

The *Fighting Back* Program

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Robert Wood Johnson Foundation

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Editor's Introduction

In the mid-1980s, the use of illegal drugs among young Americans had created a social crisis in the nation. Crack cocaine was being sold openly in many urban neighborhoods, and the nation was attacking the problem largely through a punishment and interdiction strategy. But this was not working, and there was a general sense of despair that nothing would make a difference. In response to the crisis and to restore a sense of optimism, in 1989, the Robert Wood Johnson Foundation launched a program called "Fighting Back" to fight substance abuse by reducing the demand for drugs and, as it evolved, treating substance abusers. Through the 1990s, the Foundation authorized a total of \$88 million for this program, which ended in mid-2003.

Fighting Back focused on establishing community coalitions composed of a broad range of local citizens, agencies, and organizations that would work together in combating the problem of substance abuse. The concept emerged from the 1960s War on Poverty and became popular among philanthropies in the 1980s as a way of encouraging bottom-up solutions to social problems. The Robert Wood Johnson Foundation continues to fund a range of national programs that are built around the concept of coalitions.

One of the most ambitious national programs ever initiated by the Foundation, Fighting Back was complex, messy, long-lived, and controversial. It engendered passion from the program officers who created it, the grantees who made it happen, and the evaluators who studied it. An evaluation released in early 2003 reignited a smoldering controversy about the program and more profound underlying issues, such as whether a public health approach to fighting substance abuse is appropriate, whether community coalitions are an effective intervention, and how to evaluate community substance abuse programs. Even now, there is little agreement about what the program set out to accomplish and whether it succeeded or not.

This chapter by Irene Wielawski, a veteran investigative reporter who formerly worked with the *Los Angeles Times*, recounts the story of Fighting Back in all its richness and controversy. It provides an excellent case study of the tension and difficulties in mounting, implementing, and evaluating complex local initiatives.

Two events catapulted 13-year-old James into the ominous embrace of a street gang: his parents' divorce and the loss of a cherished berth on the junior high football team in Vallejo, Calif. It was the beginning of his descent into drug dealing and mayhem. "I wanted to belong," he explains. "You know, to be one of the guys."

Now a high school senior and antidrug activist, James (not his real name) marvels at how matter-of-factly he arrived at such a bad decision: "I was pretty immature, I guess." He was not uninformed, however. Even at 13, James knew it was a risky path. He'd gotten all the right messages at home, school and church. His family is part of the tight-knit Filipino American community of Vallejo, which, according to James, puts tremendous pressure on kids to excel. Gangs and those they attract were exactly what he was raised to shun. So James had some qualms and briefly thought of confiding in an older sister. But the emotional seesaw ruling his life in that bitterly unhappy period landed the other way. Concluding that his sister would "just lecture me," James chose the gang. To prove his merit, he began selling marijuana to classmates. The descent began.

Fortunately, it didn't go far, thanks to Youth Partnership, a community group in Vallejo that is part of a national substance abuse intervention called "Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol." Launched in 1989 by the Robert Wood Johnson Foundation, Fighting Back hoped to test the theory that by targeting prospective *users* with prevention and treatment programs, instead of simply sending police after dealers, the seemingly insoluble problem of substance abuse might finally be subdued. Vallejo, a blue-collar city about 30 miles northeast of San Francisco, was one of 14 test sites in 11 states.

James had no idea he was part of an experiment. He went to Youth Partnership meetings simply to please his sister, who was a team leader. Unexpectedly, through peer discussions about taking charge of one's life, he found there the stability and sense of belonging he'd longed for. "A lot of my advisers talked about integrity," James recalls. "Basically what that came down to was you can't do what you are telling other people not to do."

James took this to heart. First he stopped selling marijuana. Then he started steering other kids who he thought were headed for trouble to Youth Partnership. Then, under Youth Partnership's auspices, he began writing articles for the local newspaper about the illegal drug and underage drinking scene in

Vallejo. "I never thought anyone read them, but kids did, and they said they agreed with me," James says. "Then my friends told me that I was their role model, and that made me feel good."

Looking back, James considers himself lucky to have found these community programs. "Youth Partnership and the Fighting Back Program really changed the direction I was going in," he says. "Basically, they changed my life."

You can't get better testimony than that for a substance abuse intervention. But it begs several questions for those charged with finding effective community-based strategies against drug and alcohol abuse, such as the following:

- Can James's turnaround be legitimately credited to Fighting Back, when he himself lists his sister and upbringing as influential factors?
- How do you prove it?
- What if you can't?

Such issues of causality and proof undergird a debate about Fighting Back that continues vociferously even as the 14-year, \$88-million experiment comes to a close. The Fighting Back program set out to test a number of theories, among them whether community coalitions are an effective way of combating substance abuse. And, in the way the experiment played out, questions remain about whether such programs can be considered successful if they help some people, such as James, but don't result in a population-wide reduction in substance abuse.

At the national level, Fighting Back's architects remain at odds with those responsible for evaluating it, who concluded that the program had no measurable impact on population use of alcohol and illegal drugs. Fighting Back proponents argue variously that the evaluative methodology was flawed, that it was fatally underfunded, and that it measured the wrong things. Meanwhile, at the local level, among Fighting Back's 14 test communities, there remain widely divergent views about substance abuse interventions generally and the Fighting Back program specifically. These views are strongly held; exasperation verging on anger colors the debate at every level.

"Why all the heat?" mused Steven Schroeder a few weeks before his retirement in December 2002 as president and chief executive officer of the Robert Wood Johnson Foundation. Fighting Back wasn't his idea, but Schroeder presided over most of its tempests. If Fighting Back did not make an overall dent in substance abuse, does this by itself condemn the concept of arraying community coalitions against the

problem—a fundamental tenet of the program? Many of those who participated in the coalitions would answer, resoundingly, "No!" As Schroeder bore witness, Fighting Back's evaluation is only the latest in a long series of controversies that have beset the program since its inception in 1989.

