspapers. In addition, there were 19 workshops or conference presentations designed to educate other health professionals in MAP development. By the end of 1996, 177 (31.7%) of the 558 municipalities that held SOP events had formally adopted MAPs, and a further 70 (12.5%) had MAPs in development. Figure 1 illustrates the dissemination of MAP information and concurrent MAP development.

< Insert Figure 1 about here >

It can be seen from Figure 1 that initially (1980-89) more effort went into disseminating information than into actively developing MAPs. The interaction between publications and MAP development that occurred from 1990 through 1996 created a “snowball” effect for both publications and MAP development activity, exemplifying the participatory nature of this interventions.

ii. Process

The model for policy development used by about two-thirds (n = 121) of the municipal corporations was based on a community consultative process. Other methods of development included: drafting regulations within a department committee, confining MAP development to internal administrative staff, replicating policies designed for other communities, and compiling a list of excerpts from the Liquor licence Act of Ontario. Those who used these other methods (n= 56) had only minimal community input.

An important element in the community consultation model is that time is allowed between meetings to gather sufficient information about the issues and to allow for attitude changes among members to occur once they have been provided with all the relevant information needed to develop an effective policy. On average, it took 8 to 12 months to develop a policy depending on the size of the community and the complexity of the administration.

iii. Policy Quality

In response to our request, 145 MAPs were received and reviewed. A list of regulations that commonly occurred in the policies was made. This list was divided into six components that related to designation of facilities, management practices, prevention strategies, signs, enforcement procedures and

policy implementation and review. A policy template was created which allowed each policy to be scored out of 100 points based on the content of each of the six components. Then, each policy document was reviewed and scored by two staff hired for this purpose, on the basis of specific criteria[2]. The inter-rater reliability proved to be 0.93. The average score for the 145 policies submitted was about 61. Over time, the comprehensiveness of MAPs increased from an average score of about 34 in 1980-89 to an average score of about 66 in 1996. This represents a statistically significant increase in policy comprehensiveness over time (t = 3.812, df=34, p =.001). This suggests that municipalities may have been exchanging information among themselves and establishing what they considered to be a standard for operating alcohol-related events (Douglas, et al., 2000).

iv. Policy Quality and Method of Policy Development

The average score of MAPs developed with the assistance and input of community members, user group representatives and others had an average score of about 70. Those developed without significant community input (n=56) had an average score of about 50. A t-test was used to determine if the process made any difference in the comprehensiveness of the policies developed. Those policies developed using the participatory process model produced polices with significantly higher policy scores (i.e., were more comprehensive) than did those using a non-participatory process (t = 5.44; df = 131; p = .000). This suggests that involving those most affected by the policy in its development ultimately improves the product. Furthermore, because of this "grassroots" involvement, it is likely that the community will be more supportive of the policy.

It was hypothesized that the longer a policy was in place, the more likely the municipality would see a reduction in problems and that the content of the policy, as measured by its comprehensiveness score would be important in determining a positive outcome. To test this hypothesis, the length of time since adoption was recoded into four categories: one year or less; 13 months to two years; 25 months to five years, and more than five years.

v. Impact on Alcohol-related Problems

Those municipalities that had implemented a MAP (n = 134) were asked if they had generally perceived a change in alcohol-related problems at S.O.P. events after MAP implementation. Seventy-three

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2 Each rater worked independently and a correlation analysis was performed on the scores for all policies between the two raters. These raters had no knowledge about who had facilitated the policy development.

percent felt there had been a decrease in these problems. To determine what would be the most effective quality score for achieving problem reduction, policy scores were aggregated into several different groupings (e.g., less than fifty vs. 50 or higher). Using a series of multiple regression analyses, it was determined that policies scoring 70 or higher ($p = <.01$) combined with the length of time a policy has been in place ($p = .000$) were important in achieving problem reduction ($F(1,96) = 11.50268$; $p = .000$). It was also determined that to be effective a policy must contain some items in all six modules. No other combination of modules, regardless of total score, produced statistically significant problem reduction.

All (100%) of the municipalities with policies in place for one year or less reported a reduction in problems compared with only 40% of those with policies that scored below 70. Similarly, a greater percentage of those with MAPs scoring 70 or more, in place for longer periods of time, also reported problem reductions compared to those scoring below 70. Nevertheless, after 5 years of policy implementation, 100% of both groups were reporting reductions. These findings suggest that, for municipalities wanting to reduce alcohol-related problems and the associated risk of civil law suits, having a more comprehensive MAP will produce sustainable results more quickly.

These data are presented in Figure 2.

<< Insert Figure 2 about here >>

In 1996, a list of 14 potential alcohol-related problems constructed from responses to the 1994 survey was included in the questionnaire. Respondents were asked to identify any problems they had noticed in the year prior to having a policy and to indicate on a scale from "0" (never) to "4" (very often) how often each problem had occurred. A similar scale was offered for the year 1996. For those with MAPs, the mean frequency of problems for "before policy " was 14.4 and the mean frequency for problems experienced in 1996 was 6.5. A correlated t-test was performed and the difference between the two scores was statistically significant ($t = 11.65$; $df = 115$, $p = .000$). These data are illustrated in Figure 3.

<< Insert Figure 3 about here >>

Responses from those “with MAPs” were compared to those “without MAPs”. For 1996, the mean score for problem frequency for those with policies was 6.59. The mean score for those without policies was 11.06. The difference between these two scores was also statistically significant ($t = 2.28$; $df = 114$, $p = < .05$). These data are illustrated in Figure 4.

<< Insert Figure 4 about here >>

In addition, the frequency of problems experienced in 1996 was compared for those with MAPs and those without MAPs by recoding into Low and High at the median of occurrence and a Chi-square test was conducted The Odds-ratio was 1.899, $p < .05$. This indicates that, for 1996, those municipalities who had not yet implemented a MAP were about 1.9 times more likely to have a greater frequency of problems than were those with MAPs.

When the mean score for problem frequency for “before” policy was compared for both groups, it was discovered that those municipalities with MAPs had a score of 14.4 and without MAPs had a score of 11.3. The difference between these mean scores was statistically significant ($t = 2.2.283$; $df = 114.66$; $p < .05$). This suggests that the frequency of problems may have been influential in motivating municipalities to develop MAPs.

