

## ***Introduction***

The United States is currently wrestling with its commitment to achieving health equity across racially and ethnically diverse communities. The commitment to health equity is also a matter of racial equity in youth substance use prevention in African American/Black (Black) communities. In this study, Black Drug-Free Community (DFC) practitioners wrestle with how to address youth substance use prevention in Black communities. Currently, the DFC is the only bi-partisan federal government youth substance use prevention program (The White House, n.d.). At present, community coalitions are the leading strategy for youth substance use prevention in the nation. The Centers for Disease Control and Prevention published a report that drug overdose deaths increased by 44% among Black youth aged 15-24 years from 2019 to 2020, while this increase was 22% for White youth this age (CDC, 2022).

## ***History of Federally Funded Youth Substance Use Prevention in Predominately Black Communities***

While the nation has been slow to respond to countless social injustices and racial inequities affecting Black people; at one time in history, the nation mobilized in an unprecedented way when a young Black college basketball star died on June 19, 1986 from a drug overdose two days after being selected by the Boston Celtics as the second overall pick in the nation (Quinton, n.d.). Within weeks of Len Bias's death, Congress began writing legendary anti-drug legislation. The United States House of Representatives and United States Senate passed legislation to strengthen federal efforts to promote international drug law enforcement, improve U.S. drug law enforcement and interdiction efforts, provide leadership in developing drug abuse prevention programs, and expand federal support for drug treatment programs (Anti-Drug Abuse Act, 1986). The landmark Anti-Drug Abuse Act of 1986 was signed by President

Ronald Reagan on October 27, 1986. This legislation and resulting approaches to drug abuse were coined the war on drugs. In its implementation, the legislation led to frequent targeting of youth in Black communities and resulted in high rates of incarceration among Black youth (Alexander, 2019).

In 1988, the Robert Wood Johnson Foundation (RWJF) launched a \$88 million community partnership initiative called *Fighting Back* serving 12 urban poor and primarily minority communities as a public health alternative to the criminalizing of drug behavior through the war on drugs (Capoccia, 2006; Knickman, 2006). The *RWJF Fighting Back* program was one of the first efforts to develop community coalitions to reduce drug and alcohol problems (Capoccia, 2006; Knickman, 2006; Lindholm, 2004). The purpose of the *RWJF Fighting Back* program was to improve the organization and development of local resources for prevention of alcohol and other drug problems without emphasis on drug treatment services (Capoccia, 2006; Knickman, 2006). The RWJF efforts were followed in 1990 and 1991 with the congressional enactment of the Community Partnership Demonstration Grant program funded with a \$375 million budget targeted to serve 251 partnerships (Capoccia, 2006; Knickman, 2006). Subsequently, the Drug-free Communities (DFC) Support Program was created by Congress in 1997 to fund community coalitions that engage 12 sectors of the community to prevent youth substance use (Drug-free Communities ACT, 1997). Today, these efforts continue with the DFC being the primary federal youth substance use prevention effort which has funded more than 700 grantees. Unfortunately, these DFC community-based youth substance use prevention programs have had a relatively small number of Black community grantees (CADCA, 2022). Black communities often lack adequate existing resources to meet the DFC requirements and be

successful applicants for funding (e.g., they lack a highly trained substance use workforce) (NAADAC, 2022).

### ***Abandonment of Community-Based Substance Use Prevention in Black Communities***

In 2007 there was broad abandonment of funding for community-based prevention due to the impression that it is ineffective. Knickman (2006) report stated, "...a community-based coalition approach...did not produce robust results in terms of decreasing substance abuse. ... community coalitions alone are not a sufficient instrument to solve the substance abuse issue." (Knickman, 2006, p. 481). The Knickman (2006) recommendations stated that more focus should be given to treatment, "emphasize the important role of effective, long-term treatment" (Knickman, 2006, p. 481). This focus on treatment has persisted, contributing to waning attention to community-based approaches to substance use prevention in general. The Substance Abuse and Mental Health Services Administration (SAMHSA) which had served as the fiscal agent throughout most of the life of the DFC program elected not to continue as the fiscal agent for the DFC program in 2019. The DFC program fiscal agent is now the Centers for Disease Control and Prevention (CDC).

