COMMUNITY DEVELOPMENT AS CONTEXT FOR ALCOHOL POLICY

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Dr. Philip May has presented a broad array of techniques and policy-based options for American Indian communities battling substance abuse. Figures one through three in his paper offer a comprehensive digest of relevant policy options. These figures and the substantial reference section provide policy-makers, community leaders, and researchers with a clear and concise resource. In particular, the clarification of Indian Health Service and other epidemiological and mortality data is a substantial contribution. Common fallacious perceptions pertaining to American Indian alcohol consumption are also addressed. For example, the contrasting of scientific research with the popular perception that American Indians are systemically more susceptible to alcohol is exceptionally clear and direct.

Many of the policy considerations presented by May are well grounded in social learning theory. As a model of clarity and specificity for development of alcohol policy, his paper is consistent with the social learning principle of "practice what you preach." May consistently calls for clear and rigorous policy development.

Bringing About Change in Formal Versus Informal Social Structure

The community as a social structure encompassing values, beliefs, and attitudes is addressed throughout May's paper. "Informal" social structures of family, religion, and economic ties are cited as primary social groups in which May says value shifts will result in "the most profound and permanent social changes in public health."

In May's paradigm, formal institutions such as the judiciary, educational, and health care systems only "assist" and "nudge the primary institutions." This appears to be somewhat incongruous in that "the meat" of May's paper consists of specific policy options that are primarily the purview of the formal social institutions of judiciary, government, public administration, and education.

Development of Sense of "Community" Must Preceed Policy Development

If development of clear and consistent policy is to occur through action of primary social groups, it follows that development efforts enhance the level of cohesiveness of the community and the viability of primary social groups. If individuals and families within a community are struggling with the day-to-day economic and social realities of unemployment, inadequate health care, fragmented educational resources, and poor housing, the likelihood of primary value shifts will be reduced.

May outlines a "public health approach" as a basis for community-based social change. Guidelines for a sequential approach to development of public health policy are delineated:

1. Define a "primary message" or community goal.
2. Define "safe drinking" practices.
3. Define and promote specific safe behaviors and practices.
4. Build a broad base of community support.

How likely is it that a collective consensus on policy definition prior to the development of a broad base of community support can be achieved? Attempts to do this through legislated (P.L. 99-570s 4206) "Tribal Action Plans" have met with mixed success. Beginning in 1987, tribes were to develop broad-based policy through coordination of existing agencies. Unfortunately these plans sometimes were reduced to a "paper exercise," largely because they were attempts to develop policy in communities where severe pre-existing economic and social needs were preeminent. How is a broad base of community support to be built if a community is struggling with basic needs of food, clothing, and shelter? Community resources available for economic and social development vary widely among the various Indian tribes and sometimes among various groups on some reservations. For example, on many reservations, K–12 education may be provided by a variety of public schools, tribally controlled grant schools, Bureau of Indian Affairs (BIA) contract schools, or BIA operated schools. Further fragmentation occurs among the various early childhood entities, e.g., Head Start, Even Start, ECEAP, child care, and preschool. Adult education venues may be equally diverse, or may be nonexistent in some locales. The level of community "cohesiveness" must be recognized as a significant factor. Development of the clear and consistent policy options will be enhanced if education of the community and development of a broad base of support precedes consideration of policy options.

The development of the PRIDE (Positive Reinforcement in Drug Education) program in the Puyallup Tribal Schools is an example of

successful implementation of many of the options listed in May's Figure 1. Among other awards, the Puyallup Tribal Schools were the only American Indian schools to receive recognition from President Bush as a Drug-Free School in 1989. The program was developed after the school underwent a complete reversal from a period of no sense of "community" of staff and students to one that was cohesive and purposeful. Drug and alcohol prevention programs had been tried previously. It was not until this development of a sense of "community" that the PRIDE program received the broad-based support that led to successful implementation of clear and consistent policy.

May has presented a document that goes far in meeting its stated purpose of expanding consideration of various policy options available to American Indian communities. The paper is presented in a clear and concise manner. The need to build on the strengths of primary social groups, e.g., family groupings, is well taken. The extent to which policy options can be defined and implemented, however, will be largely dependent on the antecedent conditions of community cohesiveness and socioeconomic development. Attempts to develop a broad base of community support for alcohol prevention policies that do not first recognize the deeper issues of community development may not achieve the full impact that is so needed in many American Indian communities.

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