SYMBOLIC POLICY AND ALCOHOL ABUSE PREVENTION IN YOUTH

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In Canada, the prevalence of alcohol use among school-age students has emerged as a leading public health issue. Though governments at all levels have called for inter-organizational collaboration to address the issue, the representation of youth interests by key community groups is critical to the efficacy of those initiatives. This article describes the case of a community project supported by provincial and local governments in which an integrated community centre (ICC) was combined with a new high school. The ICC included a soccer centre, a track, and a licensed beverage room on the premises that opened on a daily basis. Government support for the ICC policy and related values is examined from the perspective of symbolic policy. The point is argued that the best interests of youth (the main interest group associated with the ICC) must be defined, represented and mobilized materially *and* symbolically in policy related to their well-being.

The Centennial Collegiate is part of an Integrated Community Centre (ICC) in one Canadian city. The four core partners involved in the development of this initiative included the municipal government, two school systems and the regional health authority. The ICC includes a school and a soccer centre with a licensed beverage room. The purpose of this article is to explore symbolic policy in the context of this integrated community centre initiative.

First, a description of the Integrated Community Centre initiative is provided to establish context, followed by an examination of the epidemiology of alcohol use in youth to provide a perspective of the issues surrounding youth substance use and abuse. Definitions of policy by Birkland (2005) and Howlett and Ramesh (2003), including symbolic policy as defined by Anderson (1984), are outlined. Also, national and provincial drug and alcohol

policies are identified (Health Canada, 2005; Saskatchewan Health, 2005). The concept of

interest in public policy, according to Deborah Stone (2002), includes all groups that have a

stake in an issue. Each of the interest groups in the ICC is identified and discussed as are the

costs and benefits of the policy to each. These are examined in the light of the best interests of

the youth that the policy was expressly intended to serve.

The Case: The Integrated Community Centre

The four core partners involved in the process of development of the Integrated

Community Centre (ICC) include: the municipal government, two school systems and, the

regional health authority. The framework for the integrated community centre included the

following goals:

(a) Include an increasing number of partners,
(b) Provide a greater range of health, education and civic services at similar cost,
(c) Better react to the needs of the community,
(d) Apply to both new and existing areas of the community,
(e) Re-develop, re-energize and cause re-investment in, existing communities while retaining their character and their values, and
(f) Be sustainable for the long term

The ICC strategy was a result of a range of demands including financial pressures, increased

expectations and changing demographics. The strategy was developed to incorporate resources

of a wide range of organizations in providing services at a neighborhood level. Moreover the

community associations will be communicating community needs to the four organizations in an

effort to enhance community involvement in their development.

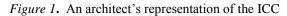The ICC total cost of $18.6 million was cost-shared between the school division and

the provincial government; the government invested approximately $10.4 million for the

construction of the Collegiate. The municipal government and the soccer association

contributed approximately $12.9 million for the construction of an indoor/outdoor soccer centre adjacent to the collegiate. It was planned that both the municipal government and the Collegiate would share the soccer centre for seasonal programs.

The ICC included a soccer centre (see Figure 1), track and a licensed beverage room. The licensed beverage room was opened on a daily basis at five o'clock. The school contained a resource room, gymnasium, practical arts labs, science labs, and also a performing arts theatre where dance academy programs were offered. The two facilities were joined by a common eating area and entrance. The labeled illustration (Figure 1) is the ICC.

Figure 1. An architect's representation of the ICC

The school division partnered with the municipal government and the local soccer association in the construction of this joint-use facility. The new collegiate leased space from the soccer association and used the indoor soccer centre adjacent to the school for its sports programs. It opened its doors to grade 9 and 10 students in September of 2006 with Grades 11 and 12 in 2007. This school was designed for a capacity of approximately 1,000 students.

The soccer association was a volunteer-driven organization that was formed to procure, operate and maintain indoor soccer facilities, and it received $300,000 from the Municipal Infrastructure Fund to help complete construction of the Sports Centre. The association owned

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and operated soccer facilities on behalf of the city's soccer community (Western Economic Diversification Canada, 2006).

According to a former premier, projects like this help to ensure that students, staff and the whole community benefit from enhanced learning opportunities provided through high quality programs and services in modern well-equipped facilities. According to the provincial government, this joint-use facility was not only built to meet the needs of the community by providing a community centre and soccer centre, but it would help the students of the Collegiate reach their full potential.