To what degree are Fighting Back's results rooted in the Foundation's program design? How much can be laid at the feet of what hindsight clearly reveals to have been an unrealistic implementation strategy? How much had to do with problems of leadership so severe that, at the national level, the Foundation had to replace both the first evaluator and the first program director, and only two of the fourteen sites stayed the course with their original directors. A growing pile of papers and analyses testifies to the search for answers to these questions. But here's another one: Is the untidy end of Fighting Back simply a reflection of the messy social context of alcohol and illegal drug abuse?

WHY EVEN GO THERE? THE ROBERT WOOD JOHNSON FOUNDATION TAKES ON SUBSTANCE ABUSE

Crack cocaine was new to most Americans in the 1980s, when the media began to chronicle its ravages on the front pages of newspapers, on the six o'clock news, and in graphically descriptive magazine cover stories. Crime and violence, damaged babies, degraded lives. For those who had reared children in the 1960s and 1970s, when marijuana and psychedelic drugs loomed as the greatest threat, the emergence of crack cocaine seemed ominous indeed. The result was widespread alarm over harm to the nation's youth and a general perception that "the drug problem" was out of control.

Enter the Robert Wood Johnson Foundation or, rather, the board of trustees of the Robert Wood Johnson Foundation, which surprised management and staff with a call for action on drug abuse. Typically, ideas for new initiatives in philanthropy come from staff members, many of whom are hired because of scholarship or experience in fields targeted by a particular foundation. But in 1986, when the trustees first voiced concern over the drug problem, the Robert Wood Johnson Foundation's primary focus was traditional health and medicine. It had neither staff nor programmatic expertise in substance abuse. This was the "Just Say No" era, to use the slogan popularized by former first lady Nancy Reagan. Embedded in the slogan were two messages reflecting the political mood of the country: use of addictive substances is a matter of choice; and if you choose to break laws concerning illegal drugs or irresponsible alcohol use (driving while intoxicated, for example), punitive consequences will result. Most substance abuse initiatives back then originated with the federal government, and about 70 percent supported law enforcement, as opposed to prevention and treatment.¹

Ruby Hearn, a former senior vice president of the Foundation, and Paul Jellinek, a former vice president, drew the assignment handed down by the trustees. Hearn remembers being at a meeting at Meharry Medical College in Nashville when she got a call from her boss at the Foundation. The trustees, she said, had requested an antidrug initiative; Hearn's assignment was to head the in-house drug abuse task force. Separately, a task force on alcohol abuse was established. Hearn recalls scrambling to come up to speed on the drug field and, in the process, discovering "great confusion among programs and research initiatives at the federal level."

"Some of these agencies didn't even talk to one another," according to Hearn. "We learned that some of the using population had multiple problems, but if they had a drug problem, they had to go to one agency; if they had an alcohol problem, they had to go to another agency; and if they had a related health problem, they had to go to yet another agency. People said if you could possibly bring all of this activity under one roof, it would be a big help."

Jellinek, who worked with Hearn on the design of Fighting Back, found equally fragmented efforts at the local level. "What struck me was the incredible cloud of despair that hung over all the efforts from the White House down to the community level," he said. "No one knew what anyone else was doing, and nothing seemed to be working."

Bringing things under one roof quickly became a core tenet of Fighting Back, codified in the program's 1989 call for proposals. The Foundation envisioned a unity of purpose in the substance abuse field that had never existed. Essentially, it called for a truce among factions that had been not only separate but competitive and, in some cases, antagonistic. The Foundation expected advocates of 12-step recovery programs (the Alcoholics Anonymous model) to mend fences with proponents of inpatient chemical detoxification. Community and business leaders were expected to find common ground with police, mental health, and public health officials. Residents of drug-infested, crime-ridden neighborhoods were challenged to commence a dialogue with the addicts they blamed for their troubles.

Fighting Back's architects believed that by getting all these people to work in concert, the demand for alcohol and drugs could be reduced population-wide. In other words, the *disorder* of the substance abuse field combined with the public's contentious and fragmented view of alcohol and drug abuse might be to blame for previous interventions' poor results. Fighting Back's design reflected classic public health

thinking, albeit with an economist's twist—the notion that reduction in demand would discourage suppliers more effectively than police action.

The Foundation boldly declared these challenges to the status quo, then promised to put its results to the most rigorous scientific analysis. According to the call for proposals, communities that participated in the experiment would be expected to show a measurable reduction in substance abuse that could be credited to the Foundation's innovative strategy: coordinated community action to reduce the market for alcohol and illegal drugs.

The Foundation laid out its strategy and made clear that communities would have no leeway in how they organized their community coalitions. This rigid mandate from Princeton to fourteen disparate sites with unique social, political, and ethnic infrastructures disappeared in a subsequent reorganization of Fighting Back, at which time decisions on governance were left to the participating communities. But in 1990, the Foundation believed this was the only way to solidify the "under one roof" approach. "To ensure that effective coordination does occur," the call for proposals read, "the applicant will be required to establish" the following:

- "A citizens' task force on drug and alcohol abuse to provide oversight, guidance, and support. The task force should represent all groups in the community whose involvement and commitment will be needed for the initiative to succeed: parents, clergy, tenant groups, business and community leaders, health professionals, school superintendents, principals, judges, chiefs of police, elected officials, and others."
- "A community-wide consortium of all of the institutions, organizations, and public and private agencies whose participation is required to implement the proposed initiative, including the news media, civic and religious organizations, schools, businesses, major health care providers, human service agencies, drug and alcohol treatment providers, and others. Applicants should bear in mind that close coordination with local government and law enforcement authorities is essential. Also, the direct involvement of the relevant state agencies, as well as private insurers, will be key to addressing both immediate and long-range project financing."

