

**Nebraska Strategic Prevention Framework  
State Incentive Grant (SPF SIG)**

**STRATEGY  
APPROVAL  
GUIDE**

*March 2009*



## ACKNOWLEDGEMENTS

This Guide is the result of a collaborative effort by the members of the Nebraska SPF SIG Evidence-Based Practices (EBP) Workgroup. The workgroup is made up of the following members and organizations:

Karen Abrams, Consultant to Nebraska SPF SIG; Jeff Armitage, Nebraska Department of Health and Human Services; Cheryl Beseler, University of Nebraska Medical Center; Robert Bussard, Nebraska Department of Health and Human Services; Crystal Fuller, Region VI Behavioral Healthcare; Tiffany Gressley, Region III Behavioral Health Services; Dianne Harrop, Nebraska Department of Health and Human Services; Eleanor Kirkland, Nebraska Department of Education; Faith Mills, Region I Behavioral Health; Sandy Morrissey, Region V Systems; and David Palm, Nebraska Department of Health and Human Services.

Special thanks is owed to (1) Karen Abrams and Cheryl Beseler for conducting a thorough review of the literature and available resources for evidence-based prevention strategies and for compiling much of the environmental strategies narrative description found in appendix A; and (2) staff from each of the six Behavioral Health Regions for assisting with the individual strategies narrative description found in Appendix A.

Sections of this Guide were adapted from source material developed by the following organizations/sources:

- **Community Anti-Drug Coalitions of America (CADCA):** “Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals” and “The Coalition Impact: Environmental Prevention Strategies”
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** “Identifying and Selecting Evidence-Based Interventions.”
- **Centers for Disease Control and Prevention (CDC):** “Social-Ecological Model”
- **National Institute for Alcohol Abuse and Alcoholism:** “3-In-1 Framework for College Drinking Prevention”
- **Maine SPF SIG Program:** “Strategy Approval Guide.”
- **New Hampshire SPF SIG Program:** “Strategy Approval Guide.”

# TABLE OF CONTENTS

	<b>Page</b>
<b>Acknowledgements</b>	<b>2</b>
<b>Table of Contents</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Population Level Behavior Change</b>	<b>5</b>
<b>Ensuring that you have Actionable Root Causes</b>	<b>8</b>
<b>Selecting “Good Fit” Prevention Strategies</b>	<b>9</b>
<b>Nebraska SPF SIG Strategy Approval Process</b>	<b>12</b>
<b>Nebraska’s Evidence-Based Strategies Approval Process Flowchart</b>	<b>14</b>
<b>Request for Approval of Strategy as Evidence-Based</b>	<b>15</b>
<b>Strategy Test Fit Form</b>	<b>16</b>
<b>Appendix A: Pre-Approved Strategies and Resources</b>	<b>18</b>
<b>Appendix B: Strategies Not Approved as Evidence-Based</b>	<b>198</b>
<b>Appendix C: Prevention Strategies Actionable at the State Level</b>	<b>200</b>
<b>Appendix D: Logic Model for the Nebraska SPF SIG</b>	<b>201</b>
<b>Appendix E: If-Then Propositions &amp; IOM Categories</b>	<b>202</b>

# INTRODUCTION

## ***What is evidence-based prevention?***

In the substance abuse prevention field, evidence-based practice(s) generally refers to approaches to prevention that are validated by some form of documented evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

## ***What is the purpose of this document?***

The purpose of this guidance document is to provide SPF SIG grantees with a set of tools to help them select and seek approval for the most appropriate prevention strategies to implement in their community.

## ***How does this document fit within the SPF model?***

At this point, you should have completed your assessment process, including the selection of your prevention priorities, contributing factors, and root causes, and are now ready to begin choosing your prevention strategies. To ensure a greater likelihood of success for your community, this document is designed to help you to select strategies that build upon what you learned through your assessment process, including your community readiness, coalition capacity, needs, and existing prevention strategies.

On the flip side, this document is intended to complement and enhance the development of the SPF SIG strategic plan by providing clarity to the strategic plan development process.

## ***Who should be involved in your strategy selection process?***

Similar to the assessment process, your entire coalition should have input into the selection of your evidence-based prevention strategies. Remember the principle that "people support what they help create." By involving all coalition members in the selection process, you will help to ensure that everyone has bought into the ultimate goals of your community's strategic plan for prevention. In addition, it is particularly important to include your local evaluator in this process because they will be tasked with evaluating each of the chosen strategies; and they may be able to help you better understand some of the challenges related to evaluating each strategy.

## ***Who created this document?***

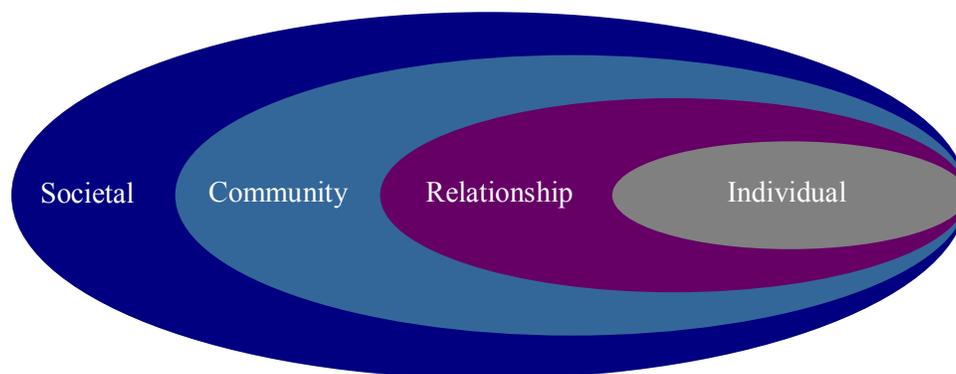
The State convened an Evidence-Based Practices (EBP) Workgroup in November 2008 to develop the recommendations and guidelines for selecting evidence-based interventions for the SPF SIG. The EBP Workgroup, which created this document, was comprised of substance abuse prevention experts with backgrounds in community-level prevention, academic research, and governmental administration.

# POPULATION LEVEL BEHAVIOR CHANGE

## Social-Ecological Model

To begin, you should think about the types of strategies that will stimulate the greatest changes to your root causes, contributing factors, and ultimately your prevention priorities. A comprehensive prevention plan should identify a mix of interventions that target your root causes in multiple contexts and at multiple levels. The social-ecological model is a multi-faceted public health model grounded in the belief that to achieve sustainable changes in behavior, prevention efforts must target the individuals within the target population at the different levels of influence surrounding them.

**Figure 1: Social-Ecological Model**



The social-ecological model consists of four levels that a prevention effort should strive to impact. The four levels consist of:

- **Individual level:** This level encompasses the knowledge, attitudes, and skills of the individuals within the target population. This level can be influenced by individual-level interventions (such as educational and skill-building programs) as well as community-wide media and social marketing campaigns. An example of an individual level intervention would be a 6-week program targeted at high-risk students to improve their self-confidence and teach them the skills needed for resisting alcohol and drug use.
- **Relationship level:** This level includes the family, friends, and peers of the individuals within the target population. These persons have the ability to shape the behaviors of the individuals in the target population. This level can be influenced by enhancing social supports and social networks as well as changing group norms and rules. An example of a relationship level intervention would be an educational program targeted at parents of 12-14 year olds to teach them how to better communicate with their children and establish rules around alcohol use.

- **Community level:** This level includes the unique environments in which the individuals in the target population live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. This level can be influenced by changes to rules, regulations, and policies within the different community organizations and structures. An example of a community level intervention would be the adoption of an “alcohol free” policy by a local company for all of their work-related functions and events.
- **Societal level:** This level includes the larger, macro-level factors that influence the behaviors of the individuals in the target population, such as laws, policies, and social norms. This level can be influenced by changing state and local laws, policies, and practices as well as other initiatives designed to change social norms among the target population as a whole, such as a media campaign. An example of a societal level intervention would be requiring mandatory beverage server training.

Prior to SPF SIG, you may have been encouraged to work within four prevention domains, including individual, family, school, and community. Under SPF SIG, you may continue to work under these domains, but are not restricted to these domains. These four domains fall within different levels of the social-ecological model. However, the social-ecological model is broader than just these four domains and includes a variety of other domains that you may chose to target through your community prevention efforts (e.g., other social networks; other organizations, such as worksites and faith-based organizations; broader societal issues).

### **3-In-1 Framework for College Drinking Prevention**

According to the National Institute for Alcohol Abuse and Alcoholism (NIAAA), colleges should strive to use comprehensive, integrated strategies with multiple complementary components that target three audiences (or levels). The audiences include (1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surrounding community.

This framework is designed to focus simultaneously on each of the three primary audiences, and serves as a useful introduction to encourage presidents, administrators, college prevention specialists, students, and community members to think in a broad and comprehensive fashion about college drinking prevention. This framework reinforces the need for colleges and community-wide coalitions to work closely in addressing binge drinking among 18-25 year olds, which is one of the three Nebraska SPF SIG prevention priorities.

The 3-In-1 framework also fits nicely within the social-ecological model, and like communities, colleges should strive to impact multiple levels of the social-ecological model though on and off campus prevention strategies. For more information on the 3-In-1 framework visit the NIAAA website at [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov).

## **Types of Prevention Strategies**

Prevention strategies typically fall into two categories, environmental and individual. **Environmental strategies** target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies are found in the outer layers (or levels) of the social-ecological model. **Individual strategies** target the knowledge, attitudes, and skills of individuals. For the purpose of SPF SIG, environmental strategies are also referred to as community-level strategies while individual strategies are also referred to as program-level strategies.

While the social-ecological model promotes a multi-strategy approach targeting the individual as well as the different levels of influence surrounding them, particular attention should be given the implementation of evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Furthermore, these strategies can result in behavior change that reduces problems for the entire community, including those outside the target population. In contrast, individual strategies do little to independently alter the overall environment in which people live and work.

Environmental strategies can achieve this level of behavior change through changes to community policies, practices, systems, and norms. In addition, because environmental strategies require substantial commitment from various sectors of the community, long-term relationships can be established with key community stakeholders. Lastly, costs associated with environmental strategies can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals.

In sum, we strongly recommend that your coalition use a multi-strategy approach to targeting the SPF SIG priorities, contributing factors, and root causes chosen by your coalition. As part of this multi-strategy approach it is particularly important for you to choose one or more environmental strategies designed to impact the community and societal levels (of the social-ecological model) as well as impacting the individuals in your target population. Failure to implement strategies at different levels of the social-ecological model would greatly decrease your likelihood for achieving long-term successes in your community and as well as for gaining approval of your SPF SIG strategic plan.

## ENSURING THAT YOU HAVE ACTIONABLE ROOT CAUSES

Prior to choosing your prevention strategies, take some time to look back at the root causes that you have chosen to address in your community. As a reminder, the root causes are the conditions that underlie and are driving the problem and that an evidence-based prevention strategy will directly try to affect. The root causes that you have chosen should be specific to your community, actionable, and answer the question “Why is this contributing factor a problem in my community?” In some instances, root causes may need further thought and discussion. Let’s look at an example of when this might occur.

Example: You have identified social availability as one of your contributing factors and parents providing alcohol to their kids as one of the root causes. Let’s assume that you determined this to be a root cause of social availability based on results from the Nebraska Risk and Protective Factor Student Survey. While this root cause is important to your community prevention efforts and grounded in solid evidence, it is not actionable without further information. To further define the root cause of parents providing alcohol to their kids, you need to ask yourself the question “Why is this a problem in my community?” This will help you understand why parents think that it is OK to provide alcohol to minors and give you something actionable to address through your prevention strategies. Possible factors for this example could be: parents don’t know that it is illegal or do not understand the law; the law is not enforced (which provokes other questions and relates to other contributing factors); or parents believe it is safer for kids to drink at home. The interviews, focus groups, town hall meetings, and other data collection efforts and discussions that took place during your assessment process should help you answer this question. However, it is possible that you may need to obtain additional information through data collection efforts or discussions with coalition or community members to better understand this issue.

Once you feel confident that you have identified specific and actionable root causes in your community, take some time to look back through the results from your coalition capacity assessment, community readiness assessment, needs assessment, and prevention strategy assessment. Reviewing this information may refresh your memory of different elements of your coalition, community, needs, and past efforts that can help you determine if a potential strategy would be a “good fit” for your community.

# SELECTING “GOOD FIT” PREVENTION STRATEGIES

To have a “good fit” within your community, it is preferable that prevention strategies meet several criteria. Not only must a strategy have evidence of past success, but it must also fit conceptually with your targeted contributing factors and root causes, fit practically within your community and coalition, and should be able to be implemented in your community with fidelity. In addition, a “good fit” strategy should be culturally appropriate and sustainable within your community. Figure 2 displays the six components of a “good fit” strategy and they are described in more detail below:

## 1. EVIDENCE OF EFFECTIVENESS

### All selected strategies must:

- Have at least some documented evidence of effectiveness, and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies
- Be effective according to:
  - Nebraska’s pre-approved strategies list
  - Approved via a Request for Approval by a panel of informed experts

## 2. CONCEPTUAL FIT WITH THE COMMUNITY’S PREVENTION PRIORITIES

### A “good conceptual fit” strategy should:

- Specifically address one or more of the root causes chosen by your coalition
- Have been shown to drive positive outcomes in your prevention priorities and/or contributing factors
- Ideally have evidence of effectiveness within your target population

## 3. PRACTICAL FIT WITH THE COMMUNITY’S READINESS AND CAPACITY

### A strategy is a practical fit for your community if:

- Your community/coalition has the necessary staff and funding
- Your coalition has the necessary community collaboration (police, leaders, etc.)
- Your community will support this strategy (high level of readiness)

## 4. ABILITY TO IMPLEMENT WITH FIDELTY

### All selected strategies should be implemented as intended, and where possible include:

- A target population that is similar (in demographics and numbers) to the intended (or previously researched) population
- Implementation of all elements of facets of the strategy, rather than picking and choosing just some of the elements to implement
- Implementation using a similar timeline and in a similar method to the documented evidence
- Similar data collection processes

## 5. CULTURAL FIT WITHIN THE COMMUNITY

### **A strategy has a cultural fit if:**

- The target population for your community is similar to the population targeted for the strategy through documented evaluation and research studies.
- The strategy is applicable and appropriate for culturally diverse populations in your community
- The strategy takes into account the cultural beliefs and practices of your target population.
- Supportive materials for the strategy are properly translated and/or appropriate for your target population.