The regional health authority stated that their mandate is to improve the health of their population. The consistencies of the goals of the provincial and local government including those of the ICC are essential in establishing a collaborative approach in the promotion of health. In the prevention of use and harms related to substance abuse in youth a collaborative approach was identified as critical. Throughout this paper, the goals of the regional health authority and provincial government are cited in identifying policy consistencies and inconsistencies and implications relating to symbolic policy.

Epidemiology of Alcohol Use in Youth

In Canada, alcohol is the psychoactive substance that is most commonly used by youth (Adlaf, Begin, & Sawka, 2005; Health Canada, 2008). Even though the majority of youth who use it have no personal problems; youth underage drinking is a leading public health problem as a result of youth experiencing too many consequences of drinking too much at an early age (National Institute on Alcohol Abuse and Alcoholism, 2006; Shah, 2003). Recent statistics

related to alcohol use and the harms associated with alcohol use in youth will help clarify the issue at hand.

Alcohol use among youth continues to contribute to the harms of individuals, families and communities despite preventive efforts (Saskatchewan Health, 2005). When adolescents drink, judgment is impeded and they are more likely to engage in unsafe practices (Canadian Centre on Substance Abuse, 2001; Shah, 2003). These health-risk behaviours contribute to motor vehicle accidents and self injury, which are the leading causes of mortality and morbidity among youth. The behaviours established in youth, may extend into adulthood, but are interrelated and preventable (Dowdell & Santucci, 2004; Kann, Kinchen, Williams, Ross, Lowry, Grunbaum, & Kolbe, 2000). In 2008, the Canadian Addiction Survey reported that 62% of Canadians aged 15-17 years and 91% of Canadians aged 18-19 years consumed alcohol in the past year (Health Canada). Although the most common drinking pattern reported among youth included light/infrequent (38.7%), 13.8% reported heavy drinking (five or more drinks at a single sitting) at least once a week and 46% reported heavy drinking at least once a month (Health Canada, 2008). As a result of drinking, youth had higher rates of related harms than the general population. Research has found that early initiation of alcohol use is associated with greater risk of dependence and alcohol-related injury later in life (DeWit, Adlaf, Offord, & Ogborne, 2000). Health Canada states that "the risk of alcohol-related problems increases in the case of heavy drinking" (Health Canada, 2005, p. 23) and heavy drinking continues to be found to be most common among persons 15-24 years of age.

Despite initiatives at the federal, provincial, and local levels to reduce alcohol consumption amongst youth, significant social and health consequences persist (WHO, 2003). National and Provincial governments have responded by publishing documents that acknowledge

their commitment for action to reduce the harms associated with alcohol and drugs as a result of

the prevalent and growing issue of problematic substance use. Most recently, recommendations

for a National Alcohol Strategy for reducing alcohol-related harm in Canada identified four

broad areas of action. These included:

    (a) health promotion, prevention and education,
    (b) health impacts and treatment,
    (c) availability of alcohol, and
    (d) safer communities (Health Canada, 2007, p. iii)

These documents outline efforts which include key stakeholders, such as schools, for a

coordinated approach to meet the challenges involved.

Federal and Provincial Policy Regarding Youth and Alcohol

In 2005, the Government of Canada responded to requests for a more coordinated and

collaborative approach to meeting the challenges presented by the harms associated with alcohol

and other drugs (Health Canada, 2005). The *National Framework for Action to Reduce the*

Harms Associated with Alcohol and Other Drugs and Substances in Canada (2005) provided the

focus for this response. It consisted of achievable goals in support of a collective commitment to

reducing the harms associated with alcohol, drugs and other substances. The framework outlined

goals, principles and priorities that guide the collaborative efforts of individuals, governments,

organizations and communities. It acknowledged that "after tobacco, alcohol is consistently

recognized across the country as the substance that causes the greatest harm" (p. 16). Youth are

one of the identified target groups in efforts to reduce these harms. The Health Canada

framework recognized the need to target partners that can influence the national action plan

positively. Responding to Canadians' requests requires "collaboration and commitment from the

national level to Canada's smallest communities" (Health Canada, p. 3).