How to hold these entities together was left to the communities' wisdom, as was the specific means to address substance abuse. In these areas, the Foundation gave Fighting Back communities broad latitude, acknowledging the diversity of substance abuse threats. Although Foundation action on substance abuse had been sparked by the crack cocaine epidemic, crack use wasn't pervasive in the United States. In some communities, heroin was the dominant threat. In others, it was methamphetamine. There was also variation in the populations seen to be at risk for substance abuse, whether youth or homeless people or a specific ethnic group. For example, one Fighting Back site, Gallup, N.M., chose to make alcohol its primary target, because of the historic toll alcohol abuse had taken on the region's Native American

population.² So even though the Foundation mandated a single, all-inclusive approach for the structure of community coalitions, it gave the Fighting Back communities considerable leeway in setting priorities and in the specific approaches to achieving the goal of substance abuse reduction.

The carrot was potentially \$3.2 million in funding to each of the sites selected: \$100,000 annually for up to two years of planning, followed by \$3 million to achieve the desired results. In response to the call for proposals,³ 31 communities applied to participate in Fighting Back. Of these, the Foundation, in 1990, awarded planning grants to Charlotte, N.C.; Columbia, S.C.; Kansas City, Mo.; Little Rock, Ark.; Milwaukee, Wis.; New Haven, Conn.; Newark, N.J.; Northwest New Mexico (Gallup); Oakland, Calif.; San Antonio, Texas; San Jose, Calif.; Santa Barbara, Calif.; Vallejo, Calif.; Washington, D.C.; and Worcester, Mass.. Two years later, all but San Jose received implementation grants of \$3 million each.

These communities set out to field-test the Foundation's assumptions: that broad-based community collaboration was possible on an issue lacking societal consensus; that ordinary citizens would accept a public health definition of substance abuse; that alcohol and illegal drugs are comparable ills; and that clandestine behavior can be credibly measured. In 1996, after a major restructuring of the program, funding for six projects was discontinued, while the eight remaining each got another infusion of \$3 million. This second round of funding ended in December 2002 with Fighting Back's official close. But, according to the National Program Office, anti-drug-and-alcohol programs initiated under Fighting Back continue in New Haven, Charlotte, Kansas City, Milwaukee, Gallup, San Antonio, Santa Barbara and Vallejo.

FIGHTING WORDS OVER FIGHTING BACK

In early 2003, Leonard Saxe of Brandeis University completed his evaluation of Fighting Back. Using household telephone surveys, Saxe's team found no statistically significant decrease in illegal drug and alcohol use in Fighting Back sites as compared with demographically similar communities. The data, according to Saxe, hold up within individual sites as well as program-wide. The findings challenge the notion that citizens' groups can effectively decrease the use of drugs and alcohol across a community—the guiding principle of Fighting Back and one that has been widely adopted by federal and other agencies in similar initiatives. "There is no pattern of differences that lead you to the conclusion that these community-based coalitions are either a necessary or sufficient condition to reduce alcohol and drug abuse," Saxe says.

These are fighting words to Fighting Back's foot soldiers, many of whom insist that their communities have been changed for the better. They point to an array of accomplishments, including improved public dialogue and understanding of substance abuse, coordination of previously disjointed services, and new ventures aimed at dissuading alcohol and drug use or at helping addicts kick their habits. And some grantees flatly reject Saxe's results, expressing skepticism about the accuracy of his method—phone surveys—to measure illegal or clandestine behavior.

Both perspectives help to illuminate the dimensions of Fighting Back, as well as the continuing debate on its merits. This debate—whose outcome almost certainly will influence future community-based substance abuse initiatives—revolves around three distinct but intertwined issues: the goals of the program, the way it was evaluated, and midcourse changes in program direction.

The Original Goals of the Program

The Foundation's 1989 call for proposals was explicit on performance expectations, calling for

- A measurable and sustained reduction in the initiation of drug and alcohol use among children and adolescents.
- A reduction in drug- and alcohol-related deaths and injuries, especially among children, adolescents and young adults.
- A decline in the prevalence of health problems related to or exacerbated by drug and alcohol abuse.
- A reduction in on-the-job problems and injuries related to substance abuse.
- A reduction in drug-related crime.

Beyond these specific performance expectations, Fighting Back had some larger goals, according to the program's architects, Hearn and Jellinek. Hearn contends that Fighting Back from the very beginning was an "efficacy trial," to test whether broad-based community efforts *could* make a dent in substance abuse. Jellinek adds that its larger purpose was to challenge public despair over substance abuse and restore a sense of optimism to communities struggling with its consequences and to the nation as a whole.

The Evaluation

In a program surrounded by controversy, the most contentious issue of all concerns the evaluation.

Critics argue that the evaluation was flawed in a number of key respects:

- First, it looked at the wrong things. In noting that Fighting Back was an "efficacy" trial, Hearn says Saxe's survey solely measured "effectiveness," which is something different. "We were asking, Can it be done?" she said. "We weren't asking, Can it be done in six different places?" Jellinek, meanwhile, argues that the evaluation failed to capture the larger goals of restoring optimism and confidence at the community level. He asserts that post-Fighting Back, drug use in

the United States has gone down across the board, including at Fighting Back test sites; public confidence has gone up; and community coalitions built under Fighting Back continue to address substance abuse in an integrated fashion. "So the irony is we accomplished our goals, but the evaluation says it didn't work," Jellinek says.

- Second, the methodology—a telephone survey—was flawed. Critics say that it's laughable to think that people will reveal whether they use drugs to an interviewer on the other end of a telephone.
- Third, the survey sample was tainted. Hearn notes that the federal Center for Substance Abuse Prevention poured \$375 million into 251 community partnerships patterned after Fighting Back, some of them in Fighting Back communities. With similar activities under different auspices going on in both treatment and some comparison sites, Hearn questioned whether the evaluation could adequately tease out Fighting Back's influences from those of other forces in the community.
- Fourth, the evaluation was underfunded. Critics charge that changing evaluators in midstream resulted in the loss of roughly \$4.6 million of the original \$11.5 million allocated to measure Fighting Back results. Though Saxe says he and program officers at the Foundation pushed for additional funding, in the end he was told to make do.