It has been widely reported in the literature that over-consumption of alcohol leads to other problems, such as fights, verbal abuse and so on. The specific frequency of occurrence of each of the 14 problems experienced was examined for “before” and “after” policy was examined and compared. Thirteen of the 14 problems relating to the consumption of alcohol were significantly reduced once a policy was in place. These data are presented in Table I.

<< Insert Table I about here >>

vi. Reaction to Policy

Politicians and administrators were cautious about this policy intervention when it first emerged so it was of interest to determine their reaction once they had some experience with having a policy. In municipalities with MAPs, almost 86% of the respondents said their administration was positive about the experience. When this perception was compared over time according to how long the MAP had been in place, this positive perception was maintained. Still, the day-to-day responsibility for enforcing the MAP often lies with “front-line” workers and so it was interesting to ask what their reaction had been. About 85% of the respondents reported that the facility staff was positive about the experience. Again, this perception remained constant over time. These data are presented in Table II.

<< Insert Table II about here > >

A Case Study

As part of the study, three municipalities agreed to develop a MAP between 1994 and 1996. These municipalities ranged in population size from 6,500 to over 500,000. Both process and outcome data would be collected over the time period to further document the policy development process and MAP effectiveness. Each was matched by population size and economic base with a comparison municipality where no MAP was in place. One experimental pair of sites was large cities with populations of 500,000 or more. The second pair had populations around 55,000, and the final pair was small towns with populations around 6,000. The process and outcome findings for the mid-sized municipality will be described here.

The Process

The eight-member policy development committee met seven times over an eight-month period to develop and complete the final draft of the MAP. The development process was co-facilitated by a member of the Recreation Department and a CAMH consultant. Committee members were recruited by the Recreation Department representative and consisted of a cross-section of interested professionals (e.g., police, health unit, community coalition, user groups, and so on). A summary of each meeting was forwarded to the City Council so they were kept informed about the process on an on-going basis. Meetings were held in each of the different indoor facilities and tours were conducted at the time of the meeting so all members became familiar with the facilities. Committee members took the issues back to the groups they represented and brought feedback from these groups to following meetings. The committee combined public information meetings with Server Intervention Training sessions. The policy was presented to City Council on May 24th, 1994 and was implemented within six months following approval. Information about the MAP was disseminated to the community through newspaper articles, pamphlets, recreational seasonal brochures, and to other municipalities and recreationists at conferences. Using the scoring process to determine the comprehensiveness of the policy, this policy was assessed and obtained a score of 91 out of a possible 100 points suggesting that this was a “quality” policy. The scoring form is presented in Table III.

<< Insert Table III about here >>

In late 1996, members of the Policy Development committee were asked to provide information about the process that was used. They were interviewed by telephone or in person and their responses were tape-recorded. The data were aggregated and compared to the criteria set out as being an “ideal” process, that is, to certain milestones that had been developed to assist in the facilitation of policy development (i.e., the terms

of reference). Excerpts from these interviews are presented in Table IV.

<< Insert Table IV about here >>

In addition to the qualitative discussion about the process, the respondents rated eight statements about the process on a scale from 1 “strongly disagree” to 5 “strongly agree”, according to how much they agreed or disagreed with each. The total score on these quantitative measures was 38.36 out of 40. These data are presented in Table V.

<< Insert Table V about here >>

Community Surveys

Community surveys were conducted annually from the Spring of 1994 (i.e., before MAP development began), in the Spring of 1995 (i.e. about 6 months after policy implementation) and in the Fall of 1996 (i.e., 18 months after policy implementation). Because of time and budget constraints, a random sampling technique was not employed. The city of 55,000 was divided into seven areas of approximately the same population. An equal number of interviews were assigned to each area. A quota of 500 surveys was assigned in each year. Starting at a new location each day, interviewers were instructed to select residential units and to interview males and females, and members of various ethnic and age groups. The sample consisted of people who were willing to complete the questionnaire when first approached. No call backs were made. Only one member per household, 19 years of age or older, was interviewed. Selection of the actual respondent was made by first attempting to interview the person who answered the door. Failing this, anyone else in the household who agreed to do so was interviewed.

The surveys contained questions related to attitudes about alcohol use in general, and in particular, at recreational facilities; about alcohol-related problems experienced at these recreational facilities; and about knowledge about the rules and regulations introduced through the adoption of the Municipal Alcohol Policy, and attitudes about these management practices. In addition, demographic information was collected as well as data regarding drinking behaviour. The response rates were: 48.9% in 1994, 53.9% in 1995 and 55.8% in 1996.

Community Demographics

The demographics were consistent over time and the distribution by sex and marital status were similar to 2001 census data. According to Statistics Canada, (2001) this distribution had not changed

significantly since 1996, for the municipal population (Statistics Canada, 2001). About 86% of the respondents in 1994 considered themselves to be drinkers (i.e., had at least one alcoholic drink in the year prior to the survey). This percentage had decreased by 1995 to about 75% and remained about the same through 1996. The frequency of drinking, usual number of drinks, highest number of drinks, percentages having five drinks or more per occasion and having 12 or more drinks per occasion (i.e., at-risk drinkers) remained constant over the three-year period. The Municipal Alcohol Policy intervention, a primary prevention initiative, is intended to reduce the harm from alcohol use in a specific environment (i.e., recreation facilities). As such, no change in community drinking behaviours ere expected, at least in the short term.

Community Member Attitudes

For the attitude questions about alcohol use the respondents were asked to rate each statement according to how much they agreed or disagreed with each item on a scale from 1 "strongly disagreed" to 5 "strongly agreed". Using factor analysis, these items were grouped into five factors that represented a theme suggested by the items. These five groups represented attitudes about: Alcohol use as harmful; general restrictions on alcohol availability; restrictions on the availability of alcohol at facilities where children/youth may be present; the availability of alcohol at recreation facilities; and some alcohol management regulations usually included in a MAP. Each group of variables had a high reliability coefficient, which was consistent over time. That is, with repeated surveys, there was a high level of confidence that the same score would be obtained. Factor groups are presented in Table VI.