### ***The Case for Renewal of Community-Based Prevention in Black Communities***

In 2020, a window of opportunity emerged to be intentional about Black lives and youth substance use prevention. The 2020 protest of the public murder of George Floyd awakened America's awareness of longstanding systematic and structural racism. As public and private agencies explore race issues, the time is ripe to explore youth substance use prevention issues and concerns in the Black community from health and racial equity lenses. In the United States, the constitutional declaration that "all humans are created equal" has been undermined by

structural and systemic racism. Structural and systemic racism, and the historical trauma for Black people starting with slavery, appear to be underlying factors that undermine substance abuse prevention and treatment to this day. For example, much social and political attention surrounding the nationwide opioid epidemic focuses on the dramatic increase in overdose deaths among Whites, middle-class, suburban, and rural users. The impact of the same epidemic on Black communities has not been recognized or prioritized in prevention efforts nationally (James & Jordan, 2021; SAMHSA, 2020). In fact, the lack of discussion about the impact of opioid use on Black lives further marginalizes those Americans of African descent.

Substance abuse prevention in the Black community cannot be easily separated from disinvestment in black communities, mass incarceration, over-policing, over-traumatizing, and socio-determinants of health (SAMSHA, 2020). Also, when coalition sector members, a key component to the implementation of prevention programming nationally, are navigating the perils of basic human needs themselves, it becomes increasingly clear that prevention work is a privilege. Prevention is afforded mainly to those that have health literacy, access to information, a trained workforce, and the resources to avoid or modify self-destructive behaviors. In other words, substance use prevention requires the resources of supportive environments and systems to build mental health and personal capacity to avoid substances as an escape, social connector, coping behavior, or self-destructive behavior. Involving the Black community itself in solving Black community issues requires urban multi-sectoral partnerships which are themselves in dire need of resources. Under-resourced communities are challenged in leveraging collaborations for significant impact. Community-based coalitions in Black communities that do commit to the work of prevention, do so with limited (if any) capital. Ladier et al. (2017) suggests that limited financial and structural resources in Black communities make prevention efforts and community-

level change challenging undertakings. A community-based coalition prevention approach rebuilds the “trust and marginalization” often found in Black communities because of systematic and structural racism (Billingsley, 2014, p. 124). Guthrie (2000) notes that substance use prevention frameworks should be ethnically sensitive and respond to broad societal influences such as racism. The impact of systematic and structural racism in Black communities necessitates youth substance use prevention for Black communities that is designed to “foster a sense of shared power, shared decision-making, and honor the expertise and spirit of self-determination” (Billingsley, 2014, p. 123). A coalition prevention approach is such a collaboration, which is comprised of various sectors in society that collaborate to address universal problems and create a pathway for solutions (CADCA, 2018).

Today, youth substance use prevention is supported by a tri-partnership between the White House Office of National Drug Control Policy (ONDCP), the CDC, and the Community-based Advocacy-Focused Data Driven Coalition Building Association (CADCA). ONDCP funds the DFC program. The CDC manages the program for ONDCP. The DFC funding cycle is a 5-year cycle with an additional 5-years as a competitive continuation renewal with a possible total of no more than 10 years of federal funding support. The DFC grantees are required to create a substance use prevention coalition consisting of 12 sectors of society (CDC, 2021). The 12 sectors include youth; parents; business; media; schools; youth-serving organizations; law enforcement; religious or fraternal organizations; civic or volunteer groups; healthcare professional or organizations; state, local, and tribal governmental agencies; and other local organizations involved in reducing substance use and they are expected to work together in a collaborative manner to collectively drive DFC prevention coalitions (CADCA, 2021). CADCA provides the training to DFC grantees based on the SAMHSA Strategic Prevention Framework

(SPF) as an approach to substance use prevention. The 12 required sectors of a DFC coalition are expected to work together through the five SPF processes. The five SPF processes provide the framework for community coalition building aimed at the creation of an environmental, social determinant-focused substance use prevention strategy: 1) assessment, 2) planning, 3) capacity building, 4) implementation, and 5) evaluation (SAMHSA, 2019). Sustainability and cultural competence are cross-cutting themes integrated into each step of the SPF (SAMHSA, 2019). *Assessment* is the process of gathering information to better understand problems, concerns, and related needs of a community (SAMHSA, 2019). *Capacity Building* is the resources and readiness (fiscal, human, and organizational) being used to implement substance abuse prevention activities as well as understanding the community's acceptance and support for directing resources to prevention activities (SAMHSA, 2019). *Planning* is a comprehensive review of available assessment data, including risk and protective factors, about youth substance use prevention as well as an understanding of what can be changed and would make an impact. *Implementation* is adaptation of evidenced-based programs for community-level delivery (SAMHSA, 2019). *Evaluation* is a retrospective exploration and examination of whether the prevention programs created the change it intended to make, i.e., were the outcomes accomplished and what improvements can be made?) (SAMHSA, 2019).