Responding to these criticisms, James Knickman, the Foundation's vice president for research and evaluation, characterizes the arguments as little more than Monday morning quarterbacking. He argues that :

- The call for proposals was unequivocal in stating that measurable change in the Fighting Back communities was the program's objective. Everyone agreed the Foundation had to have bottom-line numbers. Moreover, he adds, for an overall investment of \$88 million, it was reasonable to expect tangible results.
- The Foundation's program officers and Saxe signed off on the phone survey methodology as a commonly used tool in substance abuse research, even while acknowledging it to be a "fallible, second-best measure." In fact, the rates measured from the telephone survey tracked those estimated in various national surveys using other data collection methods, offering support for the validity of the telephone survey methodology.
- The concern about a tainted sample doesn't hold up. Three comparison sites were studied for each Fighting Back site and even when "contaminated" sites were accounted for, no program impact was detected.
- The evaluation, both initially and subsequently, was amply funded.

Changes in Program Direction

Managerial upheaval was not limited to the evaluation. In 1996 the Foundation transferred the National Program Office from Vanderbilt University to Join Together, an organization at the Boston University School of Public Health that supports community-based efforts to combat substance abuse. David Rosenbloom, who heads Join Together, became the national program director.

Rosenbloom immediately abandoned the governance structure of broad-based community coalitions so explicitly laid out in the Fighting Back call for proposals. At the same time, he curtailed the freedom of Fighting Back communities to pursue homegrown interventions, emphasizing the development of services to treat and deter substance abuse. In short, Fighting Back's operating strategy was completely revamped halfway through the experiment. Grantees say the program's emphasis changed dramatically under Rosenbloom, and sites redirected their projects accordingly, abandoning efforts that could not quickly produce measurable results. Also at this juncture, the Foundation terminated funding for six of the original 14 sites.

IDEAL MEETS REALITY: THE EXPERIENCES OF WORCESTER, MASS. AND VALLEJO, CALIF.

Anyone who has participated in his or her community—whether as church volunteer, sewer commissioner, block cleanup captain, or PTA mom—knows how hard it is to achieve consensus and how late the meetings can run, even among people who share a common vision. The people reading the Fighting Back call for proposals were veterans of such community efforts. Some mused about the size of the conference room they were going to need to assemble the Fighting Back team. Others, knowing of existing conflicts within the group defined by the Robert Wood Johnson Foundation, wondered how consensus could ever be reached on something as polarized as substance abuse.

Yet 331 communities applied for Fighting Back grants. The Foundation had projected a maximum of 125 applications, based on eligibility criteria that limited the program to midsize cities with populations between 100,000 and 250,000. According to Kay Sherwood, author of a case study on the Fighting Back evaluation, staff members at the Foundation took the high volume of applicants "as a sign that they had tapped a reservoir of interest and concern at the community level about drug use and abuse."⁴

Worcester, Mass., and Vallejo, Calif., were among the 14 midsize cities selected to test the Foundation's assumptions. Both communities entered the arena of Fighting Back in 1990 buoyed by success in winning the grants. Neither city is accustomed to national attention. Worcester lives in the shadow of Boston, an hour's drive to the east, and Vallejo is underdog to San Francisco, an hour's drive to the southwest. In this modest context, landing \$3.2 million from an East Coast philanthropy was front-page news.

But the two communities would end up very differently in the anecdotal history of Fighting Back. When Fighting Back insiders want to showcase the program's achievements, they hold up Vallejo. For failures,

they point to Worcester. What's remarkable, however, is how similarly the people of Vallejo and the people of Worcester articulate the lessons they learned in field-testing the Foundation's theories.

Both communities had grappled with substance abuse before Fighting Back came on the scene. Vallejo, a city of 119,000 that grew up around the former navy shipyard at Mare Island, had a long history of alcohol problems and a growing problem with "crank," or methamphetamine, addiction. Worcester, a manufacturing city of 173,000, was worried about heroin, in addition to alcohol. A spike in hepatitis B cases in Worcester in the mid-1980s, which the federal Centers for Disease Control and Prevention attributed to addicts sharing contaminated needles, heightened public alarm about the city's drug problem.

But leaders in both cities said the size of the Fighting Back grant—\$3 million—was also a powerful lure, given the bleak economic conditions at the time. National unemployment was moving up, tax revenues were down, and municipal budgets were under strain.

"You've got to understand how bad that recession was and how much it affected our thinking about the drug problem and about Fighting Back," says Lieutenant Alexander Donoghue, a 33-year veteran of the Worcester Police Department, much of his career spent on drug-related crime. Donoghue was an early and enthusiastic participant in Worcester Fights Back, grateful, he says, for the prospect of community-wide help with a problem he knew police couldn't solve alone.

"This department had laid off fifty officers, which it had never done in its history," Donoghue recalls. "Teachers were being laid off. Real estate prices were plummeting, and people were literally walking away from income real estate that they had bought high. We had two hundred to three hundred triple-deckers"—classic New England wood frame housing with three apartments stacked one atop the other—"vacant, which are like magnets to the drug trade." He explains, "It was an ugly scene, and here comes a chance to bring in \$3 million in outside money when our budgets were being slashed to nothing."

The lead agency on Worcester's application was the United Way of Central Massachusetts. Eric Buch, now the organization's president, was point man on the application. Reading the Fighting Back call for proposals, he thought the model was "very diverse," calling for broad-based action on a bewildering number of fronts. But the level of detail persuaded him that the Robert Wood Johnson Foundation had "done its homework."

"We were told that in order to make a serious effort against a very entrenched problem we had to show involvement in virtually every sector of the community," Buch recalls. "From a theoretical standpoint, it made sense, and since we did not come from the substance abuse field we trusted the people who designed the program."

One section of the call for proposals laid out state-of-the-art public health methodology for ameliorating harm, including public awareness campaigns, expanded treatment options, and prevention education for children and youth. Buch and others on Worcester's organizing committee thought this made sense as well. Indeed, if Fighting Back had been a clear-cut health initiative—say, immunizing babies against the threat of infectious disease—results of the sort detailed in the call for proposals likely would have been achieved. The evil—disease—is unequivocal, and there is public consensus that babies are worth protecting. There is also strong science on the safety and efficacy of vaccine, as well as established and consistent government policy to provide a framework for effective community action.