## 6. HIGH LIKLIHOOD OF SUSTAINABILITY WITHIN THE COMMUNITY

### **A strategy has a high likelihood of sustainability if:**

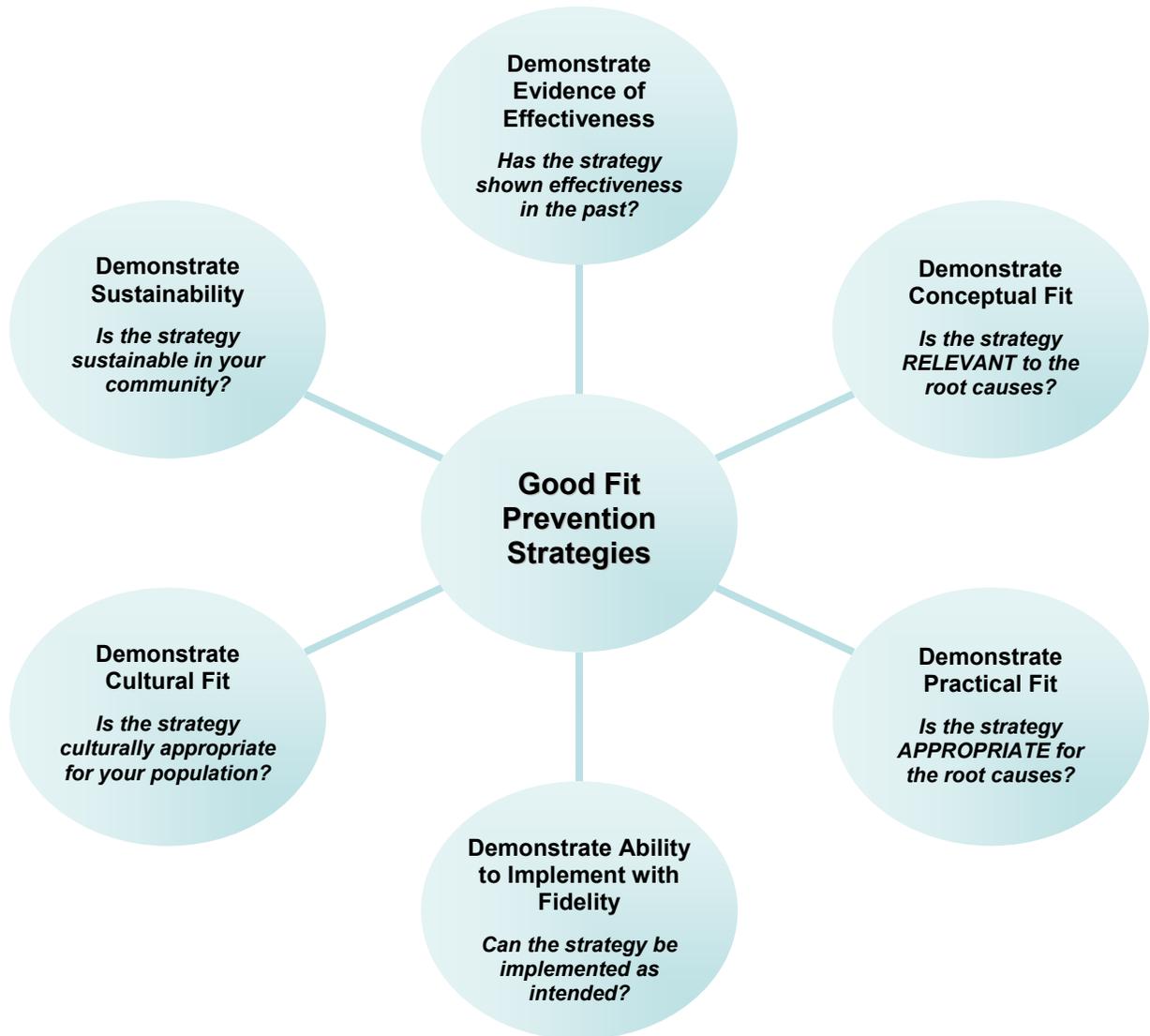
- Documented evaluation and research studies have demonstrated sustainable outcomes.
- Community leaders and stakeholders believe the strategy is important and are committed to sustaining it.
- The strategy can be sustained with little or no direct cost following implementation.

At a minimum, strategies that you select must be evidence-based, fit conceptually, and fit practically within your community. In addition, your strategies should be able to be (where possible) implemented with fidelity, culturally appropriate for your target population, and sustainable within your community.

If the strategy you are considering does not meet all the components of a “good fit” strategy, take a moment to think about what is missing and how you could overcome these barriers and/or limitations. Taking the proposed strategies through the “test fit” process on page 16 may help you determine whether or not the strategy is a good fit for your community.

The figure on the following page provides a visual display of the components of “good fit” prevention strategies.

**Figure 2: Steps and Components of Good Fit Prevention Strategies**



# NEBRASKA SPF SIG STRATEGY APPROVAL PROCESS

The following provides you with information on meeting approval requirements for your selected SPF SIG prevention strategies. As previously noted, this process was chosen to help ensure that you have selected evidence-based strategies, per SAMHSA guidelines, which can be successfully implemented within your community to attain population level change of the identified SPF SIG priorities.

**For technical assistance in understanding the strategy approval process and utilizing this document, SPF SIG grantees should contact their regional prevention center staff or Dianne Harrop at (402) 471-7734 or [dianne.harrop@nebraska.gov](mailto:dianne.harrop@nebraska.gov). All of the required forms included in this document should be sent to Dianne Harrop via email.**

To begin the approval process, review the flowchart on page 14 of this document. This flow chart takes you step-by-step through how strategies will be approved. The remainder of this section provides an outline of the strategy approval process and contains information on the reporting requirements.

The box below contains detailed information on the two evidence-based strategy approval categories referenced in this document and included on the flowchart on page 14 of this document. If you have selected a strategy that is not pre-approved, it will need to go through a more detailed approval process as outlined on the following page of this guide.

## **EVIDENCE-BASED STRATEGY APPROVAL CATEGORIES**

1. Pre-approved by the Nebraska SPF SIG Program. Pre-approved strategies consist of those strategies designed to impact the SPF SIG priorities, for which strong and well-documented evidence of effectiveness is available. These strategies have been recommended by federal agencies, substance abuse prevention organizations, and/or strongly supported by peer-reviewed literature.

2. Not pre-approved, but supported by the following guidelines:

**Guideline 1:** The intervention is based on a solid theory or theoretical perspective that has been validated by research – **Based on Solid Theory –; AND**

**Guideline 2:** The intervention is supported by a documented body of knowledge—a converging accumulation of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness – **Some form of Positive Evaluation Can be Shown –; AND**

**Guideline 3:** The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research, and practice experience. Informed experts may include key community prevention leaders, and elders or other respected leaders within indigenous cultures – **Informed ‘Experts’ agree that the Strategy is Effective –**

## **Outline of the Reporting Requirements for the Strategy Approval Process**

Step 1: Determine if the strategy you are considering has been pre-approved. Appendix A of this document contains information on the pre-approved Nebraska SPF SIG strategies while Appendix B contains information on strategies not approved as evidence-based under the Nebraska SPF SIG.

If your strategy is not included on the pre-approved list, you must complete a “Request for Approval of Strategy as Evidence-Based.” This form can be found on page 15 of this document.

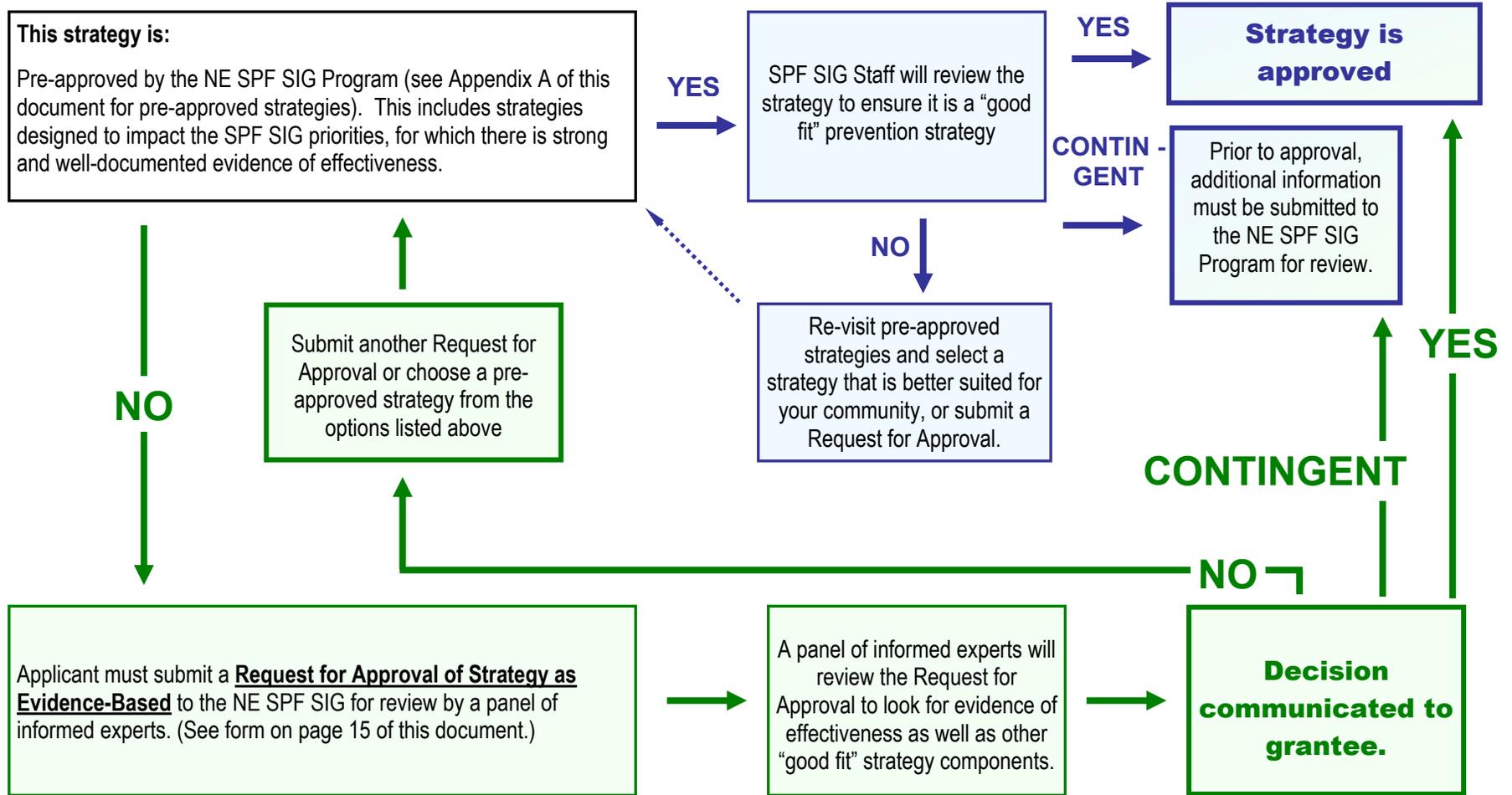
Step 2: Test the fit of each strategy that you intend to include in your strategic plan. To do this, you must complete the “Strategy Test Fit Form” on page 16 of this document. This form must be completed and submitted separately for each of the strategies that you include in your strategic plan, including pre-approved strategies.

This step will allow you to demonstrate that the proposed strategies are a “good fit” for your community, as defined on pages 9 and 10 of this document. As a reminder, good fit strategies must be evidence-based, fit conceptually under your chosen prevention priorities, and fit practically within the community. In addition, they should be, to the extent possible, implemented with fidelity, culturally appropriate, and sustainable within your community.

Note: The information submitted under steps 1 and 2 above will provide the Nebraska SPF SIG Program the information necessary to complete the approval process for the evidence-based strategies included in your strategic plan. These forms will need to be submitted along with your strategic plan, but only as supplemental attachments and not integrated or referenced components of your plan.

Step 3: You will need to complete a logic model for your community SPF SIG and include it as part of your strategic plan. This logic model should be similar, but does not have to look identical to the state logic model, which is included in Appendix D of this Guide, on page 201. To assist you in creating a logic model, the Nebraska SPF SIG Program has an electronic template that will be made available for you to use as a starting point for the development of your logic model.

# NEBRASKA'S EVIDENCE-BASED STRATEGY APPROVAL PROCESS FLOWCHART



This process will be used to approve each strategy within your SPF SIG Strategic Plan.

# REQUEST FOR APPROVAL OF STRATEGY AS EVIDENCE-BASED

*Note: This form must be completed (separately) for each of your strategies that were not pre-approved (e.g., not included on a pre-approved federal list or registry and were not included on Nebraska's pre-approved strategies list located within Appendix A). In contrast, you do not need to complete this form for any of your pre-approved strategies. In addition to this form, you must also complete the "strategy test fit form" for ALL strategies included in your strategic plan (resulting in the completion of two forms for each strategy being requested for approval as evidence-based). Provide answers/information in the grey boxes below*

<b>Coalition Name</b>

<b>Strategy</b>

<p><b>As part of the review process for approving this strategy, we will be considering the following criteria (where available):</b></p> <ul style="list-style-type: none"><li>• Study design</li><li>• Number of studies/evaluations</li><li>• Consistency across studies/evaluations</li><li>• Effect size</li><li>• Study population size</li><li>• Source of study participants (e.g., convenience sample)</li><li>• Attrition rate among study participants</li><li>• Evidence of long-term effects</li></ul> <p>List all sources for which documented evidence of effectiveness is available. In addition, please include a copy of each source (in electronic format, if possible) along with this form when you submit it to the Nebraska SPF SIG Program. Type the source(s) and any other relevant information in the box below.</p>

<p><b>Describe how you are planning to implement this strategy and attach any supportive materials, if available, such as a curriculum, syllabus, or implementation guide that you plan to follow (in electronic format, if possible).</b></p>

# STRATEGY TEST FIT FORM

## HOW WELL DOES THIS STRATEGY MEET THE "GOOD FIT" CRITERIA

*Note: This form must be completed and submitted separately for each of the strategies that are included in your strategic plan. This includes pre-approved strategies as well as those for which a "request for approval of strategy as evidence-based" is required. This information will allow you to demonstrate to the Nebraska SPF SIG Program that the strategy is a "good fit" for your community. Provide answers in the grey boxes below.*

<b>Coalition Name</b>

<b>Strategy</b>

<b>What strategy approval category does this strategy fall under? (place an X next to one of the following three options)</b>
Pre-approved by the Nebraska SPF SIG Program
Not pre-approved (a "Request for Approval" form must also be completed for this strategy)

<b>What type of strategy is this? (place an X next to one of the following three options)</b>
Individual
Environmental
Don't Know / Not Sure

<b>Who is the target population for this strategy?</b>

<b>Which of your root cause(s) will this strategy try and impact?</b>

<b>Which of your contributing factor(s) will this strategy try and impact?</b>

<b>Complete a theoretical "if-then" proposition for this strategy (conceptual fit) (see Appendix C for an example "if-then" proposition)</b>

**Demonstrate that your community has the readiness and capacity to effectively implement this strategy (practical fit)**

**Will this strategy be implemented as intended in your community? (ability to implement with fidelity)**

Yes, this strategy will be implemented as intended

No, we will be making some changes to how this strategy is implemented...to better address our target population or the readiness/abilities of our community/coalition (discuss below<sup>a</sup>)

Not Applicable (implementation guidelines were not found or are unavailable for this strategy)

<sup>a</sup> Explain your changes here if appropriate

**Is this strategy culturally appropriate and culturally relevant for your target population? (cultural fit)**

Yes, this strategy is culturally appropriate and relevant as intended

Yes, but we have modified it to make it more culturally appropriate and relevant for our community (discuss below<sup>b</sup>)

<sup>b</sup> Explain your modifications here if appropriate

**What will be needed to sustain this strategy in your community beyond the SPF SIG? (sustainability)  
(Mark all that apply)**

Additional funding

Strong support from stakeholders

Almost nothing, it should be sustainable on its own

Other, please specify

# APPENDIX A: PRE-APPROVED STRATEGIES AND RESOURCES

## Introduction

This appendix contains information on the strategies that have been pre-approved for use within SPF SIG communities as well as resources and links for finding additional information. The purpose of pre-approving a set of strategies is to expedite the strategy selection process within your communities by allowing you to avoid the rigorous process of reviewing the literature for evidence of effectiveness. As a result, you can spend your time learning about each of these strategies and trying to determine if they are a good fit for your community, with the knowledge that they are supported as evidence-based by the State SPF SIG Program. However, you are encouraged to consider other strategies not included on this list that we may have missed in our search for evidence-based strategies or that had little or inconclusive evidence of effectiveness at the time this document was prepared.