### ***The Current Study and its Aims***

DFC-funded prevention practitioners from Black communities formed a network and convened in 2015 to discuss their DFC community prevention experience under the DFC SPF Model. They expressed many hurdles and challenges to adopting and implementing the SPF in their Black communities. In their frustration, they decided to identify for themselves what was needed to form effective youth substance use prevention coalitions in Black communities which

resulted in a consensus around seven core themes. The lead author of the present study was the coordinator of this 2015 effort to develop core themes.

The purpose of this paper is to build on the 2015 DFC prevention practitioner conceptualization of seven core themes to identify core principles of effective and sustainable community coalitions to prevent youth substance use in Black communities. The first aim was to determine if the seven core themes that had previously emerged from the 2015 group discussions were confirmed or in need of revision after analysis of eight subsequent structured interviews of Black DFC Leaders from eight Black community coalitions. The second aim was to determine from how many coalitions each theme emerged to better understand the relevance of each theme across communities. Ultimately, the core themes became core principles, believed by DFC Leaders from Black communities, to be essential for successful coalitions to address youth substance use prevention in Black communities. Finally, these core principles can be juxtaposed with the DFC SPF requirements to determine whether they overlap and/or diverge to provide guidance on addressing the substance use prevention needs of Black communities.

## **Methods**

This qualitative study used secondary data from transcripts of one-time interviews conducted with Black DFC Leaders of funded DFC programs in Black communities. The University of Maryland Institutional Review Board (IRB) approved the project as exempt from the requirement of an IRB.

### *Development Phase*

In 2015, a group of 10 Black DFC prevention practitioners was convened by the lead author of this manuscript to try to increase the group's capacity for coalition building through discussion of their experiences and lessons learned. The lead author, principal investigator of this

project, is an African American public health attorney with more than 30 years direct experience with youth substance use prevention and facilitation of community coalitions in Black communities. The group of Black DFC prevention practitioners was initially convened in 2015 to discuss their experiences and lessons learned regarding coalition building within the DFC programs they directed that were serving Black communities. The first meeting consisted of a round robin exchange. Many challenges regarding implementation of the SPF surfaced at many levels among the DFC Black prevention practitioners. The SPF process was perceived as a major challenge because it seemed to ignore the realities of resource deficits that precluded even initiating the SPF process. The perception was that the SPF was not generated with Black community input and this led to frustration and, even resentment, in trying to apply what was perceived as a rigid set of scientific principles that were not directly applicable to Black communities. The group discussion resulted in the group's decision to have the coordinator, the lead author of this manuscript, conduct a literature review focused on coalition building in urban Black communities using such terms as "urban coalitions" and "community coalitions" in preparation for a second meeting. The second meeting of the prevention practitioners was a discussion on the literature review. It was identified in this discussion that the literature did not speak directly to the challenges of building coalitions in urban, Black communities, and it was inadequate to guide their capacity building. Hence, they decided that they would try to develop their own core principles for effective coalition building. A third meeting of the 10 prevention practitioners was held in which seven core themes on how to successfully maintain and sustain a DFC in a Black community were identified through brainstorming and consensus discussion. The seven core themes ultimately became referred to as "The 7C's" and included the concepts of: collaboration, commitment, communication, community-based, connectivity, cooperation,

and “co-opetition” (a culturally adapted term to focus on healthy cooperation that occurred among coalitions as they competed for funding).

The group decided to develop the core themes more formally by conducting key informant interviews with Black DFC Project Directors and Coalition Coordinators (DFC Leaders) serving Black communities in urban and rural areas. The group discussed and brainstormed questions for the interviews addressing coalition history, focus, activities, and effectiveness. The lead author of this manuscript then used the questions to develop a structured interviewer’s guide.