But Fighting Back had none of these assets, veterans of the experiment say. Federal and state policies on substance abuse were fragmented and discordant, as Foundation staff learned from their own research. Addiction science was weak at the inception of Fighting Back, and the impact of popular prevention models, such as DARE, was in dispute. Public opinion ranged widely as to cause and responsibility for alcohol and drug addiction, and the concept of substance abuse as a "public health" problem was largely unknown.

It made for a very confusing conversation around the task force table as community leaders, addiction specialists, recovering addicts, neighborhood representatives, police, parents, politicians, clergy, schoolteachers, and business owners struggled to find a common language by which to identify the "evil" and then figure out how to go after it.

Al Donoghue, the Worcester police lieutenant who was so enthusiastic at the outset, found his interest waning. From a regular attendee at task force meetings, he dropped to every other meeting, then every third. "Quite frankly, I began to feel I was out of my element," he recalled in an interview at police headquarters. "They had all these buzzwords, like a whole insider language." Donoghue rummaged through his desk for an illustration, pulling out an old report of the local project, Worcester Fights Back. "A longitudinal study of a cohort of sixth graders," he read. "The 'disease model of drug addiction...' I didn't know what the hell they were talking about after a while."

Language and definitional disputes turned out to be rampant in Fighting Back, even within subgroups of the larger coalitions mandated by the program. Recovering addicts, for example, disagree on the definition of alcohol abuse versus alcoholism, or whether you can call yourself "clean and sober" if you're on legitimately prescribed medication, or whether crack is more dangerous than methamphetamine, according to Jeannie Villarreal, a former crack addict and Fighting Back worker in Vallejo. Villarreal's Fighting Back assignment has been to organize recovering drug users into mutually supportive networks that might also be forces for community education and outreach.

"We are mostly 12-step people; but we are starting to get some faith-based recovering addicts, and we are also trying to get some methadone people," Villarreal says. "But that's going to be controversial because a lot of the 12-steppers don't like the idea of substituting one drug for another. They don't consider the methadone users 'clean.'" The same prejudice exists, she and others in the recovery community say, against people with underlying psychiatric conditions whose slide into addiction might well have been the result of self-medicating. Will recovery support groups accept them if they are now taking psychotropic medication? Villarreal is not sure. And this was the state of things in Fighting Back's flagship community in late 2002.

Which is not to say that Vallejo, Worcester, and the twelve other Fighting Back alliances failed to alter the conversation around drugs and alcohol in their communities or add resources that didn't exist before. They did. But none of them were able to make their communities speak with one voice about substance abuse. The difficulty of changing attitudes and building consensus was underestimated not only by the Foundation but also by Fighting Back community leaders who tried to galvanize community action. Worcester had an immediate marketing problem with the Foundation's decision to lump alcohol *abuse* and illegal drug *use* under the substance abuse/public health problem umbrella as if they were twin evils.

This was not the original concept of Fighting Back; Foundation trustees had asked for an antidrug program. But early in the planning process, the task forces on alcohol and drugs were merged, according to Ruby Hearn, and discussion began to focus on their similarities. In the culture of the health-oriented Foundation, it was easy to see them as chronic illnesses requiring treatment and support. There was also clinical evidence to support this, as many drug addicts also abuse alcohol and vice versa.

But it was also a numbers issue, according to David Rosenbloom, Fighting Back's national program director. Alcohol abuse is far more prevalent than illegal drug use in the United States. Estimates, based

on the definition of abuse, range widely (the Fighting Back call for proposals said 10 percent of Americans abuse alcohol,⁴ but other studies put that number as high as 25 percent⁵). As a clandestine activity, illegal drug use is harder to measure, but it is generally agreed to represent a small fraction of the substance abuse problem. So including alcohol abuse made broad-based community action more likely.

Perhaps an early warning of the definitional confusion that would play out in the field and of the difficulty in selling a combined assault on illegal drugs and alcohol was the lack of apples-to-apples comparative data in Fighting Back's call for proposals. Only when it came to projected costs to society was the call for proposals able to make a direct relationship between alcohol and illegal drug use: of \$229 billion expected in 1990, \$136 billion would be due to alcohol abuse, \$76 billion to illegal drug abuse, and \$17 billion to intravenous drug-related AIDS.

In Worcester, public feeling against illegal drug use was high, but the reaction to alcohol was more equivocal. Fighting Back workers attributed this not only to the fact that one was illegal while the other was legal but to cultural norms as well. For starters, business and community leaders routinely served alcohol at fundraisers and professional gatherings. And taverns, liquor stores and beer wholesalers were part of the city's business infrastructure. So while it was relatively easy to get consensus on action against illegal drug use, alcohol was a more complicated conversation.

"There were some attempts to lobby the city council about liquor licenses, but they were few and far between," says Jack Bonina, a social worker who was on the paid staff of Worcester Fights Back. "The drug issue was easier to get people organized around because it brings crime, prostitution, violence, plus the medical issues: AIDS, HIV, all of that. Alcohol is a much harder sell. You end up looking like a fringe person railing against the societal mainstream. This was the case not only in the corporate community but also in the neighborhoods."

Race and class issues also interfered with consensus in Fighting Back. Jewel Fink, a Vallejo school official, encountered the race factor when it became her job to announce a substance abuse prevention minigrants program for Vallejo neighborhoods. At the time, Fink was the Vallejo City Unified School District's liaison to the local project, the Fighting Back Partnership.

"I knew I was in trouble when I walked into the room and there were the white people in the front seats, the African Americans on one side, the Filipinos on the other side, and the Mexicans in the back," recalls

Fink, who runs the Vallejo school system's substance abuse and pregnancy prevention programs. "I was supposed to be running a workshop on how to apply for the grants and how they were going to be judged on a merit basis. But the people in the room were really stuck on this idea that they were owed a share of the money. Then one of the Latinos in the back stood up and said, 'Why should everyone get the same money? Everyone knows the Filipinos are rich and the blacks get everything, and we're the losers every time.' Basically, he wanted more than the others got, and we hadn't even talked about anything that the money would be used for."