In 2005, the provincial government initiated a new program reaffirming the province's commitment to take action against substance abuse. The action plan focused on the need of a concerted effort by the community to prevent substance abuse and lessen its harms to individuals and families. The document articulated an underlying vision of:

> A province defined not only by economic opportunity and vitality, but by an unbreakable social fabric; a network of communities and supports that give every individual the best opportunity to grow, to develop, to unlock their potential, to explore their dreams and to have hope for the future. (p. 2)

Furthermore, the document identified anticipated goals of proposed service enhancements and actions. For example, making treatment "… more accessible and flexible for those who need it, coordinating our efforts and improving our knowledge so that communities can get the best tools available to fight substance abuse", as well as "… educating and equipping our young people and changing society's attitudes so that substance abuse doesn't get a chance to take hold in their lives" (p. 2).

The Federal and provincial policy documents stressed the necessity of a coordinated approach that includes "shared ownership and accountability by all key stakeholders to ensure success" (Health Canada, 2005, p. 8). These policies and recommendations were a result of consultations and feedback from a wide range of professionals and diverse groups.

Preventative Approaches

A significant number of Canadian students do not use any substances; however during the high school years the use of alcohol becomes normative (Roberts, Comeau, Boak, Patton, Lane, Naidoo, & Krank, 2008). For many Canadians, the use of alcohol continues to be regarded as a normal part of life in adulthood, whereby 80 per cent of the population over 15 years of age drinks (Health Canada, 2008). Many programs and initiatives have been focused at decreasing

the prevalence of underage drinking and the harms associated with it. The Centre of Addiction

and Mental Health (CAMH) identified three key principles for effective prevention:

> 1. Ensure an overarching policy framework and supportive environment;
> 2. Implement comprehensive programs, that: (a) combine policy and targeted interventions, (b) are of sufficient intensity and duration, (c) involve multiple sectors, and settings, (d) are evidence-based, (e) involve target group/audience directly, (f) address risk and protective factors, and determinants of health, (g) have realistic goals, (h) include accurate information, credible messages, (i) are sustainable and can be evaluated;
> 3. Address all three levels of prevention: (a) 'universal', (b) 'selective' and, (c) 'indicated' (Stevens Lavigne, 2006).

Ideally, a combination of the three levels of prevention should not only be generally

implemented but adapted to the community.

Community level prevention programs supported by evidence have been established at

the societal level and the community level. Within communities, prevention programs

specifically targeting substance use and abuse can be directed to families, schools, recreational

settings and licensed establishments. However, "targeted approaches need to be combined with

legislation, policy awareness, education and enforcement… multi-component targeted strategies

have greatest effect" (Stevens Lavigne, 2006).

Policies designed to reduce consumption and harms have been found to be among the

most effective strategies in preventing or reducing alcohol use in the general population (Stevens

Lavigne, 2006). The World Health Organization (WHO) has identified effectiveness of

interventions at the community level (Osterberg, 2004). Focusing on the community level is

necessary because "marketing plays a critical role in the globalisation of the patterns of use of

alcohol and youth" (Jernigan, 2001, p. 10). Research has shown that policy approaches that

include regulation of marketing can be effective in reducing youth alcohol use (CAMH, 2004).

These methods include approaches such as restrictions on the content and placement of alcohol

advertising and marketing and limiting the availability of alcohol to young people.

Youth are exposed to alcohol marketing at an increasing rate. Research indicates that alcohol marketing contributes to underage drinking. Public health and safety policies that regulate accessibility to alcohol have beneficial implications for youth and adults.

Environmental interventions are recommended in a Global Status Report by Jernigan (2001) on underage drinking. These interventions are intended to reduce commercial and social availability of alcohol and/or reduce driving while intoxicated. Such interventions include a variety of strategies, deterring adults from purchasing alcohol for minors or providing alcohol to minors; restricting drinking in public places; and raising public awareness of policies.

Policy Inconsistencies

Allowing a licensed beverage room in the ICC, which includes a school, a facility primarily utilized by youth, does not seem consistent with the above research and neither is it consistent with policies and strategies aimed at decreasing the use and harms related to alcohol use by youth. Youth in the school are exposed on a regular basis to a licensed beverage room by its mere presence in the same facility as the school and soccer fields. The licensed beverage room is opened daily at 5 p.m. when school activities are still taking place. During this time alcohol is being sold at the concession booth and adults are free to walk about with alcoholic drinks (see Figures 2 and 3).