#### *Implementation Phase.*

In 2017, the in-depth interviews with DFC Leaders from eight coalitions were conducted. The interview methodology provided the opportunity to investigate in greater depth the experiences of the DFC Leaders in managing DFC coalitions. It was believed that this inductive approach could provide key perspectives and unique attributes that may not have originally been anticipated (Wagoner, 2022). A Ph.D. researcher, not the lead author, trained in qualitative data collection, substance abuse prevention, and knowledgeable about the overall DFC program conducted the eight individual in-depth interviews with the Black DFC Leaders. The inclusion criteria for the selected DFC Leaders were that they served in coalition management, served as a champion of youth substance use prevention in their communities, and were experienced in youth substance use prevention and community coalitions. All eight interviews were conducted by telephone and were audio-recorded, then transcribed verbatim. The interviews ranged between 45 to 60 minutes in duration.

#### *Study Sample.*

The data source for this study included the verbatim transcripts from the eight recorded interviews. Ten Black DFC Leaders completed interviews. The interviewees represented eight coalitions and all participants were Black including two males, eight females, eight Project Directors, and two Coalition Coordinators). Two DFC coalitions had two respondents in the interview together, the Project Director and the Coalition Coordinator. Two of the interviewed DFC Leaders were previously part of the original discussion with prevention practitioners which served as the impetus for this study (described above). The DFC Leaders' ages ranged from age 45 to 65 years old. Educational levels varied: One Project Director held a Doctor of Philosophy degree, three held Juris Doctorate degrees, one a Master of Social Work degree, one a master's degree in Rehabilitation, and one who held a bachelor's degree. Two were Certified Alcohol and Drug Abuse Counselors and had served as university-based clinical supervisors, and one served as a local substance abuse prevention coordinator. All the DFC Leaders had direct experience in behavioral health, and all were long-term youth substance use prevention practitioners.

### Analysis.

In 2021, the authors obtained the transcripts and conducted a thematic analysis. The primary analysis team for the transcripts consisted of the lead author and principal investigator, two PhD behavioral scientists, and one research assistant with a bachelor's degree in behavioral and community health. The additional study authors are leaders of DFCs in Black communities who reviewed the manuscript to confirm their agreement with the presentation of the study methods and interpretation of the results. Qualitative analyses explored the core principles that DFC coalitions serving Black communities have used to implement youth substance use prevention strategies through a coalition approach. A grounded theory approach was used to analyze the transcripts (Wagoner, 2022). As described by Wagoner (2022), grounded theory

focuses on understanding broad experiences and building understanding grounded in real-world patterns as they occur. Using Creswell's (2013) approach of reviewing transcripts such that individuals' experiences regarding processes, actions, or interactions are identified (Creswell, 2013, p. 83), the coders reviewed the transcripts to capture the experience of the DFC Leaders.

The interview transcripts were analyzed using a multi-stage interpretive thematic analysis. First, research assistant #1 (a white female with a bachelor's degree in public health with a particular interest in Black community health) conducted a literature review to identify existing literature on the themes in the "7C's framework" developed during the first phase in discussions with the Black prevention practitioners. Findings from the literature review were used by the primary analysis team to create operational definitions for the 7C's to facilitate the identification of language from the set of transcripts representing the themes related to coalition building. Next, research assistant #1 and research assistant #2 (a Black female Ed.D. with experience in Black communities) systematically analyzed and annotated the transcripts; confirmed and identified whether and how the initial 7C's appeared in the transcripts (i.e., selected and coded passages of text as examples of the themes); and identified additional themes found in the transcripts. The principal investigator then met with the two research assistants to compare themes identified by each research assistant; resolve (through discussion and consensus) any differences in the themes identified in the transcripts; and confirm the operational definitions of the themes. The entire analysis team then reviewed the themes and operational definitions focused on stating the final set of themes, and final definitions of the themes, through consensus of the team. A color-coded grid was used to document the consensus themes and definitions. Using the refined consensus coding schema, research assistant #1 generated

frequencies for each of the themes as they appeared in the transcripts from the eight DFC interviews.