<< Insert Table VI about here >>

A score was calculated for each group of variables for each year of the study. In 1994, respondents were in fairly strong agreement that *alcohol use was harmful* ($\bar{X}$ = 26.17). That is, the mean score well exceeded the "no opinion" score of 21. This attitude remained fairly constant through 1996. In 1994, with regard to *general restrictions on the availability of alcohol*, again the respondents agreed with the restrictions presented (i.e., $\bar{X}$ = 17.80), well above the "no opinion" score of 18. By 1996, they were even less likely to support alcohol being available in such places as supermarkets, bars and taverns being open past 1:00 a.m., and a change in beer and liquor store hours. As a result, there was a statistically significant time effect ($p<.01$). In 1994, the respondents were in agreement with *restrictions on alcohol availability at facilities where children/youth may be present*, ($\bar{X}$ = 33.586), again well exceeding the "no opinion" score of 24. This attitude

remained constant over time. Respondents in 1994 were only somewhat in agreement with *alcohol availability at recreation facilities* ($\bar{X}$ = 22.141). That is the aggregate score barely exceeded the "no opinion" score of 21. By 1995 (i.e., at least 6 months after MAP implementation), had increased and this change was statistically significant ($\bar{X}$ = 23.468). This higher level was maintained through 1996 suggesting respondents were more in agreement with the availability of alcohol at these locations.

When presented with ten potential MAP regulations in 1994, the respondents were very much in agreement with these ($\bar{X}$ = 41.571). This score was well above the "no opinion" score of 30 and remained constant through 1995 and 1996, even after the MAP had been implemented. These data are presented in Figure 1. This finding provides support for MAP development when a good foundation of community support has been established through the use of a participatory process.

<< Insert Figure 5 about here >>

General Facility Use

After the MAP had been in place for six months (i.e., in 1995), use of any of the indoor or outdoor facilities decreased. By 1996 (18months after implementation), facility usage had returned to the levels seen prior to the policy. That is, about 74% of the respondents said they had used at least one facility in 1994, about 54% said they had done so in 1995 and 74% said so in 1996. This suggests that facility use may decline for a short period after the implementation of a MAP. However, this decline may be related to other environmental factors not collected and detailed during this period. Nevertheless, facility use did return to levels similar to before the MAP, so this short-term decrease should not be of any great concern to facility management.

Community Perception about Alcohol-related Problems at Facilities

Generally, not many problems were noticed at any facility (i.e., indoor or outdoor). A list, prepared from the problems mentioned during the 1994 survey, was shown to the respondents in 1995 and in 1996. Interestingly, in 1995 (about 6 months after policy implementation), facility users noticed more problems related to underage drinking. By 1996, after the MAP had been in use for about 18 months, fewer users reported intoxicated patrons as a problem (i.e. from 23.9% to 14.8%); fewer noticed incidents of verbal abuse/harassment (i.e., from 26.9% to 19.5%), and fewer noticed underage drinking problems (i.e., from 24.3% to 14.6%). All of these decreases were statistically significant (p=.001). No significant changes were noted in the percent that noticed non-permit drinking, litter, fights and scuffles, vandalism, police calls or

injuries. Generally speaking, few facility users noticed problems at events. Surprisingly, in 1996, more facility users said they had complained to those in charge of events about the problems (i.e., from 14.8% to 40.3%) and this increase was statistically significant (p=.000). Being alerted to problems in the early stage allowed event organizers to address the issues before serious consequences arose and may reflect the posting of accountability signs in the indoor facilities and the wearing of visual identification by servers.

Participant Observation

In 1996, four participant observers, two males and two females, were hired to attend Special Permit events held at indoor and outdoor municipal facilities. One couple attended a retirement party held at an indoor facility and the other couple attended a baseball tournament held at an outdoor facility. Detailed recording sheets were provided. The information collected from these observers is a follows: about 175 persons attended the indoor event, which was well run. Policy regulations were in place and being followed (door and floor monitoring, ticket limit, trained servers, signs requiring identification, security, and safe transportation). About 95 persons attended the outdoor event. Observers again reported this event to be well-run with policy regulations in place. No incidents occurred at either event and no problems were reported to the organizers.

Management Experiences

Twelve S.O.P. Function Site Check Lists were submitted from 1996. All of these were for large events, which were held both at indoor facilities and outdoor facilities, and all, complied with the 11 regulations/items checked. Only three of these had minor infringements, which, according to the report, were rectified immediately upon the Event sponsor being made aware of the problem. According to Facility management, only one rental has been lost because of the implementation of the policy. No data about the actual rentals by year since 1994 was provided. According to management there had been only two minor incidents recorded over the 18 months that the policy has been in place, and these were related to drinking beer in the dressing rooms. No incidents of vandalism were recorded. There were no costs to the City as a result of alcohol events at City facilities.

Limitations of the Study

Graham and Chandler-Coutts (2000: 105) note in a review of lessons learned about community action research, state "very few community action projects are able to demonstrate a clear impact on objective quantifiers." This was the situation in this demonstration. Because many municipalities do not keep records of

incidents that occur at SOP events unless there has been significant vandalism or a serious incident has occurred, it was necessary to rely on stakeholder perceptions about the problems experienced. It is acknowledged that some municipalities may keep these records, however, there appears to be no standardized procedure for doing so from municipality to municipality.

In addition, these stakeholder perceptions were based on recall for up to five years prior to the survey. Problems around recall can be viewed in two ways: respondents may report fewer problems based on recall that in the past "things were bad" and/or given that recreation facilities appear to have a fairly high staff turnover, recall may be based on hearing from others that this was so. However, since most policies were developed since 1992, it is likely that those particular respondents would have a clear recall of the situation. Since perceptions among all respondents were fairly consistent, it is likely that this problem is minimal.

Perhaps the most important limitation common to all Community Action research projects is that random assignment of test and control cases was not possible. The reality is that municipalities were self-selected to participate once they were aware of the intervention. This brings the internal validity of the study into question.

Discussion

Using a Community Action approach strengthened this Municipal Alcohol Policy intervention by: providing continuous feedback to the community; obtaining support and input from key stakeholders; addressing the perspectives of a diverse group; allowing sufficient time for communication and tolerance to develop; developing a clear vision of the project goals and improving the quality of policies developed. This participation contributed to sustaining the outcome. Interestingly, the feedback process occurred at two levels -- within the community and to other communities within the province. This two-tier approach to communicating the intervention was instrumental in its expansion over time.