### Strategy Selection Criteria

The criteria used for selecting a strategy as evidence-based included the following (*with some exceptions*):

- The strategy has evidence of effectiveness in impacting at least one of the three SPF SIG prevention priorities (e.g., prevent alcohol use among persons 17 and younger, decrease binge drinking among 18-25 year olds, and decrease alcohol-impaired driving across all age groups)
- The strategy has a direct focus (at least in part) on alcohol prevention, and not solely on treatment or risk and protective factors (with the exception of strategies that do not focus directly on alcohol prevention but have been shown to positively impact the SPF SIG priorities)
- The strategy has strong and well documented evidence of effectiveness, consisting of a recommendation by a federal agency or substance abuse prevention organization, or through peer-reviewed literature, preferably a meta-analysis
- The strategy does not have highly mixed or conflicting evidence of effectiveness (with the exception of some strategies that are only approved as a secondary activity to a comprehensive alcohol prevention approach)
- The strategy is applicable for racial and ethnic minority populations, in particular Native Americans

When developing this list we strived to include a mix of environmental and individual strategies as well as a mix of strategies that address the four levels of the social ecological model. In addition, we felt that some strategies must to be implemented jointly with other strategies while others needed to be implemented either as secondary components to a comprehensive alcohol prevention approach or as one of many strategies that are part of a comprehensive prevention approach.

### Brief Outline of this Appendix

This appendix contains three components, each building on the previous. The three components include:

1. The list of pre-approved strategies divided by setting and type of strategy (starting on p. 21).
2. Strategy tables that contain information on the SPF SIG priorities addressed by the strategies as well as their target population, the contributing factors that they can impact, the social-ecological model levels that they can impact, their Institute of Medicine prevention classification, and page numbers for finding further information within the narrative section of this appendix (starting on p. 28)
3. Narrative descriptions of the prevention strategies. This section contains a narrative description of the prevention strategies, their core components and outcomes, links to obtain further information on implementation materials and training, and references. Environmental strategy descriptions begin on page 44 while individual strategy descriptions begin on page 129.

### Resources Used to Identify and Select the Pre-approved Strategies

Multiple resources were used to select the pre-approved strategies in this document, including, but not limited to (and in no order of importance):

- Babor T. et al. (2003) *Alcohol No Ordinary Commodity*, Oxford: Oxford University Press.
- Find Youth Info, Federal Government Interagency Working Group on Youth Programs (Note: with some exceptions, we sought to included only “Level 1” prevention programs), [www.findyouthinfo.gov](http://www.findyouthinfo.gov).
- National Registry of Evidence-Based Program and Practices (NREPP), Substance Abuse and Mental Health Services Administration (Note: with some exceptions, we sought to included only programs that had a “quality of research” score of 3.0 or higher for alcohol specific outcomes), [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- College Drinking Prevention, National Institute for Alcohol Abuse and Alcoholism (NIAAA), [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov)
- Model Programs Guide, Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) (Note: with some exceptions, we sought to included only “exemplary” prevention programs), [http://www.dsgonline.com/mpg2.5/mpg\\_index.htm](http://www.dsgonline.com/mpg2.5/mpg_index.htm)
- Reducing Underage Drinking: A Collective Responsibility. Institute of Medicine (IOM), 2004.
- Spoth, R., Greenberg, M., Turrisi, R. (2008). Preventive Interventions Addressing Underage Drinking: State of the Evidence and Steps Toward Public Health Impact. *Pediatrics*, 121, S311-S336.
- The Community Guide, Centers for Disease Control and Prevention (CDC), [www.thecommunityguide.org](http://www.thecommunityguide.org)
- Alcohol Epidemiology Program, University of Minnesota, <http://www.epi.umn.edu/alcohol/>

### Strategy Selection and Implementation

As described through this guide, the goal of the strategy selection process for your community should be to choose evidence-based strategies (which this appendix is designed to assist with) and ensure that they are a good fit for your community. In addition, you should strive to impact your prevention priorities through a comprehensive and multi-component approach, including targeting the multiple levels of the social-ecological model. As a result, we encourage you to learn as much as you can about each strategy before making your selections. This will help to ensure that your strategies are a good fit for your community and that collectively, they create a comprehensive prevention approach.

While the strategy selection process is critically important to the future success of your prevention efforts, it is really just the beginning of the implementation and evaluation phase of your prevention work. As a result, the State SPF SIG Program is in the process of completing an implementation guide to assist you in rolling out your prevention efforts, and it should be available within a week or two of the release of this guide.

In addition, the State SPF SIG Program, in collaboration with the Research Triangle Institute (RTI), will release an evaluation planning guide. This guide will help you and your local evaluator begin to outline the different elements of your evaluation, including setting process and outcome measures and outlining data collection efforts that will result in a comprehensive evaluation plan for your community plan. The evaluation planning guide should be available within a month or two of the release of this guide.

### Strategies Not Approved as Evidence-Based

There are several strategies for which the evidence is insufficient to approve as evidence-based. These strategies are outlined and discussed further within Appendix B of this guide (see p. 198).

### State Level Prevention Strategies

Some prevention strategies related to the SPF SIG priorities are only actionable at the state level, and not at the community level. As a result, these strategies were not included as part of this appendix of the guide. Appendix C provides further information on state level strategies (see p. 200).

## **Pre-Approved Nebraska SPF SIG Strategy List**

*by Setting and Type of Strategy*

### **Community Strategies**

- **Environmental Strategies**

- Pre-packaged Multi-component Strategies

- Communities Mobilizing for Change on Alcohol (CMCA)
- Community Trials Intervention To Reduce High-Risk Drinking

- Policy Change

- Increase or change zoning restrictions for alcohol outlets
- Restrict hours and days of alcohol sale
- Establish a minimum bar entry age equivalent to the minimum legal drinking age of 21 years old
- Establish a minimum-age-of-seller that is equivalent to the minimum legal drinking age of 21 years old
- Prohibit drink discounts, specials, happy hours, and other price promotions at establishments that sell alcohol for on-premise consumption (only if done in collaboration with enforcement)
- Implement responsible beverage server and manager training programs (voluntary or mandatory)
- Develop and/or strengthen age identification policies and training for employees of alcohol establishments
- Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking (such as serve free non-alcoholic drinks to designated drivers, discontinue sales one hour prior to closing, deny entry to intoxicated persons and remove intoxicated persons from premises, among others)
- Strengthen the social host ordinance to include criminal, in addition to civil penalties for land owners
- Adopt a teen party ordinance
- Adopt a “drink-at-home – stay-at-home” ordinance to restrict underage youth from avoiding arrest for Minor in Possession by Consumption
- Adopt a noise assembly ordinance
- Restrict the availability of alcohol at community events, such as sporting and recreational events
  - Restrict special designated licenses (SDLs)
  - Adopt policies and practices that restrict access to minors and promote safe and responsible drinking among adults
- Restrict alcohol on public property
- Restrict home delivery of alcohol
- Restrict alcohol advertising and promotion, including: (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Advertising on public property
  - Advertising and sponsorship at community events
  - Zoning restrictions for alcohol advertising
  - Signage on storefronts
  - Limiting television, radio, newspaper, and billboard advertisements
- Require alcohol warning signs to be posted at liquor establishments (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)

- Enforcement
  - Enhance law enforcement capacity and commitment to address alcohol laws, including, but not limited to:
    - Minor in possession of alcohol (MIP)
    - Driving under the influence of alcohol (DUI)
    - Using false identification to obtain alcohol
    - Provision of alcohol to minors
    - Open container
    - Laws/regulations covering alcohol outlets:
      - Laws prohibiting alcohol sales to minors
      - Server liability laws related to serving intoxicated patrons
      - Legal restrictions, such as happy hour, drink specials, and advertising restrictions (if law)
  - Strengthen the prosecution, adjudication, and sanctioning of alcohol laws within the court system
  - Revoke liquor licenses for outlets that do not comply with state laws and local ordinances
  - Conduct random sobriety checkpoints
  - Conduct compliance checks at businesses to monitor the sale of alcohol to minors
  - Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees
  - Have law enforcement conduct “walk-throughs” at alcohol outlets
  - Implement “party patrols”
  - Implement a “shoulder tap” enforcement program to prevent strangers from purchasing alcohol for minors
  - Implement the “cops in shops” enforcement program
- Media/Communication (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Mass media campaigns (e.g., television, radio, billboard, print; including counter-advertising campaigns)
    - Increase awareness of existing laws and punishments
    - Increase awareness of prevention efforts taking place in the community, such as an increase in sobriety checkpoints and retail compliance checks
    - Increase knowledge and awareness of the social and health consequences of alcohol use
  - Media advocacy (Note: only pre-approved if done to advance policy change)
  - Alcohol warning signs
  - Social norms approaches (e.g., approaches that are specifically designed to correct misperceptions about alcohol behaviors and attitudes) (Note: only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)

- **Individual Strategies**

- Big Brothers Big Sisters Mentoring Program

## **School (K-12) Strategies**

- **Environmental Strategies**

- Policy Change

- Establish or strengthen school penalties for alcohol possession or intoxication on school property or at school-related events
- Prohibit the consumption of alcohol at all school-related events, including adult consumption
- Adopt practices to prevent students from bringing alcohol to school or school-related events, such as mesh or see through bags at events, prohibiting re-entry at events, and monitoring gates and parking lots at events

- Enforcement

- Enforce school penalties for alcohol possession or intoxication on school property or at school-related events
  - Search student lockers and backpacks when alcohol is suspected
  - Work with local law enforcement to monitor the school
  - Hire a security guard, assign staff, and/or use volunteers to monitor school property as well as athletic and other facilities used for school-related events

- Media/Communication (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)

- Educate parents, through school newsletters, PTA meeting, or other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it.
- Implement education/awareness campaigns within schools/districts
  - Increase awareness of school policies and associated consequences
  - Increase awareness of alcohol laws and associated consequences
  - Increase awareness of the social and health consequences of alcohol use
  - Social norms approaches, such as comparing actual vs. perceived alcohol use (Note: only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)

- **Individual Strategies (pre-packaged prevention programs)**

- AllStars
- ATLAS (Athletes Training and Learning To Avoid Steroids)
- Bicultural Competence Skills Program
- Big Brothers Big Sisters
- Class Action
- LifeSkills® Training (Note: only if combined with Strengthening Families)
- Linking the Interests of Families and Teachers
- Lions Quest Skills for Adolescence
- Project ALERT
- Project Northland
- Project SUCCESS
- Project Towards No Drug Abuse
- Protecting You/Protecting Me
- Seattle Social Development Project
- Strengthening Families Program
- Too Good for Drugs

## **College/University Strategies**

- **Environmental Strategies**

- **Policy Change**

- Establish or strengthen policies related to alcohol use and possession on campus property and at campus-sponsored events
  - Revise and strengthen penalties for violation of campus alcohol policies, including:
    - Disciplinary sanctions on campus (such as participation in an alcohol education program, impact on student record, contacting of parents/guardians)
    - Contacting law enforcement for violations that are illegal
  - Distribute the campus alcohol policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities.
  - Require ID checks at all campus events where alcohol is available
  - Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs
  - Prohibit alcohol at all campus-sponsored events both on and off campus
  - Prohibit alcohol kegs on campus and at campus-sponsored events
  - Prohibit alcohol within all student housing
  - Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs
  - Require that all incoming and returning students participate in a brief motivational intervention related to alcohol use
- Reinstate or maintain Friday classes to shorten the elongated weekend
- Restrict alcohol advertising and promotion on campus (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Eliminate alcohol sponsorship of athletic events and other campus social activities
  - Eliminate alcohol advertising in college publications
  - Prohibit announcements of parties and events that offer or allow alcohol
- Encourage staff and faculty to live on campus
- Expand opportunities for students to make social choices that do not include alcohol (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Extended hours of student centers and athletic facilities
  - Offer recreational sports later at night and on weekends
  - Add alcohol-free coffeehouses and food-courts for socializing and studying
  - Increase volunteer and public service opportunities
  - Encourage students to work and complete internships

- **Enforcement**

- Enhance enforcement of alcohol laws and policies on campus property and at campus-sponsored events
  - Increase capacity of university police to address alcohol laws/policies
  - Hire security monitors

- Media/Communication (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Mass media campaigns (including counter-advertising)
    - Increase awareness of campus policies and associated consequences
    - Increase awareness of alcohol laws and associated consequences
    - Increase awareness of prevention efforts taking place on campus, such as increased security to monitor alcohol use in campus housing
    - Increase knowledge and awareness of the social and health consequences of alcohol use
  - Alcohol warning signs
  - Social norms approaches (e.g., approaches that are specifically designed to correct misperceptions about alcohol behaviors and attitudes) (Note: only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)
- **Individual Strategies**
  - Brief motivational interventions (pre-packaged programs)
    - University of Nebraska-Lincoln College Alcohol Profile
    - Brief Alcohol Screening and Intervention of College Students (BASICS)
    - CHOICES
  - Alcohol screening and brief intervention (within student health centers/clinics)

## **Worksite Strategies**

- **Environmental Strategies**
  - Policy Change
    - Establish or strengthen policies related to alcohol use among employees
      - Could consist of adding policies related to alcohol on worksite property, consuming alcohol during working hours, use of company vehicle and equipment when under the influence of alcohol, alcohol availability at worksite-sponsored events, drug and alcohol testing, alcohol consumption guidelines for on-call employees, alcohol education or brief motivational interventions as a requirement for employees, among others
    - Require responsible beverage server practices when alcohol is available at worksite-sponsored events
    - Enact policies to restrict underage access to alcohol in the workplace
      - Provide information to all adult employees about the consequences of providing alcohol to underage persons
      - Prevent youth access to alcohol at company events
      - Prevent access to alcohol by underage employees at businesses that have a license to sell alcohol
  - Enforcement
    - Enhance enforcement of worksite policies
    - Reprimand supervisors who fail to enforce the policies

- Media/Communication (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Implement education/awareness campaigns within worksites
    - Increase awareness of worksite policies and associated consequences
    - Increase awareness of alcohol laws and associated consequences
    - Increase awareness of the social and health consequences of alcohol use
    - Display alcohol warning signs/posters
    - Social norms approaches (only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)

- **Individual Strategies**

- Pre-packaged prevention programs
  - Coping With Work and Family Stress
  - Team Awareness
  - Wellness Outreach at Work
- Brief motivational interventions

### Healthcare Strategies

- **Environmental Strategies**

- Policy Change
  - Work with local healthcare providers and organizations to adopt a policy requiring that screening and brief motivational interventions are part of standard practice
  - Adopt a policy for referral of patients who are believed to be alcohol dependent

- **Individual Strategies**

- Alcohol screening and brief intervention
  - Within emergency departments and trauma centers
  - During physician office visits
- Educate parents of underage patients about the health risks of underage drinking

### Family / Home Environment Strategies

- **Environmental Strategies**

- Policy Change
  - Reduce youth access to alcohol within the home
    - Do not keep alcohol in the home
    - Count the number of alcoholic beverages in the home to monitor supply
    - Lock up all alcohol beverages, including beer or other alcoholic beverages that are not stored in the family refrigerator (such as a liquor cabinet or refrigerator in a bar, storage room, or garage)
  - Establish rules for youth alcohol use
  - Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children's parties and other events held in the home

- Enforcement
  - Consistently apply disciplinary action for rules violation (such as the loss of allowance, grounding, loss of vehicle privileges, etc.)
  