Figure 3. Soccer Centre Concession   *Figure 2*. Concession at Soccer Centre

It is important to realize that the term 'policy' is multifaceted. Therefore identifying

definitions and purpose of policy is important in order to understand the policy and its

implications in the context of the present discussion.

Defining Policy

When discussing policy it is vital to understand that the term policy does not refer to an

isolated concept. According to Birkland (2001) policy is "… a statement made by government of

what it intends to do or not do, such as law, regulation, ruling, decision, or order, or a

combination of these" (p. 132). Policy can be law or regulations that govern a particular issue or

area (Birkland, 2005, p. 18) but a more extensive definition includes that

> … once a law or rule is made, policies continue to be made as people who
> *implement* policy- that is, those who put policies into effect – make decisions
> about who will benefit from policies - and who will shoulder burdens as a result.
> (p. 18)

Therefore in studying policy, we are not just looking at the written laws and rules themselves but

how they are implemented. The concept that is particularly important when viewing the

existence of the licensed beverage room in the ICC is the implementation of policy. More

specifically, when the provincial and national government identified that a collaborative

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approach is necessary in the prevention of substance use in youth and the goals in the policy documents include that changing society's attitudes, and educating and equipping our youth are important, it is important to look at public policy.

Public Policy

There are many competing definitions of public policy. Although there is not one precise definition, certain key facets are commonly accepted. They agree that "government is at the center of efforts to make public policy" (Birkland, 2005, p. 18). The decision to "retain the status quo are just as much policy as are decisions to alter it" (Howlett & Ramesh, 2003, p. 5). However, public policy is linked to public interest because in some way it affects all of us (Birkland, 2005).

The provincial government acknowledged support to the ICC financially, and by stating its commitment to promote youth in reaching their full potential at the ICC. According to evidence-based research, the federal and provincial governments' commitment to reduce youth alcohol use and the harms associated, conflict with the presence of a licensed beverage room in the ICC.

A useful perspective in policy for the purpose of this article is James Anderson differentiation between *material* and *symbolic* policies. Material policy, Anderson (1984) indicates, is tangible and provides an obvious benefit to people; while symbolic policies are an appeal to people values. However, the distinction between the two may not be absolute. For example, material policy may be in the form of money to a local community with certain values thereby supporting this community in principle. The terms material and symbolic policy then, when applied to the ICC, implies that the provincial government symbolically supported the ICC

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policies and values by providing funding to this centre. Two questions come to mind: a) why did the centre include a school and a licensed beverage room within one building, and b) why the apparent disregard by the government and ICC of the evidence regarding the impact of alcohol and advertising on youth?

       The intent of public policy is that the government takes action for or against a policy in the public interest. The system is set up so that we entrust the power to make decisions in our name to government (Birkland, 2005, p. 20). However, we do not abdicate our interest in the manner in which government implements policy. Controversy does arise because there is disagreement over what constitutes "the public interest" (Birkland, 2005) and, it follows, the best interests of youth. All people are not affected by policy in the same manner and we do not feel the same about all issues. As we are busy with our own lives, we may not be able to concern ourselves with everyday government workings therefore we may not dwell on policies until something goes wrong.

Whose Interest are Being Served?

       There are many interest groups involved in the Integrated Community Centre. The identifiable groups include the: school systems, soccer association, municipal and provincial governments, youth and parents. Interests are defined as the "groups that have a stake in an issue or affected by it" (Stone, 2002, p. 210). These interests are further described as "the result of people experiencing or imagining effects and attempting to influence them" (p. 210). Effects are there to be discovered, they are the result of actions that exist whether we are aware of them or not. In politics they become important when they are transformed into demands. The labels of subjective and objective interests have been given to identify the effects that people

believe affect them (subjective), versus the actual interests that are known or unknown effects

that actually impinge on people (objective). The objective effects of policy can be identified

through consequences. Another approach to defining objective interests is to identify essential

human needs and assume the person's best interest to have those needs met (p. 212). The most

important question to be asked is how the objective effects and conditions are perceived,

interpreted and acted upon. The problems exist in explaining how effects are translated into

interests, why some effects are selected and emphasized, and how they are represented (p. 217).