For Fink, that workshop crystallized a perspective of community that was not the Fighting Back ideal but might be the only way to get diverse constituencies on board. People had their own idea of what constituted community, and edicts from the Fighting Back citizens' task force weren't likely to change that.

Worcester also had an early experience underscoring the divisions among constituencies that defeated collective action. The blowup came on the very day that Worcester was celebrating its selection as a Fighting Back city. An announcement party was organized at Mechanics Hall, an elegant nineteenth-century brick building on Main Street that is an iconic gathering spot for civic celebration. Everyone who had participated in the planning process and nearly two hundred community leaders whose organizations had contributed letters of support were invited to attend. "I think it was the last time all of us ever got together happily in one room," says Donald Chamberlayne, a Worcester Police Department crime analyst who was the Worcester project's in-house research and data specialist.

The meeting, Chamberlayne and others say, kicked off with the usual celebratory speeches. Then Lois Green, who chaired United Way of Central Massachusetts at the time, stood to read a list of about thirty people who would serve on the initiative's steering committee. It was a blue-ribbon list, representing all of the municipal partners the Fighting Back call for proposals had mandated, as well as a cross section of community leaders. But it was weighted toward those with the heft to push through institutional change.

A minister representing Hispanic residents in whose impoverished neighborhoods much of the visible drug activity took place stood to ask whether nominations to the steering committee would be accepted from the floor. She was told no, the membership was set. Hearing that, the minister turned and marched out of the hall, trailed by several other Hispanic representatives. It was a startlingly discordant moment in

what should have been a cheerful gathering. But in retrospect, says Chamberlayne, it was "a symbol of the rift that was never quite fixable."

The minister's action underscored perceptual issues that would be the source of continuing tension in Fighting Back efforts to craft action plans that could be sold community-wide. If Fighting Back was an anti-substance abuse initiative, then shouldn't those most burdened by substance abuse have a strong voice in its deployment? But who was most burdened? Using data gathered from phone surveys of Fighting Back communities, Saxe, the program's evaluator, concluded that although *visible* drug activity—manifested by drunks, drug dealers, crime—is more prevalent in poor neighborhoods, actual drug use varies little from neighborhood to neighborhood.⁶

The fact is that by taking on substance abuse as a civic issue, Fighting Back leaders and field workers were up against attitudes heavily freighted with moral judgments, fear, and biases that flowed from individual perception and personal experience with drug and alcohol abuse. This made the Foundation's labeling of substance abuse as a "public health problem" and addiction as "chronic illness" a particularly hard sell in neighborhoods where the detritus of the drug trade—condoms, dirty needles—litters the sidewalks and residents live in fear of reprisal from drug dealers.

Juan Gonzalez is a case in point. A stalwart of Vallejo's Fighting Back project, he nevertheless flashes anger at the notion of addicts being "sick" people in need of help. For him, Fighting Back was literally that: turning the tables on the drug dealers who terrorized his family. "If it wasn't for Fighting Back, I'd probably be in jail myself, because I was going to hurt somebody," he says.

Gonzalez lives with his wife and two daughters on Coronel Avenue, a neighborhood of modest stucco homes. An immigrant from a poor village in Mexico, Gonzalez works double shifts as a waiter in a San Francisco hotel to provide a safe home for his family. Coronel Avenue was such a place until the drug dealers moved in next door.

In contrast to the Gonzalez's tidy property with its rose beds and burbling fountain, the "drug house" is barely visible behind overgrown shrubbery and a front yard strewn with junk. The family's ordeal began after a beer and drug party involving dozens of young men spilled over into the Gonzalez yard and Juan Gonzalez stepped out to confront them.

"They laughed in my face," Gonzalez remembers. Soon, the parties were every-night occurrences. Intoxicated men and women rampaged through yards up and down the street. They urinated on the Gonzalez flower beds, dumped beer cans and drug paraphernalia on the lawn, and on several occasions went so far as to stand at the windows and expose themselves to Gonzalez's young daughters.

"It wasn't just us; it was the whole neighborhood," Gonzalez recounts. "Everyone on the street had their tires slashed. We called them the bat boys, because they carried baseball bats to intimidate people."

For protection, Gonzalez and his wife took to sleeping on the floor of the kitchen, which had a window overlooking the front yard. This lasted for more than a year. One day, a Fighting Back representative knocked at Gonzalez's door, saying he'd heard from police contacts that there had been drug trouble in the neighborhood.

"I told him the whole story," says Gonzalez. "I told him I was calling the police five times a day without response. I told him I was desperate and that my girls were scared. He sent a letter to Lieutenant [Reginald] Garcia"—the police department liaison to Fighting Back—"and Lieutenant Garcia came over to see me."

It was the beginning of a coordinated effort with the police department to restore a sense of safety to the neighborhood. With Fighting Back's help, residents formed neighborhood patrols, developed cooperative relationships with police, and learned to use city services—housing code enforcement, for example—to discipline negligent landlords. Barbara Gaddies, a volunteer who lives in a predominantly African American neighborhood known as the Crest, said that these tactics, taught by Fighting Back organizers, also helped rid her street of drug dealers.

RESTRUCTURING THE PROGRAM

Vallejo's strategy of targeting interventions to meet specific needs articulated by specific communities was that city's way of reconciling the early mandates of Fighting Back with the political realities of community action. These realities, mirrored in feedback from other Fighting Back communities, led to the Robert Wood Johnson Foundation's 1996 overhaul of the program. The desired results—measurable declines in alcohol and drug use—had not been achieved, and program staff members argued for more time as well as for new leadership. With Rosenbloom at the helm and a revamped field strategy in place, the Foundation agreed to allocate \$20.8 million over five years to eight of the 14 original test sites.⁷

Under Rosenbloom, Fighting Back no longer required participating cities to maintain the broad community task force specified in the original proposal. In a December 1996 memorandum to the renewed sites, Rosenbloom reviewed the lessons of the experiment's first seven years: "Each of our communities has developed its own approach and structure, and some of them differ markedly from the original ideas about the components of the program. Governance structures are quite varied; some sites target only parts of the community; and the notion of a comprehensive single community-wide system of prevention and treatment has never been fully developed."