The results of the Ontario study do show that MAPs are effective and sustainable. Municipalities with MAPs, as a group, were less likely to experience problems at alcohol-related, one-time social events held in their facilities than were their counterparts without MAPs. Those municipalities with MAPs reported fewer problems after implementing a MAP and this reduction in related harms was demonstrated for policies in place for up to five years or more.

Municipal administrators and facility staff reacted positively to having a MAP suggesting that there

were no serious political repercussions and that the additional duties imposed by the MAP were not too daunting for the front-life staff. It was also demonstrated that policy content is important and that having community participation in the process enhanced the content. Municipalities over time developed an acceptable standard for the operation of alcohol-related events as outlined in their MAPs. This standard was a score of 70 or higher, as measured by the rating form.

As demonstrated in the case study, facility users continued to endorse MAP after implementation of the regulations and this, too, can be attributed to the participatory nature of the development process. The process, itself, was rated highly by Committee members. Outcomes in this municipality were similar to those described for the aggregate of Ontario municipalities.

Interestingly, when the policy scores for a number of "Blue Ribbon" MAPs by municipality were published (Douglas, Rylett, Gliksman, &Narbonne-Fortin, 2000), a number of requests were received from other municipalities across the province to provide this information so that they could "update" their policies. Since 1996, a number of requests about the intervention have been received from other provinces as a result of reading about the Ontario experience in Journal articles and magazines. To date, more than 230 MAPs have been developed in Ontario. The data gathered have validated the policy development process and resulted in the production of a self-directed Policy Guide for municipal staff for those wishing to undertake this intervention or revise an existing MAP[3] (Narbonne-Fortin, Ry;ett, Douglas & Gliksman, 2003).

3 The MAP Guide can be ordered by contacting the authors at louis_gliksman@camh.net

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Table I: Frequencies of Specific Alcohol-related Problems Before and After MAP

Rank	Problem	Frequency of Problem		
		Before MAP	After MAP	Significance (p)
1	Alcohol in Dressing Rooms	1.8707	.6552	.000
2	Intoxication	1.8448	.8966	.000
3	Alcohol in Parking Areas	1.7155	.8448	.000
4	Underage drinking	1.3190	.4655	.000
5	Bringing in alcohol illegally	1.3190	.5603	.000
6	Fights & scuffles	1.1552	.4483	.000
7	Vandalism	1.1034	.6207	.000
8	Police calls	.9655	.4655	.000
9	Littering	.9483	.4224	.000
10	Verbal abuse/harassment	.9138	.5259	.000
11	Public complaints	.8103	.3103	.000
12	Injuries	.3879	.2328	.000
13	LLBO Penalties	.1638	.0517	.001
14	Sexual assaults	.0517	.0172	.207

Note: n= 116

Table II: Reaction to MAP by Length of Time Since Policy Adoption

Reaction	Length of Time Since Policy Adoption: 1 year or less	13 to 59 months	5 years or more	Total
Municipal Administrators:				
Positive	18 (94.7%)	76 (82.6%)	16 (94.1%)	110 (85.9%)
Indifferent	1 (5.3%)	16 (17.4%)	1 (5.9%)	18 (14.1%)
Negative	0 (0%)	0 (0%)	0 (0.0%)	0 (0.0%)
Facility Staff:				
Positive	23 (92.0%)	77 (81.9%)	15 (93.8%)	115 (85.2%)
Indifferent	2 (8.0%)	17 (18.1%)	0 (0.0%)	1 (0.7%)
Negative	0 (0.0%)	0 (0.0%)	1 (6.3%)	19 (14.1%)

Table III: Measuring Quality of MAP

In Policy	Policy Module and Components	# Items x (multiplier)	Score /Maximum
	Designation of Properties & Events:		
✓	properties eligible for S.O.P. events		
✓	properties not eligible for S.O.P. events	3 x (6.66)	20/20
✓	events not eligible for S.O.P. events (youth events, outdoor events, etc.)		
	Prevention Strategies		
✓	safe transportation provision		
✓	plastic, paper cups (no glass, no bottles)		
	low alcohol content drinks available (minimum 30% of total available)		
	no extra strength beer available (none over 5%)	5 x (2.85)	14.3 /20
✓	non-alcoholic drinks available		
✓	redeem unused drink tickets		
✓	no alcohol advertising at facilities frequented by youth		

In Policy	Policy Module and Components	# Items x (multiplier)	Score /Maximum
	Management Practices:		
✓	insurance ($1m minimum)		
✓	server trained even t staff (minimum 60% per event)		
✓	door monitoring (entrance/exit)		
✓	floor monitoring		
✓	limits # tickets per person at one time to 8 or less		
✓	no "last call" will be announced		
✓	licence holder is not to consume alcohol		
✓	workers are not to consume alcohol on duty	13 x (1.92)	25 /25
✓	workers must be clearly identifiable		
✓	specified a ratio of workers to participants		
✓	ID presented for purchase of alcohol		
✓	special security arrangements for large events		
✓	restricted youth admittance to adult SOP events		
	Actions to Enforce		
✓	outline procedures for handling infractions		
✓	short-term penalties for policy violations	3 x (6.66)	20 /20
✓	long-term penalties for policy violations (1 year +)		
	Signs: (posters/signs describing regulations)		

In Policy	Policy Module and Components	# Items x (multiplier)	Score /Maximum
✓	statement of intoxication		
✓	accountability		
✓	safe transportation		
	ticket sale limit	4 x (1.67)	6.7 /10
	acceptable ID (at entrance)		
✓	restricted (alcohol ineligible) areas posted		
	Follow-up:		
✓	indicate implementation plan	2 x (2.5)	5 /5
✓	designate policy monitoring and review		
	Rating out of 100 (rounded up)		91 /100

Table IV: Excerpts from Interviews with Policy Committee

About the make-up of the committee:

"I think it was, everyone around the table had a different interest in it, and so you got a little bit of perspective of the users as well as the city administrators and our point of view. So it was kind of interesting to hear everybody involved. If you're going to have a policy that doesn't say you can't have a licence but restricts availability, access and locations, it is nice to have all the players at the table. From that aspect it was good. They also provided a skeleton of other policies and agreements so it gave us an idea what other municipalities were doing. So you had an idea where it seemed to be headed on previous decisions. However, it was still open for us." (DH, February 20, 1996)

About the process:

"I thought it was set up fairly well. The meetings were set up so that everyone agreed when the next meetings would be. We had a projected game plan. It was bench marked -- here is your part in it, here's where we are going, we would hope to end by this date, then City Hall would like it by this date, then referred to committee by this date, enacted by this date, there will be a trial period -- a bit of a road map as to where we are going. I think this was helpful. It gave you an idea of how long you were going to be involved -- what the progress was; what the process was going to be." (DH, February 20, 1996)

Obtaining feedback:

"For the (facility) users, we relied on the buddy system. The representatives all took the issues back to their groups and brought feedback back to us. We did a SIP training and I guess, traditionally, during the legal section, that's when people would get upset and say I don't believe this and so on. People know, there's enough awareness out there between sober drivers, sober boaters, sober snowmobilers -- don't drink and drive and things -- you know the suits that have happened that it's not really a question -- they just need more information to understand that it's common sense. I mean, that's the comments I got back was that it was common sense." (SK, Nov. 4, 1995).

"There were at least two public presentations. This was during the process -- inviting

comment, then at the end when the draft was ready, inviting comment back to us before we put the final draft in. There was a fair amount of publicity because of these presentations to the public, through television and radio. I think there were some groups who came and questioned how this was going to affect them, but I think everyone left positively.” (LB, March 26, 1996)

“(people) had a lot of questions around SOP functions in association with minor youth events and I would just suggest that any community that is considering this invite in any representative from any group that currently do this because that was the one area they didn't really know ahead of time that this was coming and they traditionally run these events in association with hockey tournaments. What we did was we allowed them to run an adult event after 8:30 p.m. and youth are not allowed to be present at the event, but it just caused problems with tradition, you know, they've been doing things for 20 some odd years.” (SK, November 4, 1995)

Problems since the policy was implemented:

“You're always going to have problems getting everyone to comply. But, there have been some very large activities that were directly affected by the policy. The reactions to what happened five years ago versus what happened last year -- a definite improvement. It was laid down pretty straight forward that "either you comply or you won't get another one". The City is definitely enforcing it (the policy).” (LB, March 26, 1996)

Anything else about the process or policy:

“Well, it is interesting. I've had calls from outlying areas, smaller communities who are interested in taking the SIP training and that are considering doing a policy for use in their facilities. The other place is the College here. I talked to one of their staff the other night. They were taking the SIP training and I said, you know, "I think it would be a good idea if the College and University developed a similar policy for use in that facility and she said, yes that it was under consideration. So it's just, you know -- it really does have the spin-off.

Table V: Rating of the Policy Development Process

	Statement	Average Rating
a)	The information and advice of the facilitators was helpful in guiding the process.	5
b)	Having community participation on the committee was important to the development of the policy.	5
c)	Community feedback was important to the successful adoption of the policy.	4.33
d)	Community feedback was important to the acceptance of the policy by users/renters.	4.33
e)	Having terms of reference was useful in guiding the committee through the process.	5
f)	The information and advice of the facilitators was helpful in drafting the policy.	5
g)	S.I.P. training helped committee members to better understand why a policy was necessary.	4.70
h)	I would recommend the way we developed this policy to other communities.	5
	Total score	38.36

Table VI: Attitude Factors

<u>Alcohol Use is Harmful</u> (Alpha: .7330).

Range 7 to 35. No opinion score = 21.

1. Community members should be educated about the rules around alcohol use in Municipal facilities.
2. There should be more spot checks by police to find drunk drivers.
3. A safe transportation strategy should be implemented by all sponsors of licensed events.
4. Even in moderation, I do not think drinking alcohol is the proper thing to do.
5. Those serving alcohol in Municipal facilities should be trained on how to stop serving customers who have had too much to drink.
6. Alcoholic beverages should have warning labels about possible health hazards.
7. It is unhealthy to consume alcohol.

<u>General Restrictions on Alcohol Availability</u> (Alpha: .8050).

Range 6 to 30. No opinion score = 18.

1. Government should exercise more control of the alcohol industry.
2. Bars and taverns should not be allowed to stay open past 1:00 a.m.
3. Legal controls of alcohol are not too restrictive.
4. Taxes on alcohol should be increased.
5. Alcohol should not be available in supermarkets.
6. Beer and liquor store hours should be decreased.

<u>Restrictions on the Availability of Alcohol in Facilities when Children/Youth are present</u>

(Alpha: .8290)

Range 8 to 40. No opinion score = 24.

1. Alcohol should not be sold or served in Municipal facilities where children are allowed.
2. Underage patrons should not be admitted to social events where alcohol is allowed.
3. Players/officials should not be allowed to have alcohol in the locker rooms at arenas.
4. Alcohol should not be served in Municipal facilities at youth or minor sports events (banquets included).

5. The legal drinking age should not be higher than 19 years.
6. Alcohol should not be permitted in Municipal facilities during family-oriented events.
7. When people drink alcohol in the park, they get rowdy and spoil it for others.
8. The dangers of alcohol use outweigh its pleasures.
9. The government should prohibit wine, liquor and beer advertising on television
10. Council should ban drinking at parks, beaches, sports fields and similar outdoor places.

Availability of Alcohol at Recreation Facilities (Alpha: .7980).

Range 7 to 35. No opinion score = 21.

1. It is fun going to a community-sponsored dance where alcohol is not sold or served.
2. I would participate in a sport at a Municipal facility even if alcohol were not available there.
3. I would hold a large family picnic at a Municipal park if we could not have alcoholic beverages.
4. I would reserve a room in a Municipal facility for a function if I could not sell or serve alcohol.
5. Beer should not be sold at professional sports events like hockey, football, or baseball games.
6. Council should not allow wine/liquor/beer companies to sponsor sporting and cultural events.
7. Council should ban drinking at arenas, community centres, and similar indoor municipal facilities.

Alcohol Management Regulations (Alpha: .8110).

Range 10 to 50. No opinion score = 30.