To return to our case, there are many interest groups involved in the Integrated

Community Centre. Regarding alcohol prevention programming, however, youth are the main

interest group associated with the ICC, as this is an institution that is primarily intended for, and

utilized by youth. There are many objective interests involved, some of which are safety from

increased risk of future substance abuse, safety from increased risk of death and disability due to

accidental death, safety of increased risk of fetal alcohol effects during pregnancies and many

added deleterious effects that are not yet realized. This is where *representation* becomes a

critical demand. That is, the manner in which interests are defined and mobilized in politics

(Stone, 2002, p. 215). Representation has two roles: a) to give expression to an interest by

portraying an issue; and b) to speak for people by articulating their wishes. Through the national

and provincial documents supporting the prevention of alcohol use by youth, it would seem that

governments are endeavoring to represent the intents of youth. In the ICC, although the goals as

stated by a former premier were for youth to fulfill their potential, and although the regional

health authority stated that the health of our population is what guides policy, given the evidence

based research regarding the prevention of substance use in youth, it is difficult to see the

objective interests of youth being represented in the ICC.

When implementing policy there are always interest groups that benefit and those that do not. According to Stone (2002) the problem exists in explaining how effects are chosen to be represented, why some are selected, and how they are represented. Wilson (1973) considered "a way of arranging policies in terms of the extent to which their costs and benefits are focused on one particular party or diffused, is spread across numerous people or interests" (Birkland, 2001, p. 145). The costs and benefits of the initiatives to stakeholders of ICC will be identified in the following section to portray the different stakeholders and their interests in this initiative.

<div align="center">**Costs and Benefits**</div>

The benefits of the stakeholders are varied and range from social benefits and implications to monetary gains. The costs and benefits are listed in Table 1.

Table 1
Benefits and Costs of ICC Interest Groups

Stakeholder Group	Benefits
School Board	New facilities, convenience of the high quality sports facility for students. The school would have difficulty in providing this type of facility to the students without sharing costs. Future sustainability; new facilities attract additional students. **Costs:** financial
Soccer Association	Shared-costs of the facility from its partners, a new facility and much needed space for the increasing demand to accommodate increasing enrollment in soccer. The soccer associations profit by having the capacity to host high profile sporting activities. Shared costs increase chance of long term sustainability of facility. **Costs:** financial
Provincial Government	Symbolic; they promote visibility of the government supporting our youth and public by monetary contribution to health, public and education services. **Costs:** financial

Youth	Youth from different socio-economic backgrounds able to play in up to date facilities. An increase in facilities improves skills by improving accessibility and playing time. **Costs:** Exposure of students in Centennial Collegiate to alcohol by presence of licensed beverage room in facility. Exposure of youth to alcohol at all youth soccer at the ICC. Increase in short term and long term risks associated with alcohol marketing to youth.
Adults	Health and civic services such as: a track and soccer facilities that the general public can access in the ICC. Adults may view the freedom, access and convenience of alcohol a benefit. **Costs:** Possible long and short term financial and social costs due to the contribution that marketing plays in the use of alcohol by youth.
Municipal Government	The city can be seen as beneficiaries politically as the new school and ICC increases the visibility of the city's commitments to health, education and civic services. Community involvement is apparent through various groups involved in decision making. **Costs:** financial

Birkland (2001) suggested that through cost benefit analysis it is difficult to link

policies to actual benefits. Though this is not a full cost-benefit analysis, what can be illustrated

is the degree to which interests are concentrated or diffused but even this is difficult when long

and short term effects are taken into account. What is relevant when determining which

interests influence policy is whether the losers or gainers on an issue are more concentrated than

other losers or gainers on the same issue? What is significant in the ICC is that our youth do not

have a voice and cannot speak for themselves; they are not part of the policy implementation

process and therefore representation on their behalf is vital.

Issues

The issues that surround the use of alcohol by youth are well documented, numerous,

complex and multidimensional. The effects are social, personal, legal, economic and health-

related. Some of the effects are short term, others long term, and can have direct and/or indirect

effect on virtually everyone (Health Canada, 2005). According to Stone's classification of interests; offsetting the effects of the use of alcohol by youth identified are objective interests. The use of alcohol by youth is the second highest contributing factor to death, therefore dealing with underage use of alcohol can be considered essential to human needs.