- Media/Communication (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it
  - Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are free from alcohol abuse and easy access to alcohol
    - Establish a Safe Home Parents Network (only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)
  
- **Individual Strategies**
  - Educate parents about how to improve communication with their children and ways to create a home environment that discourages alcohol use among children and adolescents
    - AllStars (Note: has a parent component, but parents are not a primary focus of the intervention)
    - Bicultural Competence Skills Program (Note: has a parent component, but parents are not a primary focus of the intervention)
    - Class Action (Note: has a parent component, but parents are not a primary focus of the intervention)
    - LifeSkills® Training (Note 1: an optional parent component is available, but parents are not a primary focus of the intervention) (Note 2: only pre-approved if combined with Strengthening Families)
    - Lions Quest Skills for Adolescents (Note: has a parent component, but parents are not a primary focus of the intervention)
    - Linking the Interests of Families and Teachers (Note: includes parent training as part of the overall intervention targeting elementary school children)
    - Project Northland (Note: has a parent component, but parents are not a primary focus of the intervention)
    - Project SUCCESS (Note: includes a built in parent component that is part of the overall intervention targeting 12-18 year olds)
    - Protecting You/Protecting Me (Note: optional parent take-home activities are available, but parents are not a primary focus of the intervention)
    - Seattle Social Development Project (Note: includes parent training as part of the overall intervention targeting elementary school children)
    - Strengthening Families Program (Note: parents are a primary focus of education and training)

## Pre-Approved Nebraska SPF SIG Strategy Tables

The following tables include further information on each of the pre-approved SPF SIG strategies included as part of the pre-approved strategies list on page 21-27 of this guide. The additional information includes:

- SPF SIG priorities – the priorities being addressed by the strategy
- Target Population – reflects the individuals impacted by the strategy (which sometimes happens indirectly), and not necessarily the individuals directly targeted by the intervention. For example, educating parents about the alcohol laws and restricting access to alcohol in the home would be a strategy designed to impact drinking among persons under 21 years of age (the target population).
- Contributing Factors – the factors addressed by the strategy, which we determined ourselves in many cases
- Social-Ecological Model – the levels of the model addressed by the strategy, which we determined ourselves in many cases
- Institute of Medicine (IOM) prevention categories – the IOM categories reflect the target population for each strategy based on level of risk. For a description of the four IOM categories included in the tables see Appendix E of this guide on page 196. In instances when a documented IOM category was unavailable we determined the categories that we thought best for the strategies.

Please note that unlike the pre-approved strategy list (on page 21-27 of this appendix) the tables below do not list the sub-components or sub-strategies of the broader prevention strategies. For example, the pre-approved strategy list identifies several types of advertising and promotion under the strategy “restrict alcohol advertising and promotion,” such as advertising on public property, signage on storefronts, etc. These specific types of advertising and promotion are not listed within the tables below to allow for a cleaner and less cluttered presentation. As a result, you will need to refer back to the pre-approved strategies list as well as the narrative strategy descriptions for this and further information.

## Community Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Pre-Packaged Multi-Component Strategies</b>						
<ul style="list-style-type: none"> <li>Communities Mobilizing for Change on Alcohol (CMCA)</li> </ul>	Use 17 & younger, Binge 18-25	13-20 year olds	Retail access, Social access, Enforcement, Social norms	Societal	Univ. direct	47
<ul style="list-style-type: none"> <li>Community Trials Intervention To Reduce High-Risk Drinking</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	All ages	Retail access, Social access, Enforcement, Social norms, Low perceived risk	Societal	Univ. indirect	50
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Increase or change zoning restrictions for alcohol outlets</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	All ages	Retail access, Enforcement, Social norms	Societal	Univ. indirect, Univ. direct	57
<ul style="list-style-type: none"> <li>Restrict hours and days of alcohol sale</li> </ul>	Binge 18-25, Impaired driving	Persons 21 and older	Retail access	Societal	Univ. indirect	60
<ul style="list-style-type: none"> <li>Establish a minimum bar entry age equivalent to the minimum legal drinking age of 21 years old</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access	Societal	Univ. direct	54
<ul style="list-style-type: none"> <li>Establish a minimum-age-of-seller that is equivalent to the minimum legal drinking age of 21 years old</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access	Societal	Univ. direct	55
<ul style="list-style-type: none"> <li>Prohibit drink discounts, specials, happy hours, and other price promotions at establishments that sell alcohol for on-premise consumption (only if done in collaboration with enforcement)</li> </ul>	Binge 18-25, Impaired driving	Persons 21 and older	Retail access, Social norms, Promotion, Low Price	Societal	Univ. direct	62
<ul style="list-style-type: none"> <li>Implement responsible beverage server and manager training programs (voluntary or mandatory)</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	All ages	Retail access	Societal	Univ. indirect	64

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<ul style="list-style-type: none"> <li>Develop and/or strengthen age identification policies and training for employees of alcohol establishments</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access	Societal	Univ. indirect	55
<ul style="list-style-type: none"> <li>Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking</li> </ul>	Binge 18-25, Impaired driving	Persons 21 and older	Retail access, Social norms	Societal	Univ. direct	55
<ul style="list-style-type: none"> <li>Strengthen the social host ordinance to include criminal, in addition to civil penalties for land owners</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Social access, Social norms	Societal	Univ. indirect	68
<ul style="list-style-type: none"> <li>Adopt a teen party ordinance</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Social access, Social norms	Societal	Univ. indirect	68
<ul style="list-style-type: none"> <li>Adopt a “drink-at-home – stay-at-home” ordinance to restrict underage youth from avoiding arrest for Minor in Possession by Consumption</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Enforcement, Low perceived risk	Societal	Univ. direct	55
<ul style="list-style-type: none"> <li>Adopt a noise assembly ordinance</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Social access, Social norms	Societal	Univ. indirect	55
<ul style="list-style-type: none"> <li>Restrict the availability of alcohol at community events, such as sporting and recreational events</li> </ul>	Use 17 & younger, Binge 18-25,	All ages	Retail access, Social access, Social norms	Societal, Community	Univ. indirect	71
<ul style="list-style-type: none"> <li>Restrict alcohol on public property</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Social access, Social norms	Societal, Community	Univ. indirect	75
<ul style="list-style-type: none"> <li>Restrict home delivery of alcohol</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access	Societal	Univ. direct	56
<ul style="list-style-type: none"> <li>Restrict alcohol advertising and promotion (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Social norms, Promotion	Societal, Community	Univ. indirect, Univ. direct	77
<ul style="list-style-type: none"> <li>Require alcohol warning signs to be posted at liquor establishments (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Social norms, Low perceived risk	Societal	Univ. indirect	115

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<b>Enforcement</b>						
<ul style="list-style-type: none"> <li>Enhance law enforcement capacity and commitment to address alcohol laws</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	All ages	Enforcement, Social norms, Low perceived risk	Societal	Univ. indirect	80-102
<ul style="list-style-type: none"> <li>Strengthen the prosecution, adjudication, and sanctioning of alcohol laws within the court system</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	All ages	Enforcement, Social norms, Low perceived risk	Societal	Univ. indirect	99
<ul style="list-style-type: none"> <li>Revoke liquor licenses for outlets that do not comply with state laws and local ordinances</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Enforcement, Retail access, Social norms	Societal	Univ. indirect	95
<ul style="list-style-type: none"> <li>Conduct random sobriety checkpoints</li> </ul>	Impaired driving	All ages	Enforcement, Social norms, Low perceived risk	Societal	Univ. indirect	85
<ul style="list-style-type: none"> <li>Conduct compliance checks at businesses to monitor the sale of alcohol to minors</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Societal	Univ. direct	65, 90
<ul style="list-style-type: none"> <li>Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access, Social norms	Societal, Community	Univ. direct	90
<ul style="list-style-type: none"> <li>Have law enforcement conduct “walk-throughs” at alcohol outlets</li> </ul>	Use 17 & younger, Binge 18-25	All ages	Retail access, Social norms, Low perceived risk	Societal	Univ. indirect	90
<ul style="list-style-type: none"> <li>Implement “party patrols”</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Social access, Social norms, Low perceived risk	Societal	Univ. direct	91
<ul style="list-style-type: none"> <li>Implement “shoulder tap” enforcement programs to prevent strangers from purchasing alcohol for minors</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Societal	Univ. direct	91
<ul style="list-style-type: none"> <li>Implement the “cops in shops” enforcement program</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Societal	Univ. direct	91

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<b>Media/Communication</b> (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)						
<ul style="list-style-type: none"> <li>Mass media campaigns (e.g., television, radio, billboard, print; including counter-advertising campaigns)</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Variable – all ages to specific groups	Retail access, Social access, Social norms, Low perceived risk	Societal, Community, Relationship	Univ. indirect, Univ. direct	104, 106
<ul style="list-style-type: none"> <li>Media advocacy (Note: only pre-approved if done to advance policy change)</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Variable – General Public, Decision Makers	Retail access, Social access, Social norms, Low perceived risk	Societal, Community	Univ. indirect, Univ. direct	108
<ul style="list-style-type: none"> <li>Alcohol warning signs</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Variable – all ages to specific groups	Retail access, Social access, Social norms, Low perceived risk	Societal, Community, Relationship	Univ. indirect, Univ. direct	115
<ul style="list-style-type: none"> <li>Social norms approaches (Note: only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Variable – all ages to specific groups	Retail access, Social access, Social norms, Low perceived risk	Societal, Community	Univ. indirect, Univ. direct	113
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>Big Brothers Big Sisters Mentoring Program</li> </ul>	Use 17 & younger	6-18 year olds	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Selective	131

## School (K-12) Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Establish or strengthen school penalties for alcohol possession or intoxication on school property or at school-related events</li> </ul>	Use 17 & younger	Students in grades K-12	Enforcement, Social norms, Low perceived risk	Community	Univ. direct	117
<ul style="list-style-type: none"> <li>Prohibit the consumption of alcohol at all school-related events, including adult consumption</li> </ul>	Use 17 & younger	Students in grades K-12	Social access, Social norms	Societal, Community	Univ. indirect, Univ. direct	117
<ul style="list-style-type: none"> <li>Adopt practices to prevent students from bringing alcohol to school or school-related events</li> </ul>	Use 17 & younger	Students in grades K-12	Enforcement, Social norms, Low perceived risk	Community	Univ. direct	117
<b>Enforcement</b>						
<ul style="list-style-type: none"> <li>Enforce school penalties for alcohol possession or intoxication on school property or at school-related events</li> </ul>	Use 17 & younger	Students in grades K-12	Enforcement, Social norms, Low perceived risk	Community	Univ. direct	117
<b>Media/Communication</b> (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)						
<ul style="list-style-type: none"> <li>Educate parents, through school newsletters, PTA meeting, or other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it.</li> </ul>	Use 17 & younger, Impaired driving	Students in grades K-12	Social access, Enforcement, Social norms, Low perceived risk	Community, Relationship	Univ. direct	117
<ul style="list-style-type: none"> <li>Implement an education/awareness campaign within a school or district.</li> </ul>	Use 17 & younger, Impaired driving	Students in grades K-12	Social norms, Low perceived risk	Community	Univ. direct	117
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>AllStars^</li> </ul>	Use 17 & younger	Middle school students (11-14 years old)	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct, Selective	133

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
• ATLAS (Athletes Training and Learning To Avoid Steroids)	Use 17 & younger	Male high school athletes	Social norms, Low perceived risk	Individual	Selective	137
• Bicultural Competence Skills Program^	Use 17 & younger	Native American adolescents	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	140
• Big Brothers Big Sisters^	Use 17 & younger	High-risk 6-16 year olds	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Selective	131
• Class Action*	Use 17 & younger	Students in grades 11-12	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	142
• LifeSkills® Training (Note: only if combined with Strengthening Families)	Use 17 & younger	Upper elementary and middle school (8-14 year olds)	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	144
• Linking the Interests of Families and Teachers	Use 17 & younger	Elementary school children and their parents	Risk and protective	Relationship, Individual	Univ. direct	147
• Lions Quest Skills for Adolescence	Use 17 & younger	Students in grades 6-8 (10-12 year olds)	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	149
• Project ALERT	Use 17 & younger	Middle school students	Social norms, Low perceived risk, Risk and protective	Individual	Univ. direct, Selective	152
• Project Northland*	Use 17 & younger	Students in grades 6-8	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	154
• Project SUCCESS*	Use 17 & younger	Middle and high school students (12-18 year olds)	Enforcement, Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct, Selective, Indicated	157

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<ul style="list-style-type: none"> <li>Project Towards No Drug Abuse<sup>^</sup></li> </ul>	Use 17 & younger	High school students	Social norms, Low perceived risk, Risk and protective	Individual	Univ. direct, Selective, Indicated	160
<ul style="list-style-type: none"> <li>Protecting You/Protecting Me</li> </ul>	Use 17 & younger, Impaired driving	Students in grades 1-5 and grades 11-12	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct	163
<ul style="list-style-type: none"> <li>Seattle Social Development Project</li> </ul>	Use 17 & younger	Elementary school children	Risk and protective	Relationship, Individual	Univ. direct	166
<ul style="list-style-type: none"> <li>Strengthening Families Program<sup>^</sup></li> </ul>	Use 17 & younger	3-16 year olds	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct, Selective, Indicated	170
<ul style="list-style-type: none"> <li>Too Good for Drugs</li> </ul>	Use 17 & younger	Students in grades K-12	Social norms, Low perceived risk, Risk and protective	Individual	Univ. direct	173
<i>*Contains some environmental components</i>						
<i>^Can be implemented outside of the school setting by non-profit, faith-based, and other community groups and organizations</i>						

## College/University Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Revise and strengthen penalties for violation of campus alcohol policies</li> </ul>	Binge 18-25	College/university students	Social access, Enforcement, Social norms, Low perceived risk	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Distribute the campus alcohol policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities</li> </ul>	Binge 18-25	College/university students	Social norms, Low perceived risk	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Require ID checks at all campus events where alcohol is available</li> </ul>	Binge 18-25	College/university students under 21 years of age, non-students under 21	Retail access, Social access, Enforcement	Societal, Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs</li> </ul>	Binge 18-25	College/university students; non-students of all ages	Retail access, Social access, Social norms	Societal, Community	Univ. indirect, Univ. direct	119
<ul style="list-style-type: none"> <li>Prohibit alcohol at all campus-sponsored events both on and off campus</li> </ul>	Binge 18-25	College/university students; non-students of all ages	Retail access, Social access, Social norms	Societal, Community	Univ. indirect, Univ. direct	119
<ul style="list-style-type: none"> <li>Prohibit alcohol kegs on campus and at campus-sponsored events</li> </ul>	Binge 18-25	College/university students; non-students of all ages	Retail access, Social access, Social norms	Societal, Community	Univ. indirect, Univ. direct	119
<ul style="list-style-type: none"> <li>Prohibit alcohol within all student housing</li> </ul>	Binge 18-25	College/university students	Social access, Social norms	Community	Univ. direct	119

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<ul style="list-style-type: none"> <li>Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs</li> </ul>	Binge 18-25	College/university students; non-students of all ages	Retail access, Social access	Societal, Community	Univ. indirect, Univ. direct	119
<ul style="list-style-type: none"> <li>Require that all incoming and returning students participate in a brief motivational intervention related to alcohol use</li> </ul>	Binge 18-25	College/university students	Social norms, Low perceived risk	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Reinstate or maintain Friday classes to shorten the elongated weekend</li> </ul>	Binge 18-25	College/university students	Social norms, Low perceived risk	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Restrict alcohol advertising and promotion on campus (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)</li> </ul>	Binge 18-25	College/university students	Social norms, Promotion	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Encourage staff and faculty to live on campus</li> </ul>	Binge 18-25	College/university students	Social norms	Community	Univ. direct	119
<ul style="list-style-type: none"> <li>Expand opportunities for students to make social choices that do not include alcohol (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)</li> </ul>	Binge 18-25	College/university students	Social norms	Community	Univ. direct	119
<b>Enforcement</b>						
<ul style="list-style-type: none"> <li>Enhance enforcement of alcohol laws and policies on campus property and at campus-sponsored events</li> </ul>	Binge 18-25	College/university students; non-students of all ages	Retail access, Social access, Enforcement, Social norms, Low perceived risk,	Societal, Community	Univ. indirect, Univ. direct	119
<b>Media/Communication</b> (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)						
<ul style="list-style-type: none"> <li>Mass media campaigns (including counter-advertising campaigns)</li> </ul>	Binge 18-25, Impaired driving	Variable – all students to specific groups	Retail access, Social access, Social norms, Low perceived risk	Community, Relationship	Univ. direct	104, 106