1. At least one person should be identified as being in charge during licensed events at Municipal facilities.
2. Signs explaining the procedure to be followed to lodge a complaint related to activities at a licensed event in a Municipal facility should be clearly visible.
3. Workers at licensed events in a Municipal facility should not consume alcohol while on duty.
4. Signs outlining regulations about ticket sales should be visible at all ticket booths at licensed events in Municipal facilities.
5. Door entrances and exits to Municipal facilities should be monitored by at least two adults (19 years or older) at all licensed events.
6. Signs clearly stating the rules associated with the serving of alcohol should be visible in all Municipal

facilities.

7. Anti-drinking and driving signs (e.g., RIDE, Be A Sober Driver) should be clearly visible at all exits from Municipal facilities.
8. Signs warning that drinking alcohol can harm unborn and nursing babies should be put in all Municipal facilities that host licensed events.
9. All workers at licensed events in Municipal facilities should be highly visible to the public.
10. Signs warning that legal identification are required in order to be served alcohol should be posted in all Municipal facilities.

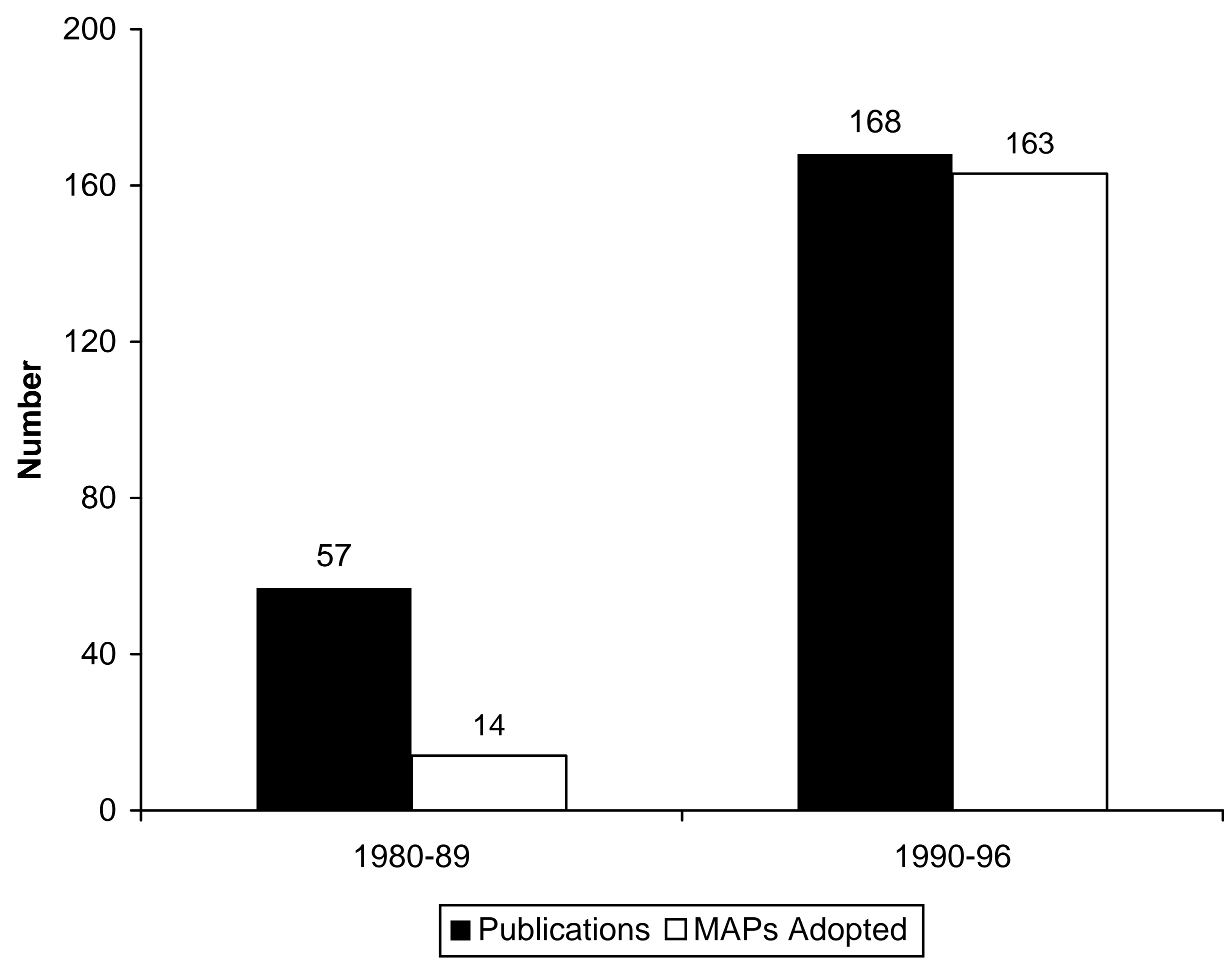


Figure 1: Dissemination of Publications with MAPs Adopted

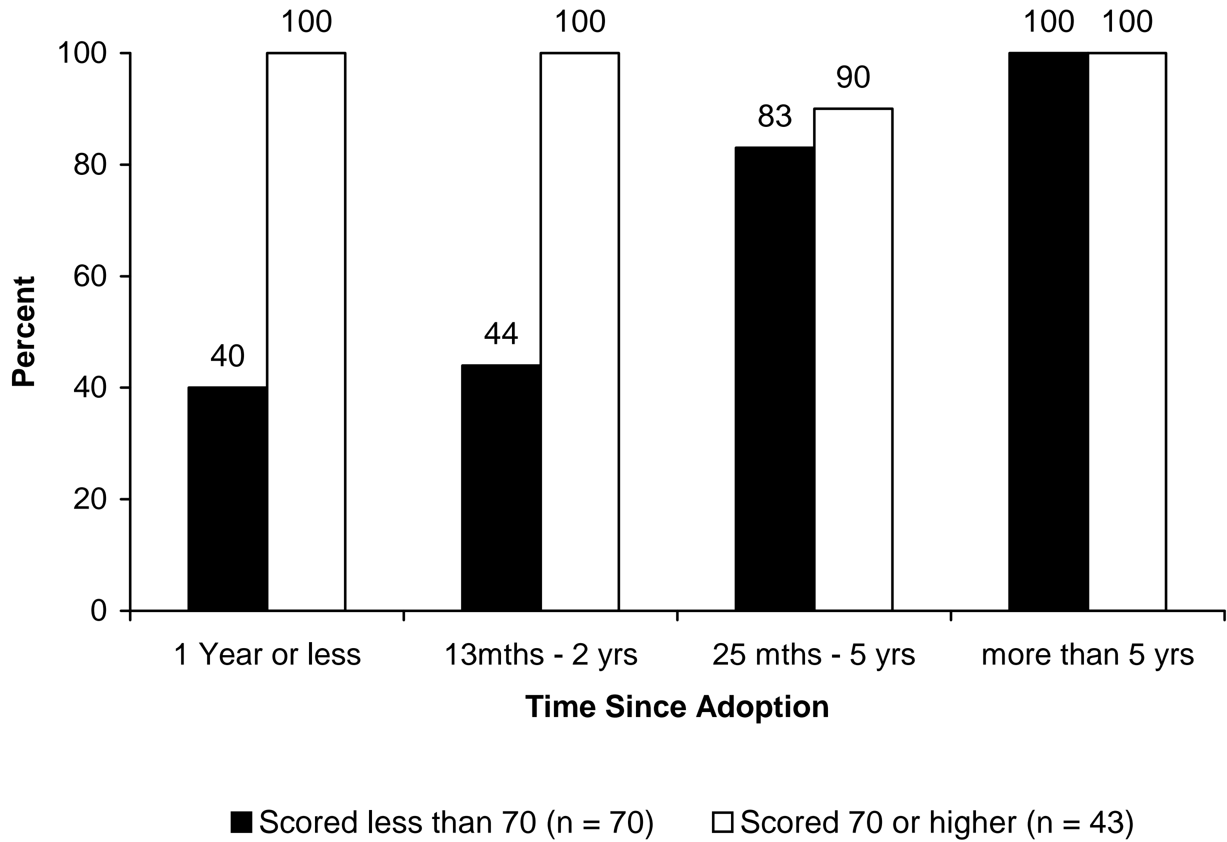
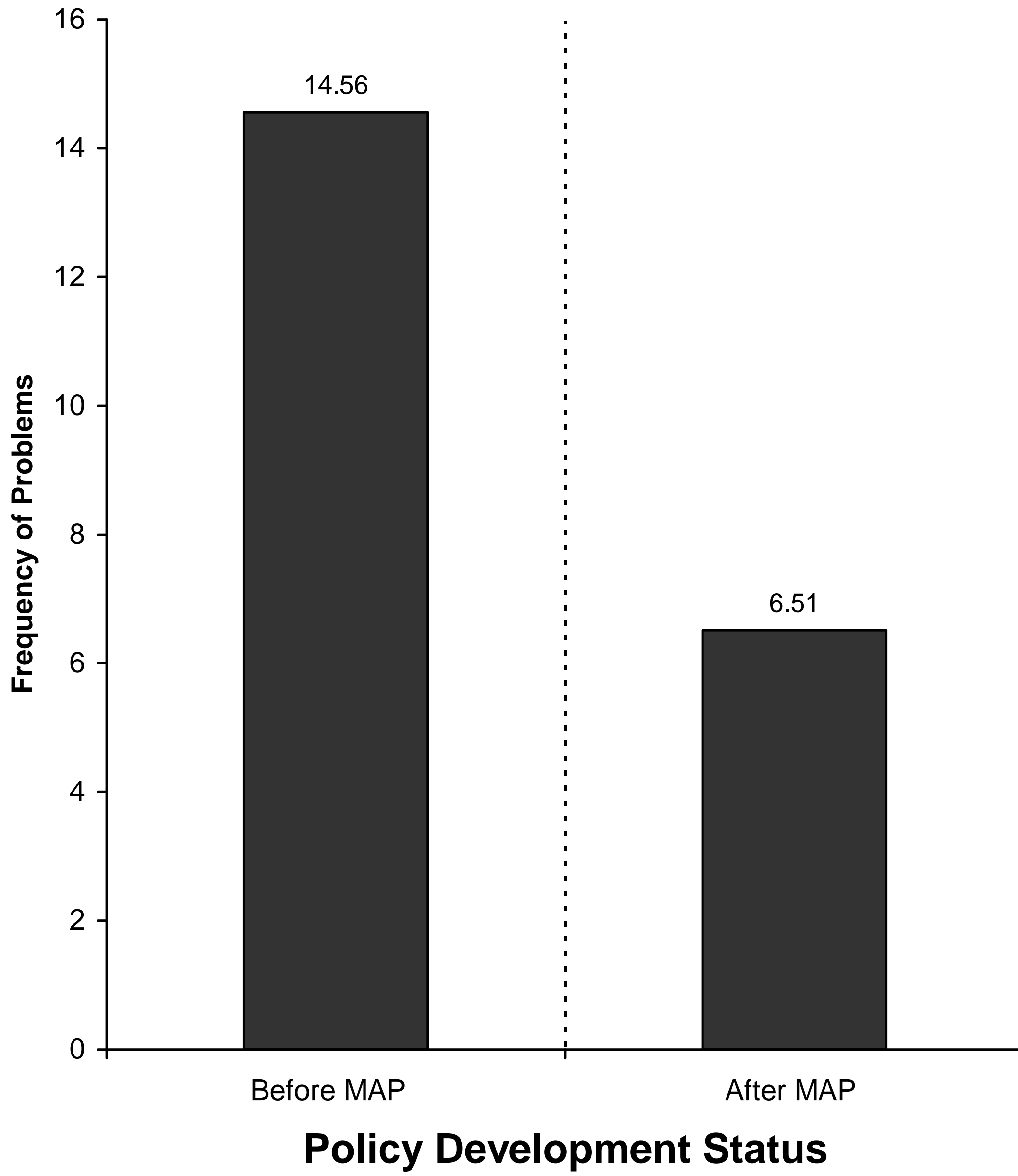


Figure 2: Percent reporting problem reduction by policy quality and time since adoption



(n = 116)