Research has identified the growing trends surrounding the use of alcohol by youth. Representation is not only necessary for policy mobilization to occur but it is appropriate in this situation as youth cannot speak for themselves. Furthermore, Wilson's 'distribution of effects' theory helps us to realize that interests that are morally equal might be politically unequal, the legitimate interests are not necessarily the strong ones (Stone, 2002). Therefore, the 'good' interests do not emerge naturally and they need to be protected; the role of the government then in public policy is to protect weak but legitimate interests. Using this concept, the role of the government is representation of youth, to protect youth who are vulnerable and in need of advocacy. The issue of alcohol use among youth need not be a highly controversial issue between cost and benefit. There is an overwhelming amount of research that informs us that the use of alcohol by youth and the effects of underage age drinking are increasing and the effects impact youth and society as a whole.

Prevention approaches internationally, nationally and provincially beg for a collaborative approach. The interventions mentioned regarding community support are highly cost-effective, in that they are associated with considerable benefit at a generally low financial cost. The most effective approaches are to implement multiple policies involving the following strategies: increasing alcohol prices, reducing the availability of alcohol and implementing measures against underage drinking (Osterberg, 2004, p. 4). The ICC allows youth to be exposed to alcohol on a daily basis by the mere presence of having a bar in the centre. Provincial government policy

states its intention "to work with schools to enhance prevention and education efforts" (Saskatchewan Health, 2005, p. 6). Furthermore, according to Anderson's categorization of material versus symbolic policy the provincial government is sending conflicting messages. By supporting the ICC with funds, the government is also seen as supporting the actions of ICC, one of which is serving alcohol in a building where the primary function is to educate youth who are under the legal drinking age. This can be seen as counter intuitive to the intentions of the policies seen in the National and Provincial strategies against drug and alcohol use among youth. More specifically relating to the policies included in the National Alcohol Strategy (2007) aiming to regulate availability, advertising and promotion of alcohol to youth.

Closing Argument

Goals and principles of policy "serve a crucial purpose as aspirations for a society". Stone (2002) goes on to say that "[t]hey stand as ideals and promises for ourselves and future generations" which "can unite people in striving for a better world merely by forcing us to talk about what we mean" (p. xiii). Furthermore, we are required to "justify our own political wishes as something more than self interest" (p. xiii). So what does this mean? It may mean that we need to unite and evaluate or reevaluate our present ways of developing and implementing policy. We need to identify whose interests we are serving and ask the question do our actions represent the ideals for future generations. If we want to decrease the effects and use of alcohol in youth then we need to appropriately represent youth interests in policy implementation.

The term 'policy' does not denote one simple definition; most policies involve a succession of decisions that are made. As Jenkins (1978) suggested, to understand policy more fully, there is a need to consider decisions of all governmental actors involved, from financing to

the actual administration of the health-related activities. The government's capacity to implement policy is dependent on financial, personnel, and informational resources, and the amount of opposition to the policy.

The provincial and federal governments have developed policies in the hopes of preventing youth alcohol use and decreasing the harms associated with alcohol use. Collaboration of all stake-holders is necessary in this preventative endeavor.

Schools are seen as vital stakeholders in educating students and providing a safe environment for learning to occur. However, according to Anderson, symbolic policy recognizes that governing bodies can provide support to existing values and goals of programs through monetary means. Even though the role of the government in public policy is to protect the marginal but legitimate interests, it appears that the government is endorsing the philosophy to allow a licensed beverage room within the ICC. Philosophically, addressing the issues of youth substance use does not appear to be a priority.

National and provincial government policies acknowledge the need for shared ownership and commitment to action in reducing the harms associated with alcohol. This collaboration needs to occur from the national level to the smallest communities. Policy approaches such as marketing regulations and limiting availability of alcohol are methods identified as necessary, cost efficient and effective. For mobilization of youth interests to occur, representation by the government is essential. The initial stages of mobilization might best be served through reevaluation of the present practices and policies at the ICC by all stakeholders: the school boards, local soccer association, provincial health regions, and the municipal and provincial government, keeping youth interests a priority which appears to have been overlooked.

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