<b>Prevention Strategies</b>	<b>SPF SIG Priorities</b>	<b>Target Population</b>	<b>Contributing Factors</b>	<b>Social Ecological Model Levels</b>	<b>Institute of Medicine Categories</b>	<b>Page #</b>
<ul style="list-style-type: none"> <li>Alcohol warning signs</li> </ul>	Binge 18-25, Impaired driving	Variable – all students to specific groups	Retail access, Social access, Social norms, Low perceived risk	Community, Relationship	Univ. direct	115
<ul style="list-style-type: none"> <li>Social norms approaches (Note: only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)</li> </ul>	Binge 18-25, Impaired driving	Variable – all students to specific groups	Retail access, Social access, Social norms, Low perceived risk	Community	Univ. direct	113
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>University of Nebraska-Lincoln College Alcohol Profile</li> </ul>	Binge 18-25	College/university students	Social norms, Low perceived risk	Individual	Univ. direct	178
<ul style="list-style-type: none"> <li>Brief Alcohol Screening and Intervention of College Students (BASICS)</li> </ul>	Binge 18-25	High-risk college/university students	Social norms, Low perceived risk	Individual	Selective, Indicated	179
<ul style="list-style-type: none"> <li>CHOICES</li> </ul>	Binge 18-25	High-risk college/university students	Social norms, Low perceived risk	Individual	Selective, Indicated	182
<ul style="list-style-type: none"> <li>Alcohol screening and brief intervention (within student health centers/clinics)</li> </ul>	Binge 18-25	College/university students	Social norms, Low perceived risk	Individual	Univ. direct	185

## Worksite Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Establish or strengthen policies related to alcohol use among employees</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Employees	Social access, Enforcement, Social norms, Low perceived risk	Community	Univ. direct	123
<ul style="list-style-type: none"> <li>Require responsible beverage server practices when alcohol is available at worksite-sponsored events</li> </ul>	Binge 18-25	Employees	Retail access, Social access	Community	Univ. direct	123
<ul style="list-style-type: none"> <li>Enact policies to restrict underage access to alcohol in the workplace</li> </ul>	Use 17 & younger, Binge 18-25	Employees	Social access, Enforcement, Social norms, Low perceived risk	Community	Univ. direct	123
<b>Enforcement</b>						
<ul style="list-style-type: none"> <li>Enhance enforcement of worksite policies</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Employees	Social access, Enforcement, Social norms, Low perceived risk	Community	Univ. direct	123
<ul style="list-style-type: none"> <li>Reprimand supervisors who fail to enforce the policies</li> </ul>	Use 17 & younger, Binge 18-25, Impaired driving	Employees	Enforcement, Social norms, Low perceived risk	Community	Univ. direct	123
<b>Media/Communication</b> (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)						
<ul style="list-style-type: none"> <li>Implement education/awareness campaigns within worksites</li> </ul>	Binge 18-25, Impaired driving	Employees	Social norms, Low perceived risk	Community	Univ. direct	123

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>Coping With Work and Family Stress</li> </ul>	Binge 18-25	Employees	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct, Selective, Indicated	188
<ul style="list-style-type: none"> <li>Team Awareness*</li> </ul>	Binge 18-25	Employees	Social norms, Low perceived risk, Risk and protective	Relationship, Individual	Univ. direct, Selective, Indicated	191
<ul style="list-style-type: none"> <li>Wellness Outreach at Work*</li> </ul>	Binge 18-25	Employees	Social norms, Low perceived risk	Individual	Univ. direct	194
*Contains some environmental components for worksites						

## Healthcare Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Work with local healthcare providers and organizations to adopt a policy requiring that screening and brief motivational interventions are part of standard practice</li> </ul>	Binge 18-25	Patients 18 years of age and older	Social norms, Low perceived risk	Community	Univ. direct, Selective, Indicated	126, 185
<ul style="list-style-type: none"> <li>Adopt a policy for referral of patients who are believed to be alcohol dependent</li> </ul>	Binge 18-25	Patients of all ages	Social norms, Low perceived risk	Community	Indicated	126, 185
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>Alcohol screening and brief intervention</li> </ul>	Binge 18-25	Patients 18 years of age and older	Social norms, Low perceived risk	Community	Univ. direct, Selective, Indicated	185
<ul style="list-style-type: none"> <li>Educate parents of underage patients about the health risks of underage drinking</li> </ul>	Use 17 & younger	Patients 17 years of age and older	Social norms, Low perceived risk	Community	Univ. direct, Selective, Indicated	130

## Family / Home Environment Strategies

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Environmental Strategies</b>						
<b>Policy Change</b>						
<ul style="list-style-type: none"> <li>Reduce youth access to alcohol within the home</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age living within the home	Social access	Community	Univ. direct	127
<ul style="list-style-type: none"> <li>Establish rules for youth alcohol use</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age living within the home	Social norms, Low perceived risk	Community	Univ. direct	127
<ul style="list-style-type: none"> <li>Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children's parties and other events held in the home</li> </ul>	Binge 18-25	Adults visiting the home and partaking in family events	Social access, Social norms	Community	Univ. direct	127
<b>Enforcement</b>						
<ul style="list-style-type: none"> <li>Consistently apply disciplinary action for rules violation (such as the loss of allowance, grounding, loss of vehicle privileges, etc.)</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age living within the home	Enforcement, Social norms, Low perceived risk	Community	Univ. direct	127
<b>Media/Communication</b> (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)						
<ul style="list-style-type: none"> <li>Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age living at home	Social access, Social norms, Low perceived risk	Societal, Community	Univ. direct	127
<ul style="list-style-type: none"> <li>Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are free from alcohol abuse and easy access to alcohol</li> </ul>	Use 17 & younger, Binge 18-25	Persons under 21 years of age living at home	Social access, Social norms	Societal, Community	Univ. direct	127

Prevention Strategies	SPF SIG Priorities	Target Population	Contributing Factors	Social Ecological Model Levels	Institute of Medicine Categories	Page #
<b>Individual Strategies</b>						
<ul style="list-style-type: none"> <li>Educate parents about how to improve communication with their children and ways to create a home environment that discourages alcohol use among children and adolescents</li> </ul>	Information for AllStars, Bicultural Competence Skills Program, Class Action, LifeSkills Training, Lions Quest Skills for Adolescents, Linking the Interests of Families and Teachers, Project Northland, Project SUCCESS, Protecting You/Protecting Me, Seattle Social Development Project, and Strengthening Families Program is available within the School (K-12) Strategies table.					

# **NARRATIVE DESCRIPTIONS OF THE PRE-APPROVED ENVIRONMENTAL STRATEGIES ACTIONABLE AT THE COMMUNITY LEVEL**

## **Section Outline**

- **Multi-Component Environmental Strategies** (see p.46)
  - Communities Mobilizing for Change on Alcohol (CMCA) (see p.47)
  - Community Trials Intervention to Reduce High Risk Drinking (see p. 50)
  
- **Policy Change within the Community: Create or Enhance Community Laws and Policies to Reduce Alcohol Use and Misuse** (see p. 54)
  - Change Alcohol Outlet Zoning Laws & Restrictions (see p. 57)
  - Restrict Hours and Days of Sale (see p. 60)
  - Ban Drink Discounts and Other Price Specials (see p. 62)
  - Implement Responsible Beverage Server Training (see p. 64)
  - Enhance Nebraska's Social Host Law and Implement a Teen Party Ordinance (see p. 68)
  - Restrict Availability of Alcohol at Community Events (see p. 71)
  - Restrict Availability of Alcohol on Public Property (see p. 75)
  - Restrict Alcohol Advertising and Promotion (see p. 77)
  
- **Enforcement within the Community: Enhanced Enforcement of State and Community Laws and Policies** (see p. 80)
  - Enhanced Enforcement Affecting Multiple Ages and Settings (see p. 81):
    - Enhanced Enforcement of Driving While Intoxicated Laws (see p. 81):
      - Prevent Juvenile Alcohol Impaired Driving (see p. 82)
      - Sobriety Checkpoints (see p. 85)
  - Enhanced Enforcement of Laws Prohibiting Underage Drinking (see p. 89):
    - Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors (see p. 90)
  - Enhanced Enforcement of On-Premise Laws and Regulations (see p. 95):
  - Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99)

- **Media & Communication within the Community** (see p. 103)
  - Mass Media Campaigns (see p. 104)
  - Counter-Advertising Campaigns (see p. 106)
  - Media Advocacy (see p. 108)
  - Media Literacy (see p. 110)
  - Social Marketing (see p. 111)
  - Social Norms Approaches (see p. 113)
  - Alcohol Warning Signs (see pp. 115).
  
- **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the School (K-12) Setting** (see p. 117)
  
- **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the College / University Setting** (see p. 119)
  
- **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the Worksite Setting** (see p. 123)
  
- **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the Health Care Setting** (see p. 126)
  
- **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the Home** (see p. 127)

## **MULTI-COMPONENT ENVIRONMENTAL STRATEGIES**

Environmental strategies aimed at reducing alcohol use and abuse are intent on changing community norms around alcohol as well as changing the availability of alcohol. The strongest environmental prevention approaches use a comprehensive array of strategies to address norms and availability. A comprehensive array of strategies would include approaches that enact and then enforce alcohol-related policies, as well as those that use communication / media to inform and, ultimately, mobilize the public around alcohol prevention. Multi-component strategies can work to influence populations in one or more of the following settings: the broader community; schools (K-12); colleges and universities; worksites; healthcare settings; and the home.

### **Pre-Packaged Multi-Component Strategies:**

These pre-approved, evidence-based, environmental strategies are designed to be implemented within the broader community:

- Communities Mobilizing for Change on Alcohol (see p. 47);
- Community Trials Intervention to Reduce High Risk Drinking (see p. 50).

### **Other Multi-Component Strategies:**

Most multi-component environmental strategies that have been implemented in various settings are not pre-packaged. Communities interested in designing their own array of strategies to address alcohol availability and community norms around alcohol must familiarize themselves with the wealth of approaches that can be used, and pick those that best fit their assessed needs, as balanced against community readiness and coalition capacity. The following sections of this document address multi-component strategies in a variety of settings, including community as a whole, schools, colleges and universities, worksites, healthcare, and the family and home.

# **Communities Mobilizing for Change on Alcohol (CMCA)**

## **Summary**

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing strategy designed to reduce teen (13 to 20 years of age) access to alcohol by changing community policies and practices. CMCA seeks both to limit youth access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens. The strategy involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

CMCA is based on established research that has demonstrated the importance of the social and policy environment in facilitating or impeding drinking among youth. CMCA community-organizing methods draw on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption.

## **Core Components**

1. Hire a qualified, full-time community organizer;
2. Form a local CMCA strategy team (NOT the same thing as a coalition);
3. Develop a specific CMCA organizing strategy (NOT the same thing as a coalition approach);
4. Select specific alcohol policy and enforcement targets (see pp. 80 to 102 for additional implementation information related to enforcement);
5. Mobilize citizens of the community to push for those targets.

## **Additional Components to Consider**

- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99);
- Media advocacy (for more information on implementing this strategy, see p. 108).

## **Outcomes**

- Reduction in youth access to alcohol through commercial outlets;
- Reduction in youth access to alcohol through noncommercial outlets;
- Reduction in driving under the influence (DUI) arrests.

## Contributing Factors Addressed

- Easy retail access;
- Easy social access to alcohol;
- Low enforcement of alcohol laws;
- Social norms accepting/encouraging alcohol use.

## Implementation Materials

- **CMCA Implementation Materials:**  
Include a manual, fact sheets, and topic briefs describing policies, community strategies, and model ordinances that can help reduce teens' access to alcohol. Implementation costs vary by community and circumstances.  
<http://www.epi.umn.edu/alcohol>)
- **How to Use Local Regulatory and Land Use Powers to Prevent Underage Drinking:**  
Local governments in most states do not have to wait for state legislatures or Congress to act to reshape their alcohol environments. Communities should explore the scope of the powers they have in their particular state and use policy to control the place, product, pricing, and promotion practices used to sell alcohol. This fact sheet gives a menu of local alcohol policy options that can reduce youthful drinking in our communities.  
<http://www.udetc.org/documents/LocalRegulLandUse.pdf>
- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>
- **Model ordinances to reduce the supply of alcohol to youth:**  
<http://www.epi.umn.edu/alcohol/sample/ordinanc.shtm>
- **For additional implementation materials** related to underage drinking enforcement, see pp. 89.

## Training

- **CMCA Training:**  
Two levels of training can be purchased from the Youth Leadership Institute (YLI). The first level is a 2-day overview for groups familiar with environmental prevention and the intervention; the other is an advanced 6-day training spread over 3-6 months.  
<http://www.yli.org/prevention/programs/cmca.php>.

- **For additional training materials** related to underage drinking enforcement, see p. 89.
- **Local Environmental Change Training, Underage Drinking Enforcement Training Center:**  
Covers motivating law enforcement and community partnerships, and a variety of policy approaches.  
<http://www.udetc.org/Training.htm#Campuses>

## Implementation Information

- David Greco  
Vice President, Professional Services  
Youth Leadership Institute  
246 First Street, Suite 400  
San Francisco, CA 94105  
Phone: (415) 836-9160  
E-mail: [dgreco@yli.org](mailto:dgreco@yli.org) or [training@yli.org](mailto:training@yli.org)
- Alexander C. Wagenaar, Ph.D.  
Professor of Epidemiology and Health Policy Research  
College of Medicine, University of Florida  
1329 SW 16th Street, Room 5130, Box 100177  
Gainesville, FL 23610-0177  
E-mail: [wagenaar@ufl.edu](mailto:wagenaar@ufl.edu)

## References

- Wagenaar, A. C., Gehan, J. P., Jones-Webb, R., Toomey, T. L., Forster, J. L., Wolfson, M., et al. (1999). Communities Mobilizing for Change on Alcohol: Lessons and results from a 15-community randomized trial. *Journal of Community Psychology*, 27(3), 315-326.
- Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J. L., Toomey, T. L., et al. (2000). Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol*, 61, 85-94.
- Wagenaar, A. C., Murray, D. M., & Toomey, T. L. (2000). Communities Mobilizing for Change on Alcohol (CMCA: Effects of a randomized trial on arrests and traffic crashes. *Addiction*, 95(2), 209-217.
- Wagenaar, A. C., Murray, D. M., Wolfson, M., Forster, J. L., & Finnegan, J. R. (1994). Communities Mobilizing for Change on Alcohol: Design of a randomized trial. *Journal of Community Psychology*, 22(CSAP Special Issue), 79-101.

# Community Trials Intervention to Reduce High-Risk Drinking

## Summary

Community Trials Intervention to Reduce High-Risk Drinking is a multi-component, community-based strategy developed to alter the alcohol use patterns and related problems of people of all ages. The strategy incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control;\* (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. The strategy aims to help communities reduce alcohol-related accidents and incidents of violence and the injuries that result from them. The strategy typically is implemented over several years, gradually phasing in various environmental strategies; however, the period of implementation may vary depending on local conditions and goals.

\*NOTE: in Nebraska, communities cannot use policy to reduce alcohol outlet density by pre-determining the number of allowed alcohol outlets within an entire community. However, they can enhance local zoning restrictions by increasing the distance for the facilities noted in the state statute as well as establish distances for other community facilities, such as residential neighborhoods; and can use zoning laws to control the hours that alcohol can be sold, the venues where it can be sold and what types of products are sold.

## Core Components

1. Community mobilization (see Appendix A: Community Mobilization for Environmental Change, in the Implementation Toolkit, for additional information);
2. Change Alcohol Outlet Zoning Laws & Restrictions (see p. 57 for more information);
3. Implement Responsible Beverage Server Training (see p. 64 for more information);
4. Sobriety Checkpoints and other alcohol impaired driving enforcement (see p. 85 for more information);
5. Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors—must at a minimum, include routine, ongoing compliance checks (see p. 90 for more information).