Figure 3: Frequency of problems before and after implementing a MAP

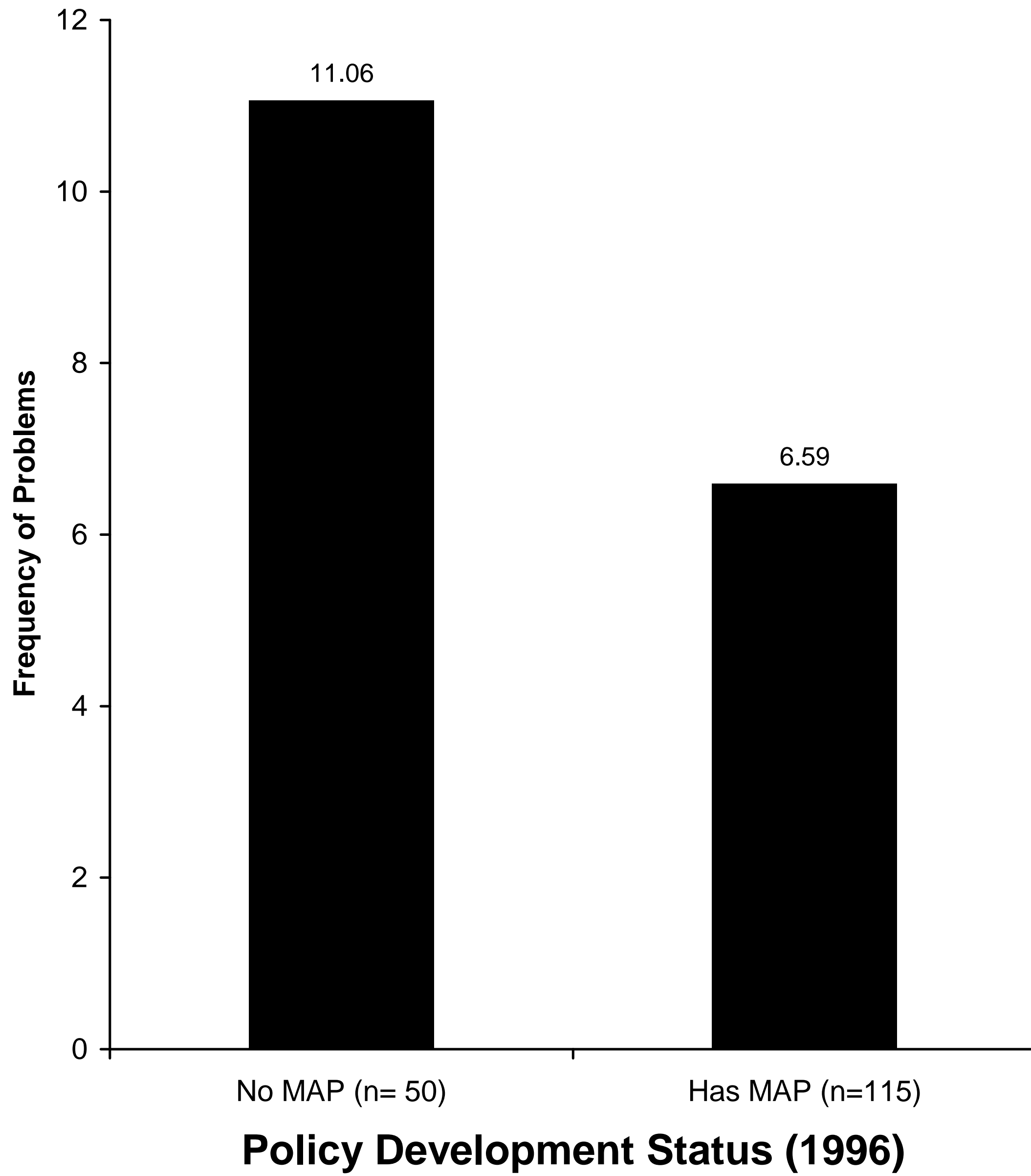
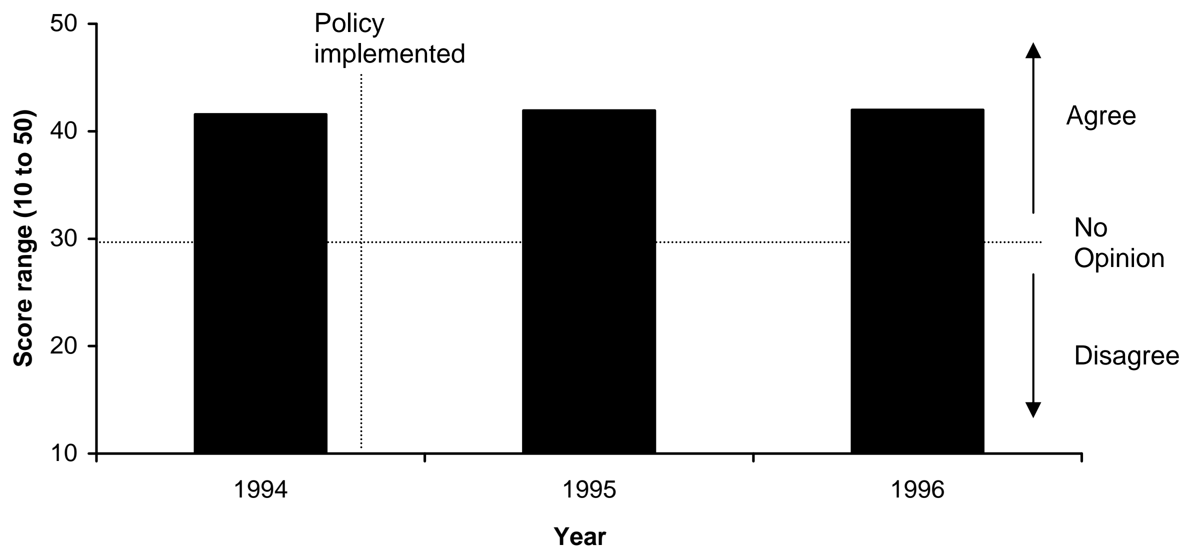


Figure 4: Frequency of problems in the past year, MAP and no MAP compared



Note: 1994 (n = 502)

1995 (n = 495)

1996 (n = 500)

Figure 5: Facility users attitude about MAP regulations