## **Results**

### **Demographics of Coalition Communities**

The DFCs were community-based, and one was affiliated with a university. Descriptive statistics characterizing the Coalitions appear in Table 1. The primary source for these data are the U.S. Census Bureau (Census 2020) and DC Health Matters (DC Health Matters, 2023). The percentages of Black residents in the DFC study communities showed that five had more than 50%, two had more than 40%, one had under 20%; and one had more than 90% Black residents. One Coalition was in a suburban community, four coalitions were in an urban community, and three coalitions are in rural communities. Four Coalitions had more than 8 years of funding which is two funding cycles and four Coalitions had under five years of funding which is one funding cycle. Regarding poverty rates for the Coalitions: four were above 20%, one was above 10%, and three were below 10%. The median household incomes for the communities in which Coalitions were located included: two above \$100,000, three above \$50,000, and three below \$50,000. The unemployment rate in one DFC community was above 15%, six DFCs were above 5%, and one was below 5%. The life expectancy in the Coalition communities ranged from 72 years to 78.5 years.

### **Identified Core Principles**

Nine themes (core principles) were identified. The core principles appear in Table 2. The seven core principles initially identified by the prevention practitioners were validated by the interviews with the Coalition leadership. In addition to the seven core principles, two additional principles were identified: *aspiration* and *doggedness*. In Table 2, the final set of nine core

principles and definitions appears in alphabetical order and includes: aspiration, collaboration, commitment, communication, community-based, connectivity, cooperation, coopetition, and doggedness.

### **Frequency of Principles and Coalition Characteristics**

In Table 3, the percentage of the principles represented within and across each coalition interview are presented. Five principles (commitment, communication, community-based, cooperation, and doggedness) were identified by all eight coalitions. Connectivity and collaboration were identified by 75% (n=6) and coopetition was identified by 63% (n=5) of the coalitions.

The extent to which principles were expressed (Table 3) was analyzed with respect to coalition characteristics (Table 1). Findings were as follows. Two coalitions (#4 and #8) identified *aspirations* and those were the only two coalitions that had all nine principles and were community-based organization and local government joint leadership. Coalition #5 had eight principles; coalition 5 was a community-based organization that is also an outgrowth of a DFC that had completed the 10 years of allowable funding (the theme missing from Coalition 5 was aspiration). Coalitions #1, #2, #3, and #7 had seven principles; these four coalitions had completed their first 5-year cycle of DFC funding cycle and all had commitment, communication, cooperation, and doggedness as principles. Coalition #6 had six principles (the fewest number among the Coalitions). Coalition #6 is a university-based coalition.

### **Final Set of Principles Defined with Examples from Coalition Leaders' Interviews**

In this section, the results are presented in alphabetical order for the final set of nine core principles with illustrative passages from the DFC Leaders' interview transcript.

#### *Aspirations*

Aspirations was defined as embracing prevention science-based approaches and goals with a desire to apply them in new ways that are culturally consistent and culturally relevant.

The two DFC Leaders who were the only interviewees to express this principle stated:

*In our community we do not use the terminology youth substance use prevention because it creates territorial issues. Parks and Recreation will say that is a health department issue and will not participate. So, we say youth development and youth engagement which is terminology that gets all the sectors passionately involved.*

*At first, we rejected CADCA and the CADCA model because we did not see ourselves in it, CADCA was too white. Overtime, many years, about 10 years or so, CADCA enhanced their program offering and we liked the content which allowed us to look beyond the lack of racial diversity at CADCA and within the DFC community. Over the last 10 years, we have integrated what we know works into the community culture of the CADCA DFC model because the content offered by CADCA improved significantly.*

### *Collaboration*

Collaboration was defined as high intensity, formally reaching out to each other. A Peer-2-Peer (P2P) Model is the implied approach. In a P2P Model, the focus is to increase positive behaviors, norms, or policies and programs by using individuals who are not professional instructors but individuals who have similar traits, experiences, or social groupings and learn from each other or by doing (deVreede, 2014). P2P models demonstrate high intensity in formal relationships and understanding of missions and longer-term interactions on a specific effort or program (Quinton, 2013). Six coalitions expressed this theme as follows:

*We had 12 segments. A lot of the individuals over the past 7 years may not be personally involved but their offices are generally represented at our meetings.*

*I was already working in the community and the loss of those seven lives [murder through gang-related firebomb]. [The murder] just touched many of us and so we just came together and continuously met until we came up with a plan of how we can help the young people. And then there's the whole government side, you have an opportunity to vote for some wonderful people that work with city government and work with state government. [We have] always been in the type of field of working with people and this kind of helps, especially our young people, helps better their lives through information and holding different events and what not.*

*It should be a village. I see my coalition as a village. It's my village that drives my coalition... If I don't take it to the table, it's not happening because everybody should have an input and I believe that because they do have an input. They have a buy-in... then they feel like well, this is ours.*