## **Additional Components to Consider**

- Change Alcohol Outlet Zoning Laws & Restrictions (see p. 57 for more information);
- Restrict Hours and Days of Sale (see p. 60 for more information);
- Restrict advertising and promotion (see p. 77 for more information);
- Restrict home delivery of alcohol (see p. 56 for more information);
- Restrict Availability of Alcohol at Community Events (see p. 71 for more information);
- Restrict Availability of Alcohol on Public Property (see p. 75 for more information);
- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information);
- Media advocacy (see p. 108 for more information).

## **Outcomes**

The specific outcomes this strategy has been shown to impact are:

- Reduction in underage drinking;
- Reduction in binge drinking;
- Reduction in drinking and driving;
- Reduction in alcohol-related traffic crashes;
- Reduction in fatal and nonfatal injuries associated with crashes.
- Reduction in alcohol-related assaults.

## **Contributing Factors Addressed**

- Easy retail access;
- Easy social access (Note: social access is only addressed through some of the additional components described above).
- Low enforcement of alcohol laws;
- Social norms accepting/encouraging use;
- Low perceived risk of alcohol use and impaired driving.

## Implementation Materials

- **Community Trials Program Materials:**  
<http://www.pire.org/communitytrials/ProgramMaterials.htm>
- **How to Use Local Regulatory and Land Use Powers to Prevent Underage Drinking:**  
Local governments in most states do not have to wait for state legislatures or Congress to act to reshape their alcohol environments. Communities should explore the scope of the powers they have in their particular state and use policy to control the place, product, pricing, and promotion practices used to sell alcohol. This fact sheet gives a menu of local alcohol policy options that can reduce youthful drinking in our communities.  
<http://www.udetc.org/documents/LocalRegulLandUse.pdf>
- **Local Alcohol Policy: Land Use / Zoning Authority:**  
Describes how local municipalities can protect public health by regulating the number, location, type and density of alcohol outlets. Includes information on restricting: the number, type, and location of licenses, as well as land use policies such as conditional use permits, “deemed approved” ordinances.  
[http://www.marininstitute.org/alcohol\\_policy/local.htm](http://www.marininstitute.org/alcohol_policy/local.htm)
- **Responsible Alcohol Service Community Action Kit:**  
Tips and tools for creating and supporting ordinances that mandate responsible service training programs. Developed by FACE: Resources, Training & Action on Alcohol Issues.  
<https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf>
- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>
- **Alcohol Home Delivery Restrictions:**  
This document describes this approach, why it is important, what to consider when attempting to implement this approach, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/homdeliv.shtm>
- For additional implementation materials related to underage drinking enforcement, see p. 89 ).

## Training

- Prevention Research Center  
1995 University Avenue, Suite 450  
Berkeley, CA 94704

510-486-111  
center@prev.org  
M-F 9 a.m. - 5 p.m. PST

- For training materials related to enforcement, see p. 80-102).
- Local Environmental Change Training, Underage Drinking Enforcement Training Center: Covers motivating law enforcement and community partnerships, and a variety of policy approaches, including restricting the type, location and number of commercial alcohol outlets.  
<http://www.udetc.org/Training.htm#Campuses>

### Implementation Information

- Andrew J. Treno, Ph.D.  
Prevention Research Center  
1995 University Avenue, Suite 400  
Berkeley, CA 94704  
Phone: (510) 486-1111  
Fax: (510) 644-0504  
E-mail: [andrew@prev.org](mailto:andrew@prev.org)

### References

- Holder, H. D., Gruenewald, P. J., Ponicki, W. R., Treno, A. J., Grube, J. W., Saltz, R. F., et al. (2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of the American Medical Association*, 284(18), 2341-2347.  
[http://pace.uhs.wisc.edu/docs/jama\\_holder.pdf](http://pace.uhs.wisc.edu/docs/jama_holder.pdf)
- Treno, A. J., Gruenewald, P. J., Lee, J. P., & Remer, L. G. (2007). The Sacramento Neighborhood Alcohol Prevention Project: Outcomes from a community prevention trial. *Journal of Studies on Alcohol and Drugs*, 68(2), 197-207.
- Holder H.D., Saltz R.F., Grube J.W., Treno A.J., Reynolds R.I., Voas R.B., et al., (1997). Summing up: Lessons from a comprehensive community prevention trial. *Addiction* 92(Suppl. 2), S293-S301.
- Holder H.D., Saltz R.F., Grube J.W., Voas R.B., Gruenewald P.J., Treno A.J. (1997). A community prevention trial to reduce alcohol-involved accidental injury and death: overview. *Addiction* 92(Suppl 2)S155-S171.
- Holder H.D., Saltz R.F., Treno A.J., Grube J.W., Voas R.B. (1997) Evaluation design for a community prevention trial. An environmental approach to reduce alcohol-involved trauma. *Evaluation Review*. 21(2):140-165.

## **POLICY CHANGE WITHIN THE COMMUNITY: CREATE OR ENHANCE COMMUNITY LAWS AND POLICIES TO REDUCE ALCOHOL USE AND MISUSE**

### **Summary**

Creating or enhancing community laws related to alcohol use is about changing public policy. Public policy seeks to prevent alcohol problems through structural change such as a regulation, law or enforcement priorities. Alcohol policies can be implemented at the community level, and can be formal or informal. Thus, a local alcohol policy is any established process, priority, or structure that purposefully alters local social, economic or physical environments to reduce alcohol problems. Examples of formal policy include making alcohol-impaired driving enforcement a priority by the local police; using local zoning laws and land regulations to control hours of sale or location of alcohol outlets; mandating server training for bars, pubs, and restaurants; setting a written policy for responsible alcoholic beverage service by a retail licensed establishment; or allocating enforcement resources to prevent alcohol sales to underage persons. Examples of informal policy include parents deciding to take steps to reduce youth access within the home.

More broadly, collective risk is reduced through interventions affecting community processes that influence alcohol use. In implementing alcohol policies at the local level, the community is targeted, not individuals for compelling reasons. First, alcohol use occurs largely within community contexts. Communities provide structures (e.g., zoning and control of alcohol establishments and their location) through which alcohol is typically obtained. Second, many of the costs associated with alcohol are born collectively at the community level, for example, through traffic crashes, property damage, and alcohol-related violence. Enforcement plays a critical role in deterring individuals from breaking alcohol-related laws, especially if the public is not only aware of enforcement, but also perceives that punishment is sure and swift. Equally important is obtaining judicial system support for penalizing violators.<sup>1</sup>

Pre-approved, evidence-based strategies that fit under the broad heading of creating or enhancing community laws related to alcohol use include:

- Change Alcohol Outlet Zoning Laws & Restrictions (see p. 57 for more information);
- Restrict Hours and Days of Sale (see p. 60 for more information);
- Establish a Minimum Bar Entry Age of 21: Not allowing persons under 21 to enter bars (e.g., through a local ordinance) would eliminate the opportunity for them to be served alcohol or obtain alcohol from another person of legal drinking age;

---

<sup>1</sup> The above two paragraphs were adapted from two sources: *The Role and Effectiveness of Alcohol Policy at the Local Level: International Experiences*, by Harold D. Holder, presented at “Debating Public Policies on Drugs and Alcohol,” Trinity College, Dublin, Ireland, September 26, 2002: <http://hrb.imaxan.ie/attached/1835-1770.pdf>; and *Environmental Prevention*, by Sandra Hoover, Community Prevention Institute: <http://www.ca-cpi.org/TARP/EP-Final.pdf>

- Establish a Minimum age-of-seller that is equivalent to the minimum legal drinking age of 21: This can be accomplished through an “employment of minors” ordinance. Such an ordinance would restrict employment of minors in businesses licensed to sell alcohol. It could prohibit persons under the age of 21 from selling or serving all alcoholic beverages. In addition, it could eliminate all other employment of minors in the places in which the alcoholic beverages are actually sold, with some exceptions, such as musicians and busboys;
- Ban Drink Discounts and Other Price Specials – Note: only pre-approved if done in collaboration with enforcement (see p. 62 for more information);
- Implement Responsible Beverage Server Training: (see p. 64 for more information);
- Develop and/or strengthen age identification policies for employees of alcohol establishments: The state does not require age identification training; however, many retail establishments undergo this kind of training voluntarily, either on their own or through the State Liquor Control Commission. Age identification is a required core component of the pre-approved strategy, Responsible Beverage Server Training (see p. 64 for more information);
- Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking. To promote risk management, retail establishment can adopt voluntary policies, including:
  - Offering food service;
  - Encouraging taxi use;
  - Serving free non-alcoholic drinks to designated drivers;
  - Discontinuing sales one hour prior to closing;
  - Deny entry to intoxicated persons;
  - Remove patrons from the premises who are intoxicated.
- Enhance Nebraska’s Social Host Law and Implement a Teen Party Ordinances (see p. 68 for more information);
- Adopt a “drink-at-home – stay-at-home” ordinance to restrict underage youth from avoiding arrest for Minor in Possession by Consumption: Nebraska law currently allows minors to legally consume alcohol in their home. These minors often leave their home intoxicated, but as a result of having consumed the alcohol in their home they are protected from any legal consequences associated with Minor in Possession;
- Adopt a noise assembly ordinance: Prohibits noisy assemblies, such as parties, between the hours of 10:00 p.m. and 7:00 a.m.; is an aid to police to allow them to enter a private residence with legal cause; landlords may also be held responsible for noisy parties that take place on their properties;
- Restrict Availability of Alcohol at Community Events (see p. 71 for more information);

- Restrict Availability of Alcohol on Public Property (see p. 75 for more information);
- Restrict home delivery of alcohol: Retail establishments in Nebraska can deliver alcohol as long as it is pre-paid and delivered to an adult who signs. However, local governments can ban home delivery through a local ordinance (see implementation materials on p. 58 for more information);
- Restrict Alcohol Advertising and Promotion – Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities (see p. 77 for more information);
- Require alcohol warning signs to be posted at liquor establishments: The state currently requires two warning signs to be posted at every licensed outlet, including one warning to minors that it is illegal to purchase alcohol if you are under age 21, and one warning to pregnant women to avoid alcohol use. Local jurisdictions have the freedom to require any additional signs through a local ordinance (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities). (For more information on warning signs, see p. 115).

# Changing Alcohol Outlet Zoning Laws & Restrictions

## Summary

Convenient access to alcohol is associated with higher rates of alcohol-related problems, and the location of alcohol outlets is directly related to convenient access. The focus of this strategy is to use local zoning laws to alter the availability of alcohol by using zoning restrictions to limit the location of retail alcohol outlets (bars, restaurants and stores). This strategy can be implemented by changing local zoning laws and policies to restrict availability and access, and/or by enhancing the enforcement of existing zoning laws and policies. Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will be effective.

It is important to note that in Nebraska, communities cannot use policy to reduce alcohol outlet density by pre-determining the number of allowed alcohol outlets within an entire community. However, current Nebraska law prohibits alcohol retail outlets to be located within 150 feet of a church, school, hospital, or home for aged or indigent persons or veterans, their wives or children (with some exceptions), and within three hundred feet from the campus of any state college or university (State Statute 53-177). In addition, communities are permitted to enhance local zoning restrictions by increasing the distance for the facilities noted in the state statute as well as establish distances for other community facilities, such as residential neighborhoods.

An evidence-based version of this strategy, called Community Trials Intervention to Reduce High-Risk Drinking, includes some additional components that seem to strengthen the overall approach. For more information on Community Trials, see p. 50).

## Core Components

1. Develop awareness of licensing laws and the ways in which citizens can become involved in the law-changing process;
2. Use zoning and municipal policy to restrict access to alcohol by limiting the location of retail alcohol outlets (bars, restaurants and stores), and to control the hours that alcohol can be sold, the venues where it can be sold and what types of products are sold.
3. Enhanced law enforcement to ensure that new policies are adhered to.

## Additional Components to Consider

1. Media Advocacy to increase public support for policy change (see p. 108 for more information).
- Enhanced enforcement of any new laws or ordinances.

## Outcomes

- Reduction in alcohol consumption patterns and related problems.

## Contributing Factors Addressed

- Easy retail access to alcohol;
- Low enforcement of alcohol laws;
- Social norms accepting/encouraging alcohol use.

## Implementation Materials

- **Community Trials Program Materials:**  
<http://www.pire.org/communitytrials/ProgramMaterials.htm>
- **Responsible Alcohol Service: Community Action Kit:**  
Tips and tools for creating and supporting ordinances that mandate responsible service training programs. Developed by FACE: Resources, Training & Action on Alcohol Issues.  
<https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf>
- **How to Use Local Regulatory and Land Use Powers to Prevent Underage Drinking:**  
Local governments in most states do not have to wait for state legislatures or Congress to act to reshape their alcohol environments. Communities should explore the scope of the powers they have in their particular state and use policy to control the place, product, pricing, and promotion practices used to sell alcohol. This fact sheet gives a menu of local alcohol policy options that can reduce youthful drinking in our communities.  
<http://www.udetc.org/documents/LocalRegulLandUse.pdf>
- **Alcohol Home Delivery Restrictions:**  
This document describes this approach, why it is important, what to consider when attempting to implement this approach, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/homdeliv.shtm>
- **Citizen's Guide: A Guide to the Liquor Licensing Process in Nebraska:**  
This document, developed by Project Extra Mile, provides steps for neighborhood involvement in the liquor licensing process, including getting organized, understanding the approval process, and mounting effective opposition. While it focuses on Omaha, the steps are widely applicable throughout the state.  
[http://www.unomaha.edu/ncenter/documents/aic\\_citizen\\_protests.pdf](http://www.unomaha.edu/ncenter/documents/aic_citizen_protests.pdf)

- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>
- For additional implementation materials related to underage drinking enforcement, see p. 89 ).

## Training

- For training materials specific to Community Trials, contact:  
Prevention Research Center  
1995 University Avenue, Suite 450  
Berkeley, CA 94704  
510-486-111  
[center@prev.org](mailto:center@prev.org)
- For training materials related to enforcement, see p. 80-102).
- **Local Environmental Change Training, Underage Drinking Enforcement Training Center:**  
Covers restricting the type, location and number of commercial alcohol outlets.  
<http://www.udetc.org/Training.htm#Campuses>

## References

- Holder H.D., Gruenewald P.J., Ponicki WR, Treno AJ, Grube JW, Saltz RF, et al (2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of the American Medical Association*. 284(18), 2341-2347.  
[http://pace.uhs.wisc.edu/docs/jama\\_holder.pdf](http://pace.uhs.wisc.edu/docs/jama_holder.pdf)
- Treno A.J., Gruenewald P.J., Lee J.P. & Remer L.G. (2007). The Sacramento Neighborhood Alcohol Prevention Project: Outcomes from a community prevention trial. *Journal of Studies on Alcohol and Drugs*. 68(2), 197-207.
- Holder H.D., Saltz R.F., Grube J.W., Treno A.J., Reynolds R.I., Voas R.B., et al., (1997). Summing up: Lessons from a comprehensive community prevention trial. *Addiction* 92(Suppl. 2), S293-S301.
- Holder H.D., Saltz R.F., Grube J.W., Voas R.B., Gruenewald P.J., Treno A.J. (1997). A community prevention trial to reduce alcohol-involved accidental injury and death: overview. *Addiction* 92(Suppl 2)S155-S171.
- Holder H.D., Saltz R.F., Treno A.J., Grube J.W., Voas R.B. (1997) Evaluation design for a community prevention trial. An environmental approach to reduce alcohol-involved trauma. *Evaluation Review*. 21(2):140-165.

## **Restrict Hours and Days of Sale**

### **Summary**

Access to alcohol is associated with an increase in alcohol-related problems. Restrictions on the hours of the day, days of the week, and types of alcohol sold at certain hours of the day can be used to reduce the commercial availability of alcohol. Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes. Also, please note that, due to insufficient or conflicting evidence, strategies that restrict hours and days of sale will only be approved if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.