Rosenbloom told the sites to choose their own form of governance. "The key here is a structure that works for your community and for the goals you have identified," he wrote in the memorandum. At the same time, however, he sharply curtailed the freedom that sites had enjoyed to pick their own targets and intervention strategies, and narrowed their options. Now sites were encouraged to concentrate their efforts on alcohol or on a specific drug rather than on all drug and alcohol problems, as in the first phase of Fighting Back. No site would get money unless it submitted a three-year strategic plan stating clearly "how the projects will make measurable improvements in specific agreed-upon outcome measures in key neighborhoods or population groups," Rosenbloom's memorandum stated. "Success in achieving these outcome objectives will be required to obtain funding for the remaining two years."

Jane Callahan, director of the Vallejo project at the time and now director of the Community Anti-Drug Coalition Institute, said the discipline imposed by Rosenbloom made the difference in her community's ability to make inroads against substance abuse.

"All of a sudden, we got clear on what the hell Fighting Back was all about," she says. "Before, it was just all over the map. Someone would come to a meeting and bang the table and say we need parenting programs, and the next week we would dutifully start a parenting program. We thought that was what we were supposed to do: be responsive to our constituents."

Freed from the unwieldy organizational structure of the original program and newly empowered to tailor programs to specific constituencies, Vallejo launched school-based programs that, among other things, give classroom teachers training in substance abuse issues and provide mentors to at-risk middle school students. Vallejo Fighting Back also helped establish the Solano County Drug Court, instituted addiction treatment in county jails, and collaborated with Kaiser Permanente on expanding substance abuse treatment services to recipients of Medicaid (called "Medi-Cal" in California). Youth Partnership, the

program that helped young James leave gang life, also came into existence during this time, as did the Vallejo Neighborhood Revitalization program, from which Juan Gonzalez and his family benefited.

Callahan is proud of these accomplishments but regrets the time lost before Fighting Back found its focus. "The fact is, we spent the first six years in trial and error, spinning our wheels," Callahan says. "The Foundation kept talking numerator and denominator to prove results, and I didn't have a clue. What I wish I would have learned from the beginning was true strategic planning."

Vallejo got a second chance to achieve its goals, but Worcester did not. It was one of the six original Fighting Back sites dropped from the program. Rather than feeling slighted, Worcester reacted with relief. Project leaders do not dispute that their effort had foundered. In part, they blame an early project manager who played constituencies off against one another and the local task force against national program leaders. The manager was replaced; but hard feelings and mistrust had set in, and subsequent managers were unable to recover the unity of the planning phase.

"Fighting Back did a lot of damage," says Patsy Lewis, executive director of the Worcester Community Action Council and a member of Worcester Fights Back's steering committee. She regrets that the city did not have the self-confidence to assert its own style of community initiative but instead squandered time, money, and energy in "i-dotting and t-crossing" to comply with Foundation mandates.

"There were connections in this city between business and schools and communities that we could have built on," Lewis says. "But the model imposed on us was so rigid. We had to gather up specified elements of the community that weren't necessarily natural allies to this effort. The call for proposals did not allow Worcester to be Worcester."

Jill Dagilis, city hall's delegate to the Fighting Back coalition, concurs. "It was such a false expectation that you could put everyone around a table and just go," she says. "Fighting Back was so discouraging—we haven't wanted to work together on that scope of citywide initiative since. People still socialize and network, but on a particular project, they only want to work with a couple of agencies, reverting to traditional liaisons."

CONCLUSION

These are some headlines that appeared as Fighting Back wrapped up:

- "Suspicious House Fire Kills 6; Mother, Five Children Die ... Neighbors say fatal blaze was retaliation for stand against drug dealing" (*The Baltimore Sun*, June 17, 2002).
- "Crack Is ... Back? In Williamsburg, hipsters are taking eighties revivalism to a whole other level" (*New York Magazine*, Nov. 18, 2002).
- "Doctors to Pay Tab for New Drug Fight: Bush team plans to double licensing fees for physicians, pharmacies and manufacturers to combat the abuse of prescription drugs" (*The Los Angeles Times*, Feb. 11, 2003, front page).

Might these suggest an answer to Steven Schroeder's question "Why all the heat?" The people who worked for 12 years to implement Fighting Back's precepts would say "Yes!" More than any flaws in program design, implementation, or evaluative methodology, it was the arena in which the Robert Wood Johnson Foundation chose to do battle that accounts for the intensity of feeling at every level of Fighting Back.

The Foundation chose to define substance abuse as a chronic illness. It then packaged Fighting Back as a public health initiative, lumping together alcohol abuse and illegal drug use and calling on communities to band together against these twin ills. It sought to join the efforts of traditional players in the substance abuse field—police, medical professionals, and addiction specialists—with school and civic officials, business leaders, neighborhood groups and recovering addicts. And it commissioned a quantitative evaluation that hewed closely to the standards of the hard sciences.

But substance abuse is messier than that, as the people who carried out the program quickly learned. They realized, as the headlines remind us, that substance abuse is not just a disease but a danger. It is also a moving target, ebbing for a time only to return in unexpected fashion. Crack, for example, was chiefly a scourge of poor, inner-city and predominantly African American neighborhoods in the 1980s. In 2002 a *New York Magazine* article reported on use by mostly white, elite, club-hopping types out for kicks.⁸

Defining substance abuse as a chronic illness—an area in which the Foundation had been working for years—probably made Fighting Back easier for the Foundation to understand and to fund. But it couldn't be sold at the community level. Drunk drivers were killing people. Drug dealers were terrorizing neighborhoods. Among Fighting Back activists were people who had lost children to drug and alcohol addiction or who had struggled with it themselves. They knew the damaging ripple effects on family

members, coworkers and communities. To them, substance abuse was not simply a chronic illness like asthma or diabetes; it was a public menace.