### *Commitment*

Commitment was defined as a “working with the lights cut off” mentality; the level of dedication to the work such as leadership, longevity (measurement of time), or sacrifice on behalf of coalition or community members. This theme was expressed by all eight coalitions in statements such as:

*And [the coalition] came about from the result of a city-wide prevention coalition that was sponsored by the Department of Health. And after that organization [the citywide coalition] was no longer in place, the members of the [coalition] component decided that the issues of [youth] substance use prevention within the community was still important enough to continue to address.*

*I was interested more [in] policy, so it [the coalition] started off working more around criminal justice issues in terms of policy, drug policy around mandatory minimum sentencing. And crack verses cocaine that's how I originally started... I started off working with the Coalition and they had an informal group... then through the informal group, the city-wide substance abuse coalition [was established]. That's when I started working with [Coalition], so it was just a shift, a focus from national to more local policies.*

### *Communication*

Communication was defined as multiple strategies for effective connection to a variety of stakeholders such as print, social media, informal conversations, phone calls, coalition meetings, and emails, and retreats. All eight coalitions cited communication with illustrative statements in the transcripts such as:

*The youth are the ones that are getting the word out to their friends [youth] and to raise awareness to their parents.*

*We worked in [the] park more, going into the neighborhood and going into the housing projects. Also, simply having a presence. We must make sure that we involve the members of the community and make sure that we are aware of the competing community*

*interest [youth violence, homelessness, food insecurity, domestic violence, inadequate housing, and other socio-determinants of health].*

### *Community-based*

Community-based was defined as boots-on-the-ground support, meaning that community members from the population of interest are represented in leadership positions, provide key input or strategy, facilitate actions or outcomes, or drive the overall execution or direction of the coalition—the people the DFC are helping are also the people who are helping the DFC—reciprocity. Stakeholders, meaning members of the DFC 12 sectors [youth, parents, law enforcement, schools, businesses, media, youth-serving organizations, religious and fraternal organizations, civic and volunteer groups, healthcare professionals, local agencies with expertise in substance abuse, and other organizations involved in reducing substance abuse], are included in the process. Meeting the target population where they are physically and socially. All eight coalitions cited community-based with sample statements including:

*He [Program Manager] was... a grassroots person so he was able to pull the grassroots groups together and other churches together to help us in this endeavor.*

*It's critical that you allow people to contribute so they feel they're a valued member. You can't have a coalition and [only have] a coordinator... It's important to get their [community, sector members] input, ask their advice as well as vice versa.*

### *Connectivity*

Connectivity was defined as prioritizing the community needs over the individual needs reflecting a traditional Afrocentric perspective. In the context of American values, such an approach requires high intensity effort toward a unified common purpose while accepting risk rather than elevation of one's own personal benefit. The highest intensity effort is needed to bring separate organizations into a new structure with full commitment to a common mission, develop a comprehensive plan and well-defined communication channels, navigate issues of

control, and engage necessary risk to one's resources and reputation (Quinton, 2013). Six coalitions cited connectivity with such statements as:

*We had some time to really pull the community together, make it a community-based effort, as opposed to a government entity kind of making this happen.*

*If there is a church in the community that already has a very strong youth group or if the school has afterschool club like they have SADD, Students Against Drunk Driving, we're trying to tap into those areas so that we can really kind of help build upon what's already the foundation they had versus starting from scratch and working in a silo versus working together.*

### *Cooperation*

Cooperation was defined as low intensity, short-term informal relationships with no clearly defined mission, structure or planning effort associated with new challenge or risk. The focus is on sharing information only about the subject at hand, and allowing each entity to retain its organizational authority (Quinton, 2013). All eight coalitions cited cooperation with two DFC Leaders expressing this theme as follows:

*Our partnership with the schools has been just awesome... looking to us to assist in their goals and vice versa has been a wonderful asset.*

*Pretty much everyone we work with wants the best interest of the community... so everyone's really trying to work towards community improvement and youth improvement.*

### *Coopetition*

Coopetition was defined as when organizations, or agents within an organization, are competing within a market and simultaneously cooperate and compete to increase their respective and composite profits (Ritala & Hurmelinna-Laukkanen, 2009). The entities cooperate despite their competition regarding individual interests and desires. Coopetition was cited by five coalitions. Several examples of this theme were:

*Everybody has their own program. Everybody has their group. Nobody wants to give up their territory, but [what] if we all came together and if we had the funding to do a planning [activity]. I'd like to see us do a planning session where we bring everybody together under one umbrella.*

*She [Program Manager] meets with the other coalitions. They [the coalitions] get together and discuss what are their needs, what they're doing. Sometimes they have joint projects that they all work together for the project... They get together periodically to discuss what they're doing to see how one coalition can help the other coalition impact particularly with the state, work together within the state or the county... I think that's a great benefit with all the coalitions.*

### *Doggedness*

Doggedness was defined as accepting conflict and diversionary activities between partners when embracing the SPF prevention science approaches and goals even though they seem culturally inconsistent and not culturally relevant. It is maintaining a dogged focus on using prevention science in ways that can benefit the community and build its resources (e.g., physical, financial). Doggedness may be needed when partners focus on obstacles against the goals of the coalition, and anything that slows the coalition down. All eight coalitions cited doggedness. Illustrative passages were:

*We have other issues [youth violence, domestic violence, homelessness, food insecurity, poverty, unemployment, limited education, absent parents, incarcerated parents, inadequate housing, racial injustice, etc.] and when you look at the environmental strategies that they [CADCA] have, they just really don't apply in our community. But we committed to youth substance use prevention.*

*And if you really want to have the continuum of impact you need both [prevention science/prevention practice and Afrocentricity/local culture]. And a tangible example is around the legalization of marijuana where we didn't really have a win there because it is legalized in our community. We at least had the resources to challenge things so that things, at least, are not going unchallenged, and try to better educate people why this may not be a good idea, and to present a counterbalance to this big, commercialized industry that is pushing this across the country... but also our community had one of the earlier bans around synthetic drugs and around the drug paraphernalia items. We had the strongest drug paraphernalia law for the longest time, and things of that nature, and*

*that was through our use of these environmental strategies.*

## **Discussion**

The interviews of the DFC Leaders, representing eight DFC coalitions in Black communities, provided an opportunity to better understand how these DFC Leaders implement DFCs in under-resourced Black communities. The DFC Leaders identified a set of core principles they use in coalition building across 12 community sectors in predominately Black communities to prevent youth substance use. Thematic analysis of the interview transcripts with DFC Leaders indicated that DFC Leaders validated seven themes that were first identified in 2015 from DFC prevention practitioners, and further revealed two new themes. The final set of nine themes from the analysis resulted in nine core principles and their operational definitions for drug-free community coalitions working in Black communities. This set of core principles included: *aspirations, collaboration, commitment, communication, community-based, connectivity, cooperation, coopetition, and doggedness.*

The core principles provide the readiness framework or requirements for successful coalition building in Black and/or under-resourced communities. The core principles may help facilitate coalitions in under-resourced, Black communities obtain DFC funding and successfully implement the Strategic Prevention Framework (SPF) approach to reducing health disparities. The principles may not be universally needed for all coalition building, but rather, may be specific to the needs of Black, low-resourced communities. Prevention based on implementation of the SPF in other resource-rich communities may be easier and more feasible because they typically have better resourced infrastructures across the 12 DFC sectors from which to build substance use prevention programs, and have populations with higher levels of education, income, and employment to support individual health. In predominantly Black communities,

which are often under-resourced across the 12 DFC sectors, prevention based on implementation of the SPF may be more difficult, and this essentially highlights that prevention is often a privilege enjoyed by resource-rich communities.

The DFC Leaders are required to use the SPF as their formal community coalition-building prevention strategy. Confirming prior sentiments of DFC prevention practitioners, the DFC Leaders described many community challenges and a high degree of resistance to DFC coalition building in their Black communities. It is likely that the challenges and resistance to coalition building in general, and the SPF model in particular, were grounded in deficits of infrastructure and functioning of the relatively under-resourced, variably educated, and loosely organized communities where Black Americans often reside due to historical and systematic marginalization. Based on the findings, barriers to coalition success may include local government and various community sector tensions based on the different priorities of the coalition partners; other competing interests of the coalitions beyond youth substance use such as youth violence, food insecurity, and incarceration; and the low cultural competency of some federal and local community partners. The study indicates that the nine core principles are the specific “tools” that Black DFC Leaders use to make the SPF a workable framework for coalition development in Black communities and might be viewed as necessary cultural competencies regarding coalition building in these communities. The core principles could be considered as the competencies needed for under-resourced communities to embrace prevention science.