### **Core Components**

1. Be familiar with state and local laws regarding hours and days of operation;
2. Adopt policies to restrict hours and days of alcohol sale at retail alcohol outlets;
3. Enforce policies.

### **Additional Components to Consider**

- Change Alcohol Outlet Zoning Laws & Restrictions (see p. 57 for more information);
- Ban Drink Discounts and Other Price Specials (see p. 62 for more information);
- Implement Responsible Beverage Server Training (see p. 64 for more information);
- Enhanced Enforcement of On-Premise Laws and Regulations (see p. 95 for more information);
- Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors, focusing on retail establishments (see p. 90 for more information);
- Media Advocacy to increase public support for policy change (see p. 108 for more information).

### **Outcomes**

- Reduction in alcohol consumption;
- Reduction in alcohol-impaired driving;
- Reduction in alcohol-related violence and assault;
- Reduction in fatal and non-fatal injuries associated with either crashes or violence/assault;

- Reduction in alcohol-related disease such as alcoholic liver cirrhosis and cancers in the long-term.

### **Contributing Factors Addressed**

- Easy retail access to alcohol;

### **Implementation Materials**

- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>
- **Sample Ordinance:**  
[http://www.sunrisefl.gov/documents/Ordinance\\_153-08-C.pdf](http://www.sunrisefl.gov/documents/Ordinance_153-08-C.pdf)

### **References**

- Babor T.F., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K. et al. (2003). Alcohol: No ordinary commodity. Research and public policy. Oxford: Oxford University Press.
- Chikritzhs, T., & Stockwell, T. (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction*, 101, 1254–1264.
- Douglas M. (2008). Restriction of the hours of sale of alcohol in a small community: a beneficial impact. *Australian and New Zealand Journal of Public Health*. 22(6), 714-719.
- Smart, R. G., Adlaf, E. M. (1986). Banning Happy Hours: The Impact on Drinking and Impaired-Driving Charges in Ontario, Canada. *Journal of Studies on Alcohol and Drugs*, 47(3).
- Norström, T., & Skog, O. (2005). Saturday opening of alcohol retail shops in Sweden: an experiment in two phases. *Addiction*, 100, 767–776.

## **Ban Drink Discounts and Other Price Specials**

### **Summary**

The price of alcohol is directly related to alcohol consumption rates and the many problems associated with drinking. Increasing the price of alcohol is one of the most effective interventions to reduce use and related harms. Furthermore, research shows that young drinkers who drink frequently and/or heavily are more responsive to price than infrequent or light drinkers.

Since communities don't have the right to raise taxes on alcohol at the local level, municipalities must depend on other approaches, such as restrictions on "happy hours," discounted drinks, "jumbo" drinks that cost the same or less than regular size, and other price promotions. When these strategies are voluntary, they must involve agreements between the municipality and commercial alcohol establishments in order to encourage participation. When these strategies are mandated, communities can prevent restaurants and bars from hosting happy hours and other price promotions, or require that promotions be restricted to free food instead of lower alcohol prices.

Please note that Nebraska law already prohibits alcohol retailers from providing free drinks (e.g., "buy one, get one free" specials, or pay a cover at the door and drink for free). However, the state statute defines any quantity of alcohol in a single container (e.g., a pitcher) as "one drink." As a result, many retailers offer "buy a drink, get the second for a penny," which is how penny pitchers are allowed.

Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes. Please note that this strategy will only be pre-approved if it is conducted in collaboration with enforcement efforts.

### **Core Components**

- Develop or strengthen local ordinances that restrict or ban drink discounts and other price specials.

### **Additional Components to Consider**

- Enhanced enforcement of on-premise laws and regulations (see p. 95 for more information);
- Media advocacy to increase public support for policy change (see p. 108 for more information).

## **Outcomes**

- Reduction in alcohol consumption;
- Reduction in binge drinking.

## **Contributing Factors Addressed**

- Easy retail access;
- Social norms accepting alcohol use;
- Promotion of alcohol use;
- Low or discount pricing of alcohol.

## **Implementation Materials**

- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>

# Responsible Beverage Server Training

## Summary

Responsible Beverage Service Server Training is an approach to reducing alcohol related problems associated with retail alcohol sales (includes stores, bars, restaurants, fairs and festivals) by educating merchants and their employees about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. Responsible beverage server training can be voluntary or mandated. In either case, effective responsible beverage server training means that retail alcohol outlets check age identification and refuse service to intoxicated patrons.

Ideally, responsible beverage server training should be implemented as part of a comprehensive alcohol abuse prevention approach that includes – at a minimum – compliance checks (see Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors on p. 89 for more implementation information). Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes.

## Core Components

1. Conduct assessment to determine which outlets are problematic;
2. Develop a beverage server training program tailored to the specific problems identified through assessment, such as off-sale (stores), on-sale (bars, restaurants), and/or special events (fairs, festivals);
  - Training must be well-executed and face-to-face and include information on:
    - Physiological effects of alcohol;
    - Association with social problems (e.g. violence; traffic crashes);
    - Legal requirements;
    - How to detect intoxicated patrons and safely cut them off;
    - How to detect and handle false age identification;
    - Behavioral change / communication techniques (including improved communication among multiple servers to enable better monitoring of patrons and pacing of a patron's drinks);
    - Training for managers as well as servers;
    - Development of management policies supportive of server practices (to include development of an incident logging system; establishing low-risk marketing and promotional practices; reallocating the ratio of food sales to alcohol sales; creating and

communicating policies that back up the responsible beverage server project);

- Four-hour minimum duration.

3. Establishments must develop house policies that clearly define how alcohol is to be sold such as:

- Monitor the door to prevent overcrowding and to screen people who appear to be intoxicated or underage.
- Offer and promote food during all hours of operation.
- Promote alternative beverages that include a wide range of alcohol-free beers, wines, and “mocktails.”
- Discourage drink specials, happy hours, or other pricing practices that encourage over-consumption.
- Price non-alcoholic drinks competitively with alcohol products.
- Check age identification of anyone appearing to be under the age of 30.
- Monitor and pace customer’s drinking by not selling more than one alcoholic beverage at a time.
- Train staff on how to refuse service to an obviously intoxicated person.
- Market and promote responsible beverage service philosophy, policies and practices to the public.

4. Compliance checks (see p. 90 for more implementation information);

### **Additional Components to Consider**

- Changes in alcohol related policy:
  - Compliance check and right to search ordinance: Allows the police and licensing authorities to enter, inspect and search any licensed premise without a search warrant during the hours it is open for business. It also requires the municipality to make a minimum number of compliance checks each year of each licensed premise. (for more information on enforcement of underage drinking laws see p.90);
  - Employment of minors ordinance: (see p. 55 for more information)
  - Alcohol warning signs posted at liquor establishments ordinance (Note: only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities). (see p. 115 for more information )
  - Restrict home delivery of alcohol (see p. 56 for more information )
- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information);

## Outcomes

- Reduce the level of intoxication in patrons.

## Contributing Factors Addressed

- Easy retail access to alcohol.

## Implementation Materials

- **Responsible Beverage Service:**  
Developed by the Community Prevention Institute, this document outlines some minimum standards for effective RBS training and provides a framework for incorporating RBS into a comprehensive community program.  
<http://www.ca-cpi.org/TARP/RBS-final.pdf>
- **Responsible Alcohol Service: Community Action Kit**  
Includes sample laws and ordinances; sample letter to licensee/business owner; and sample news release.  
<https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf>
- **Model ordinances to reduce the supply of alcohol to youth:**  
<http://www.epi.umn.edu/alcohol/sample/ordinanc.shtm>
- **Responsible Beverage Service Training:**  
This document describes this training, why it is important, what to consider when attempting to implement this approach, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/rbst.shtm>
- **Checking Age Identification:**  
This document describes these policies, why they are important, what to consider when attempting to implement them, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/checkid.shtm>
- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>
- **Sample bar policies:**  
<http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf>

## Training

- Provides curriculum for training clerks and managers to check age identification; recognize false or altered identification; appropriately refuse sales; handle difficult situations that may arise; and develop the necessary skills for resisting pressures to sell to minors. Also includes curricula for managers and owners to develop and implement effective store policies to reduce sales to minors.  
[http://www.pire.org/documents/responsible\\_sales.pdf](http://www.pire.org/documents/responsible_sales.pdf)
- **On-Premise Training Materials:**  
<http://www.pire.org/communitytrials/ProgramMaterials.htm>
- **Off-Premise Training Materials:**  
<http://www.pire.org/communitytrials/Manuals/Off-Premise.pdf>

## References

- Gliksman L, McKensie D, Single E, Douglas R, Brunet S, Moffatt K. The role of alcohol providers in prevention: an evaluation of a server intervention programme. *Addiction* 1993; 88(9): 1195–203.
- Holder HD, Wagenaar AC. Mandated server training and reduced alcohol involved traffic crashes: a time series analysis of the Oregon experience. *Accid Anal Prev* 1994; 26(1): 89–97.
- Lang E, Stockwell T, Rydon P, Beel A. Can training bar staff in responsible serving practices reduce alcohol-related harm? *Drug Alcohol Rev* 1998; 17(1): 39–50.
- Russ NW, Geller ES. Training bar personnel to prevent drunken driving: a field evaluation. *Am J Public Health* 1987; 77(8): 952– 4.
- Saltz RF. The role of bars and restaurants in preventing alcohol-impaired driving: an evaluation of server intervention. *Eval Health Prof* 1987; 10(1): 5–27.
- Stockwell, T.R.. 2001. Responsible alcohol service: lessons from evaluations of server training and policing initiatives. *Drug and Alcohol Review* 20 (3): 257-265.  
<http://www.gizarte.net/drogodependencias/datos/stockwell.pdf>
- Toomey TL, Kilian GR, Gehan JP, Perry CL, Jones-Webb R, Wagenaar AC. Qualitative assessment of training programs for alcohol servers and establishment managers. *Public Health Reports*, 1998; 113(2): 162-9.

# Enhance Nebraska's Social Host Law and Implement a Teen Party Ordinance

## Summary

Access to alcohol is associated with an increase in alcohol-related problems. Research indicates that most underage drinking takes place in private setting such as home parties. Social host laws and teen party ordinances can be used to reduce the social availability of alcohol by combating underage drinking parties. Social host liability laws hold individuals (in non-commercial environments) responsible for underage drinking events on property they own, lease, or otherwise control. In Nebraska, the statewide social host liability law holds adults who provide alcohol to a minor or who allow a minor to consume in his or her home or on his or her property civilly liable if that minor is later involved in an alcohol-related incident that damages property, or injures or kills an innocent third party.

Teen party ordinances, on the other hand, make it illegal to host a party where underage youth are drinking. Under these laws, the offense is the *hosting* of the party itself, and parents or older friends and siblings can be arrested for a criminal offense even if no injury or property damage results following their consumption. Depending on how an ordinance is written, teen party could become an independent ordinance or it could be written in a way that strengthens the existing social host law to include criminal penalties.

Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes.

## Core Components

- Adopt a local social host ordinance that includes criminal penalties (Note: the Nebraska social host law includes civil penalties, but communities can create more stringent local laws); criminal penalties can include jail time or fines; fines can be adjusted to ensure cost recovery for enforcement efforts.
- Enhanced enforcement of existing social host laws (for more information on enhanced enforcement of laws prohibiting alcohol sales and provision to minors see p. 89);
- Strengthen the prosecution, adjudication and sanctioning associated with social host and/or teen party ordinance violations.

## **Additional Components to Consider**

- Passage and enforcement of a response costs recovery municipal ordinance: In general, these laws hold social hosts (including tenants) and landowners (including landlords) civilly responsible for the costs of law enforcement, fire, or other emergency response services associated with multiple responses to the scene of an underage drinking party (for more information on enhanced enforcement of laws prohibiting alcohol sales and provision to minors see p. 90);
- Media advocacy to increase public support for policy change (see p. 108 for more information).

## **Outcomes**

For social host laws, only:

- Reduce underage drinking;
- Reduce drinking and driving;
- Reduce binge drinking.

Outcomes for implementing teen party ordinances support the outcome(s) of the primary prevention strategy.

## **Contributing Factors Addressed**

- Easy social access to alcohol;
- Social norms accepting alcohol use

## **Implementation Materials**

- **A Practical Guide to Preventing and Dispersing Underage Drinking Parties:** This guide describes the role of enforcement and community organizations or groups in preventing underage drinking parties and how to safely disperse them. Developed by the Pacific Institute for Research and Evaluation for OJJDP, 2005. <http://www.udetc.org/documents/UnderageDrinking.pdf>
- **Toolkit to Pass a Local Ordinance:** Describes the needed steps to undertake passage of an ordinance in a town, city, or county. <http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>

- **Sample Response Costs Recovery Ordinance:**  
<http://www.udetc.org/documents/Police%20Service%20Fee%20Muni%20Code.pdf>

## **Training**

- Local Environmental Change Training, Underage Drinking Enforcement Training Center: Covers controlling alcohol pricing and promotion.  
<http://www.udetc.org/Training.htm#Campuses>

## **References**

- Goldberg J.M. Social host liability for serving alcohol. *Trial*. March:31-33, 1992.
- Harrison, P.A., Fulkerson, J.A., Park, E. (2000) Relative importance of social versus commercial sources in youth access to tobacco, alcohol, and other drugs. *Preventive Medicine*. 31, 39-48.
- Mayer, R., Forster, J., Murray, D., & Wagenaar, A. (1998). Social settings and situations of underage drinking. *Journal of Studies on Alcohol*, 59:207-215.
- Stout, E.M., Sloan, F.A., Liang, L., & Davies, H. H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *Journal of Studies on Alcohol*.

## **Restrict Availability of Alcohol at Community Events**

### **Summary**

The availability of alcohol at community events (such as concerts, street fairs and sporting events) increases convenient, public, access to alcohol. Convenient access to alcohol is associated with an increase in alcohol-related problems. Local policies can be developed to restrict the availability of alcohol at these events. Such restrictions can be implemented voluntarily by event organizers, or through local legislation. Alcohol restrictions at community events can range from a total ban on alcohol consumption to the posting of warning signs that detail the risks associated with consuming alcohol. It is important to note that research shows that the greater the number of alcohol control policies in place, the less the likelihood of alcohol sales to underage customers.

Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes.

### **Core Components**

- Develop thorough understanding of local zoning laws and policies and how they relate to alcohol service at public events;
- Develop or strengthen local ordinances that restrict alcohol availability at community events:
  - Restrict the number of servings per person;
- Event staff, (both paid and voluntary), are aware of event policies and are trained to comply with these policies;
- Enforcement of policy and regulation changes at community events;
- Education and media campaign(s) to increase public awareness of – and support for – policy changes in alcohol availability at public events (for more information on the implementation of media campaigns and media advocacy, see p. 104 and p. 108, respectively).

### **Additional Components to Consider for Community Events**

- Other changes in alcohol-related policy:
  - Restrict special designated licenses (SDLs): Restricts the licenses to events sponsored by nonprofit, religious or charitable organizations or by existing liquor license holders.
  - Require that all alcohol served at the event be bought and consumed within a specifically designated area which only persons of legal drinking age may enter and that licensees have a written policy saying how

intoxicated drinkers will be handled. To reinforce these practices, require that all servers attend beverage server training;

- Adopt an “employment of minors” ordinance: (see p. 55 for more information);
- Restrict hours of sale: For example, alcohol sales can be discontinued before an event is over, giving patrons some time between their last drink and driving home — for example, alcohol sales can be discontinued at the end of the third quarter of a football game (see p. 60 for more information);
- Post Alcohol Warning Signs (see p. 115 for more information);
- Require all persons 21 or older to wear non-transferable wristbands;
- Require alcohol-free areas;
- Prohibit people from leaving with alcohol;
- Require distinguishable cups for alcohol;
- Require security staff;
- Restrictions on noise levels;
- Restrictions on general location of event;
- Restrictions on location of alcohol sales or places of consumption (such as beer gardens);
- Restrictions on quantity of sales;
- Restrictions on size of containers;
- Restrictions on sale to intoxicated patrons;
- Requiring sales of food and nonalcoholic during sales and after alcohol sales are cut off.