Lumping alcohol and illegal drugs into a single initiative without acknowledging their social distinctions created another problem. Medically, this makes sense; drugs and alcohol are both addictive, and many substance abusers have poly-addictions. But those fighting illegal drugs and those fighting alcohol abuse were fighting different battles. As in the tragic case of the Baltimore mother and her children, killed in retaliation for antidrug activism, drugs raise questions of personal safety: of gun violence, of junkies on the stoop, of prostitutes in the alleyways. Alcohol abuse raises other issues—brawls, drunk driving—but not (to the same extent) the issues of violent crime and neighborhood deterioration.

All this made it difficult to hold the community coalitions together. And they didn't hold. In the end, no Fighting Back project was able to sustain the Foundation-prescribed task force. All of them retreated to smaller alliances of people joined by common interest à la Juan Gonzalez's neighborhood improvement group. At Fighting Back's final meeting in March 2003, Bonita Grubbs of New Haven, Connecticut, called the required task forces "window dressing" approaches to the idea of broad-based community action, an opinion seconded by many others.

Finally, there is the Fighting Back evaluation, once again reflecting the Robert Wood Johnson Foundation's hard-science orientation of the 1980s. Much has changed since then. The Foundation has commissioned qualitative and descriptive evaluations to better capture lessons from its growing portfolio of social change initiatives. At Fighting Back's inception, however, the quantitative approach to measuring success ruled.

Most Fighting Back grantees heard the evaluation's "no measurable impact" verdict for the first time at the March 2003 meeting. Remarkably, for all the heat the evaluation has generated among Fighting Back's national leaders, those who carried out the experiment seem neither impressed nor discouraged by the findings.

"I'm not an evaluation expert. I'm just a member of a community who worked on this for twelve years," said Peter MacDougall, a retired community college president in Santa Barbara, California. "But I have to say all these issues at the top created only mild ripples in the local community. Once we had our plan,

that was our project and that's what we pursued.... Our day-to-day decision making was really focused on what can work here and what can we do to make it work better."

The Santa Barbara project resisted pressure from the National Program Office to go community-wide, focusing instead on school-age youngsters, in the belief that they would benefit most from Fighting Back interventions. The work continues today; Santa Barbara's is one of the Fighting Back projects still active at the end of Robert Wood Johnson Foundation funding. It's not surprising, given the project's narrow focus, that community-wide reductions in substance abuse could not be measured by the evaluation. But that in no way diminishes Santa Barbara's sense that Fighting Back resulted in sustainable improvements.

William Cirone, superintendent of schools in Santa Barbara County, counts one success as getting his community "past denial to awareness." He quipped that his schools probably registered higher now in statistical measures of substance abuse because of new programs to get the problem out in the open, identify troubled students, and get them help. Jewel Fink of the Vallejo, Calif., project said essentially the same thing: because Vallejo schools now aim to get youngsters into treatment while keeping them in school, they consistently look worse on statistical reports than a neighboring school district with a zero-tolerance policy.

This was the tenor of the conversation at Fighting Back's final gathering. The accounts of triumphs and setbacks, false starts and unexpected dividends filled two days in a conference room, and continued after hours. The participants talked candidly about the frustration of working against an age-old problem that, as recent headlines demonstrate, persists for all the reasons the nascent science of addiction has given us: environmental factors, social pressures, and, more recently, brain chemistry. The Fighting Back veterans uniformly describe their experiences as two steps forward, one step back. Quantifying success was a struggle for all of them, except on the most idiosyncratic level. An example is the Gallup project, which focused only on alcohol abuse and was not part of the national evaluation. Nevertheless, executive director Raymond Daw said his task force strove to measure progress via a number of local indicators, one of them being winter exposure deaths among the acutely intoxicated on and around the Indian reservations of Northwest New Mexico. These dropped from 270 annually to 86—a statistic that Daw says means a great deal to the citizens who worked on education, treatment, and prevention programs. However, Daw counts as an equally important indicator of progress that Native Americans now sit on

municipal committees previously controlled by whites. Is that a Fighting Back success? In a community where the historical definition of substance abuse was "drunk Indians," it is indeed.

As is the rescue of young James from the Vallejo street gang, even if the specific cause and effect remain elusive. James was quick to credit Fighting Back at the beginning of our conversation. But even he wrestles with questions about why he did what he did and why things turned out OK when they might not for someone else.

"I can't really say what it was specifically that made me go another way," he muses as we say good-bye. "I guess it was good my sister took me to Youth Partnership. And we had some mentors there who had done time at San Quentin for drug dealing; so they could tell us what it was really like, and that was scary."

He packs up some sample posters he'd brought to our interview; they feature the winners of an anti-drug-and-alcohol art contest organized by James and other youth volunteers in city schools each year.

"Whatever," he shrugs, "I'm glad I'm where I'm at now."

Notes

¹ Jellinek, P. S., and Hearn, R. P. "Fighting Drug Abuse at the Local Level." *Issues in Science and Technology* (National Academy of Sciences), 1991, 7(4).

² This Gallup, New Mexico, program is examined in Brodeur, P. "Combating Alcohol Abuse in Northwestern New Mexico: Gallup's Fighting Back and Healthy Nations Programs." *In To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003.

³ Sherwood, K. E. *Evaluation of Fighting Back*. (Unpublished). The Robert Wood Johnson Foundation, 2002.

⁴ *Call for Proposals, Fighting Back: Community Initiative to Reduce Demand for Illegal Drugs and Alcohol*. The Robert Wood Johnson Foundation, 1989.

⁵ *Reducing Risky Drinking: A Report on Early Identification and Management of Alcohol Problems Through Screening and Brief Intervention*. Alcohol Research Center, University of Connecticut Health Center, 1996.

⁶ Saxe, L., and others. "The Visibility of Illicit Drugs: Implications for Community-Based Drug Control Strategies." *American Journal of Public Health*, 2002, 91(12), 1987–1994.

⁷ The eight sites were New Haven, Little Rock, San Antonio, Kansas City, Santa Barbara, Vallejo, Washington, D.C., and Newark.

⁸ *New York Magazine*, Nov. 18, 2002.