All coalitions cited commitment, cooperation, communication, being community-based, and doggedness as integral to their success. These principles all point to the need for community partners to be persistent in overcoming barriers and challenges to working together through grit

and determination. About three quarters of coalitions cited collaboration, connectivity, and cooptation as integral to their success. These principles all point to the need for community partners to put aside their own agendas for the good of the community, at least to the extent that progress can be made toward achieving SPF goals. Finally, about a quarter of coalitions cited aspiration as important to their success indicating that some coalitions thought it is important to embrace the SPF approach and its evidence base to be able to function as a successful substance use prevention coalition.

Interestingly, the only college-based coalition reported needing the fewest number of core principles to function successfully. Collaboration, cooptation, and aspiration were not themes that appeared in the discussion with the college-based coalition DFC Leader suggesting that perhaps these issues are not particularly salient or challenging to substance use prevention on a college campus, or perhaps, college-based coalitions are more resourced than other types of coalitions. The DFC Leaders from two coalitions that were government-based discussed all the themes suggesting that all these principles were salient to coalitions driven by a government entity. Perhaps government entities have greater challenges than non-government entities in serving as engaging coalition hubs because government entities may not be perceived as a trusted co-equal partner in Black communities.

While the focus of the initial gathering of the DFC prevention practitioners in 2015 was not explicitly motivated by perceptions related to race, the gathering was inherently motivated by race, culture, and ethnicity—specifically Blackness. To the present date, a space for Black DFC leadership to openly discuss how race relates to the conceptualization and implementation of DFCs does not exist within the formal structure of the national DFC coalition program. Black DFC community coalitions emerged after the year 2000 from an intentional organizing strategy

among non-federally supported Black prevention professionals to bring more Black communities into the DFC program. The primary author of this manuscript has devoted a large part of her career to providing technical assistance in Black communities with the aim of obtaining more DFC program funding for Black communities.

This study uniquely explores and brings forth the voice of Black leaders in youth substance use prevention in Black communities. The experiences described herein by the Black DFC Leaders expand beyond the SPF language of assessment, capacity building, planning, implementation, and evaluation. This study provides new language and core principles to explore in working with Black communities to prevent youth substance use using a community coalition approach. The core principles may have the potential to improve coalition building for substance use prevention in Black communities.

Although this study has many strengths including its unique focus on Black communities, the study has some limitations. The interview questions did not explicitly and specifically include any inquiry into the SPF, racial equity, or the relationship of community race composition to managing a youth substance use prevention coalition and further direct inquiry into these topics could further enhance understanding of substance use prevention challenges in Black communities. As the data were captured in DFC Leader interviews without a specific intention to critique the DFC SPF, the specific interpretations in relationship to the DFC SPF are solely those of the authors and not the Black DFC Leaders. The DFC community experiences explored here were only from DFCs in Black communities and no direct comparison to other community experiences can be made. Finally, the data were captured in 2017 and, thus, may not accurately reflect current DFC Leaders in Black communities although there is no reason to believe that the findings do not remain accurate. Nevertheless, events such as the COVID-19

pandemic, widely publicized racial injustices, and social unrest due to these injustices, may have changed the landscape for DFCs in general and DFCs in Black communities, most specifically.

The study also had notable strengths. It included the preponderance of all DFC community coalitions that have existed in Black communities. The study attempted to identify themes from Black DFC leader interviews with unbiased scientific rigor using safeguards for internal validity. The primary author had the unique perspective of having worked with the DFC program since 2004 and with all the study coalitions; and, therefore, was in a uniquely qualified position to coordinate the project and help to interpret the findings.

The development of core principles for effective operation of youth substance use prevention coalitions in Black communities, like the ones in this study, may help to build the evidence base needed for coalition development, maintenance, and sustainability. As follow-up to this study, the core principles are currently being applied as a gauge to determine which potential DFC Leaders and Black communities are ready to seek funding and successfully develop and engage a youth substance use prevention coalition of 12 community sectors. Moreover, the core principles may prove valuable for the successful operation of all DFCs as they continue to support the nation's mission of advancing health equity by embracing substance use prevention in diverse populations and with diverse community partners.

### **Declaration of Interests Statement**

The authors report there are no competing interest to declare.

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