### **Outcomes**

- Reduction of alcohol sales to minors at public and community events.
- Less binge drinking among adults at community events.

### **Contributing Factors Addressed**

- Easy retail access to alcohol;
- Easy social access to alcohol;
- Social norms accepting alcohol use.

## Implementation Materials

- **Alcohol Sales & Community Events Community Action Kit:**  
Tips and tools for restricting alcohol sales at community events. Includes a summary of how to engage in alcohol risk management; sample letter to the editor; sample letter to sponsoring organizations; and a description of what some other communities have done.  
<http://www.faceproject.org/Resources/PDF/Alcohol-Sales-Community-Events-CAK.pdf>
- **Alcohol Restrictions at Community Events:**  
This series of documents describes this approach, why it is important, what to consider when attempting to develop and implement this approach, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/atevents.shtm>
  - Alcohol sponsorship restrictions:  
<http://www.epi.umn.edu/alcohol/policy/sponsrad.shtm>
  - Alcohol advertising restrictions:  
<http://www.epi.umn.edu/alcohol/policy/adrstrct.shtm>
  - Alcohol restrictions on public property:  
<http://www.epi.umn.edu/alcohol/policy/userestr.shtm>
  - Special event licenses:  
<http://www.epi.umn.edu/alcohol/sample/liqord.shtm>
- **Sample Ordinance Prohibiting Alcohol Beverage Sponsorship:**  
[http://www.co.marin.ca.us/depts/HH/main/adt/documents/pdf/Marin%20County%20ord\\_3444.pdf](http://www.co.marin.ca.us/depts/HH/main/adt/documents/pdf/Marin%20County%20ord_3444.pdf)
- **Community Festivals Materials:**  
This page contains a variety of materials to be used by community festivals to improve alcohol control at their events, including several different handouts and posters.  
<http://www.epi.umn.edu/alcohol/festivals/index.shtm>
- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>

## References

- Bormann C.A. and Stone M.H. (2001). The effects of eliminating alcohol in a college stadium: the Folsom Field beer ban. *Journal of American College Health*. 50(2), 81-88.

- Cassady D., Flora J., Foote D. Alcohol use at community events: Creating policies to prevent problems. San Diego Alcohol Program and Applied Community Technology. 1987. University of Minnesota, Alcohol Epidemiology program.
- Toomey T.L., Erickson D.J., Patrek W., Fletcher L.A., Wagenaar A.C. Illegal alcohol sales and use of alcohol control policies at community festivals. Public Health Reports, 120(2):165-173, 2005.  
[http://www.publichealthreports.org/userfiles/120\\_2/120165.pdf](http://www.publichealthreports.org/userfiles/120_2/120165.pdf)

## **Restrict Availability of Alcohol on Public Property**

### **Summary**

The availability of alcohol on public property (such as parks, beaches and other public spaces) increases convenient, public, access to alcohol. Convenient access to alcohol is associated with an increase in alcohol-related problems. Local policies can be developed to restrict the availability of alcohol at these locations. Such restrictions can be implemented through local legislation. Restrictions can range from total bans on alcohol consumption to restrictions on the times or places at which alcohol can be consumed.

Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes. Also, please note that, due to insufficient or conflicting evidence, approaches that restrict the availability of alcohol at community events will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.

### **Core Components**

- Develop and implement policies for alcohol use in public places; base policies on community needs and issues.

### **Additional Components to Consider**

- Prohibit possession of open containers of alcohol in public places;
- Establish standard procedures for dealing with intoxicated persons in public areas;
- Require regular monitoring of public areas;
- Require responsible beverage serving practices at special events held in public places (e.g., weddings, parties) (see p. 64 for more information);
- Establish standard enforcement procedures for all existing policies;
- Restrict availability of alcohol at community events (see p. 71 for more information).

### **Outcomes**

- Reduce alcohol consumption and related problems

## **Contributing Factors Addressed**

- Easy social access to alcohol;
- Social norms accepting alcohol use

## **Implementation Materials**

- **Alcohol Restrictions on Public Property:**  
This document describes this approach, why it is important, what to consider when attempting to develop and implement this approach, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/userestr.shtm>
- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>

# **Restrict Alcohol Advertising and Promotion**

## **Summary**

Alcohol advertising and promotion create an environment that encourages underage and binge drinking. Restrictions on alcohol advertising include any policies that limit advertising of alcoholic beverages; particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance, or can be implemented voluntarily by a business, event or organization.

Restrictions on alcohol sponsorship refer to the control of alcohol-related sponsors at community events. Sponsors can include large alcohol producers, local breweries/wineries, or retailers such as bars or restaurants. Sponsors provide financial support for the event in return for promotions and advertisements at the event. (Note: For more information on this latter approach, see Restricting Availability of Alcohol at Community Events (see p. 71) as well as on Public Property (see p.75))

Restrictions on advertising and promotion can take the following forms:

- Restricting advertising on public property;
- Restricting advertising and sponsorship at community events;
- Adopting zoning restrictions for alcohol advertising;
- Restricting signage on storefronts; and
- Limiting television, radio, newspaper, and billboard advertisements.

Please note that, due to insufficient or conflicting evidence, restrictions on alcohol advertising and promotion will only be approved as strategies if they are implemented as part of a larger, comprehensive alcohol abuse prevention approach. Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will result in desired outcomes.

## **Core Components**

1. Banning or restricting alcohol advertising in public places;
2. Banning or restricting alcohol advertising and sponsorship at community events.

## **Additional Components to Consider**

- Restricting the size and placement of window advertisements in liquor and convenience stores;
- Banning or restricting alcohol ads in the local media:

- Prohibiting ads in the local media to include images and/or statements that portray or encourage intoxication;
- Requiring all alcohol ads in the local media to include warnings about the risks of alcohol consumptions;
- Setting a maximum for the percentage of total advertising space that alcohol ads can cover in the local media;
- Enhanced enforcement of any new laws or ordinances;
- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information);
- Media advocacy (see p. 108 for more information).

### **Outcomes**

- Supports the outcome(s) of primary prevention strategy.

### **Contributing Factors Addressed**

- Social norms accepting/encouraging alcohol use;
- Promotion of alcohol use.

### **Implementation Materials**

- **How to Use Local Regulatory and Land Use Powers to Prevent Underage Drinking:**  
Local governments in most states do not have to wait for state legislatures or Congress to act to reshape their alcohol environments. Communities should explore the scope of the powers they have in their particular state and use policy to control the place, product, pricing, and promotion practices used to sell alcohol. This fact sheet gives a menu of local alcohol policy options that can reduce youthful drinking in our communities.  
<http://www.udetc.org/documents/LocalRegulLandUse.pdf>
- **Alcohol Advertising Restrictions:**  
This document describes alcohol advertising restrictions, why they are important, what to consider when attempting to pass such restrictions, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/adrstrct.shtm>
- **Alcohol Sponsorship Restrictions:**  
This document describes alcohol sponsorship restrictions, why they are important, what to consider when attempting to pass such restrictions, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/sponsrad.shtm>

- **Toolkit to Pass a Local Ordinance:**  
Describes the needed steps to undertake passage of an ordinance in a town, city, or county.  
<http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf>

## Training

- **Local Environmental Change Training, Underage Drinking Enforcement Training Center:**  
Covers controlling alcohol pricing and promotion.  
<http://www.udetc.org/Training.htm#Campuses>

## References

- Adlaf E. M., Kohn P. M. Alcohol advertising, consumption and abuse: a covariance-structural modeling look at Strickland's data. *Br J Addict.* 84(7): 749-57, 1989.
- Ogborne, A. C., Smart, R. G. Will restrictions on alcohol advertising reduce alcohol consumption? *Addiction*, 75(3): 293-96, 2006.
- Pasch K. E., Komro K.A., Perry C. L., Hearst M. O., Farbaksh K. Outdoor alcohol advertising near schools: what does it advertise and how is it related to intentions and use of alcohol among young adolescents? *J. Stud Alcohol Drugs*, 68(4): 587-96, 2007.
- Tremblay V. J., Okuyama K. Advertising restrictions, competition, and alcohol consumption. *Contemporary Economic Policy*, 19(3):313-21, 2001.

## **ENFORCEMENT WITHIN THE COMMUNITY: ENHANCED ENFORCEMENT OF STATE AND COMMUNITY LAWS AND POLICIES**

### **Summary**

Enforcement is based on deterrence—the assumption that knowledge both of the illegality of an act and the penalties that will be meted out for committing it will reduce the likelihood that people will engage in unwanted behavior. For deterrence to be most effective in preventing alcohol-related problems, sanctions need to be swift, certain, and meaningful. People must believe that if they violate the law, they will be caught and they will be subject, in a timely manner, to substantial negative consequences that will outweigh any gains that might accrue from their breaking the law. Deterrence includes enforcement, prosecution, adjudication and sanctioning of alcohol laws.

A key aspect of deterrence is enforcement. Laws and regulations must be enforced in order to be effective. Enforcement usually involves the use of penalties and fines for violators of established policies. Over the long haul, enforcement of policy is a key component of changing community norms. Some examples of enforcement include suspending the license of a drunk driver, fining a retail establishment for serving beer to an underage customer, or even the arrest and detention of offenders, such as drunk drivers. Media campaigns may increase the perceived risk of consequences and therefore improve the effectiveness of enforcement efforts.<sup>2</sup>

Enforcement can take place in the following settings: (1) the wider community; (2) schools (K-12); (3) colleges and universities; (4) worksites (Note: informal enforcement – that is, it doesn't involve law enforcement – instead, it focuses on holding supervisors and workers accountable for following worksite rules and regulations around alcohol use); (5) the home (Note: informal enforcement – that is, it doesn't involve law enforcement – instead, it focuses on parents holding their children accountable for following in-home rules around alcohol use).

Enhancing enforcement includes the following over-arching components (each component will be described in greater detail below:

1. Enhanced Enforcement Affecting Multiple Ages and Settings (see p. 81);
2. Enhanced Enforcement of Laws Prohibiting Underage Drinking (see p. 89);
3. Enhanced Enforcement of On-Premise Laws and Regulations (see p. 95):
4. Strengthening the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99).

---

<sup>2</sup> The above section was adapted from a combination of *Environmental Strategies for Substance Abuse Prevention: Analysis of the Effectiveness of Policies to Reduce Alcohol, Tobacco, and Illicit Drug Problems, Draft*, by Deborah A. Fisher, March 9, 1988, and CSAP's Prevention Pathways online course: [http://pathwayscourses.samhsa.gov/ev/ev\\_2\\_pg13.htm](http://pathwayscourses.samhsa.gov/ev/ev_2_pg13.htm)

## Enhanced Enforcement Addressing Multiple Age Groups in Multiple Settings

### Summary

The vast majority of the enforcement strategies included in this document address enforcement targeting specific age groups and/or enforcement aimed at specific settings. However, there are some approaches that must be included here that can be used in multiple settings to address multiple age groups. As with all enforcement strategies, these depend on rigorous deterrence to increase the perceived risk of arrest and effective sanctions quickly applied.

Pre-approved, evidence-based strategies that fit under the broad heading of enhanced enforcement addressing multiple age groups in multiple settings include:

- Enhanced Enforcement of Driving While Intoxicated Laws: In order to reduce or eliminate alcohol-impaired driving, it is necessary to develop an integrated, coordinated local strategy focusing on the issue. Successful enforcement strategies plan to inform, include, and acknowledge all the key actors in the community. Those parties include the police, prosecutors, judges, probation officers, driver licensing and treatment personnel, the general public, businesses, and special interest and civic groups. Ultimately, rigorous deterrence, through increased perceived risk of arrest and effective sanctions quickly applied, is critical to the success of these efforts.
  - Prevent Juvenile Alcohol Impaired Driving: A sub-category of enforcing driving while intoxicated laws focuses on youth. Youthful drinking and driving represents a sizeable portion of the traffic safety problem, and requires its own, specific, approach (see p. 82 for more information).
  - Sobriety Checkpoints (see p. 85 for more information);
- Enhanced Enforcement of On-Premise Alcohol Laws and Regulations (see p. 95 for more information):
- Enhanced Enforcement of Nebraska's Open Container Law: The state's open alcohol container laws was enacted to keep people from drinking and driving by prohibiting the possession and consumption of alcohol beverages in the passenger areas of a motor vehicle. A container may be a bottle, can, jar or any other receptacle that can hold any amount of alcohol. This may be wine, beer, spirits or liquor where the top is either open or a seal is broken and can be consumed by a person. Open containers also refer to any receptacle where alcohol has been partially removed. In order for Nebraska's open container law to be effective, it must be enforced. Please note that this strategy will only be approved if it is a part of a larger, comprehensive alcohol enforcement approach.

# Prevent Juvenile Alcohol Impaired Driving

## Summary

Youthful drinking and driving represents a sizeable portion of the traffic safety problem. And, alcohol impaired driving among young people presents unique problems that make solutions different than for adults driving under the influence (DUI). First, youths drink in locations that are usually not covered by DUI patrols. Second, they drink and drive during concentrated periods during weekend nights. Third, they provide unique visual cues that they are driving drunk. And, fourth, arresting and processing underage drunk drivers has its own set of rules. In order to successfully combat juvenile alcohol impaired driving through environmental strategies; communities must enact sound laws and enforce them rigorously through swift criminal justice intervention. In addition, communities must link enforcement efforts with public education, prosecution, adjudication, and treatment in order to develop an integrated, coordinated local response.<sup>3</sup>

## Core Components

- Create a community workgroup charged with policy oversight and coordination;
- Develop a strategic plan to improve deterrence and arrest efficiency that is based on collected data;
- Incorporate both reactive and proactive enforcement approaches;
- Examine the issues and develop a policy to ensure consistent and uniform prosecutions, and work with prosecutors and the courts to ensure the system is streamlined and not over-burdened;
- Increase the participation of the judiciary in addressing juvenile DUI through adjudication and diversion;
- Work within the criminal justice system to develop sanctions that achieve both deterrence and treatment or remediation;
- Leverage community support through media advocacy.

## Outcomes

- Reduction in alcohol-impaired driving;
- Reduction in alcohol related crashes;
- Reduction in fatal and nonfatal injuries associated with crashes.

---

<sup>3</sup> This summary is adapted from *Strategies for Success: Combating Juvenile DUI*, developed through collaboration between the Office of Juvenile Justice and Delinquency Prevention and the National Highway Traffic Safety Administration:  
<http://www.nhtsa.dot.gov/people/injury/alcohol/juveniledui/toc.html>

## Contributing Factors Addressed

- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use and impaired driving;
- Social norms accepting/encouraging alcohol use.

## Implementation Materials

- **Strategies for Success: Combating Juvenile DUI:**  
The purpose of this publication is to empower criminal justice professionals (with a special focus on law enforcement, prosecutors and judges) to take the lead in working with others to plan a coordinated response to alcohol-related delinquency, particularly as it relates to traffic offenses. Developed through a collaboration between the Office of Juvenile Justice and Delinquency Prevention and the National Highway Traffic Safety Administration.  
<http://www.nhtsa.dot.gov/people/injury/alcohol/juveniledui/toc.html>  
Part III: Support Tools for Building Programs That Work (includes sample citywide policy statement; sample plan to mobilize the community; sample department policies and procedures; sample DUI goals and objectives; sample press releases; sample education fact sheets and guides; and training information) can also be found in PDF form at:  
<http://www.nhtsa.dot.gov/people/injury/alcohol/juveniledui/pdfs/part3.pdf>
- **Impaired Driving Guidebook: Three Keys to Renewed Focus and Success:**  
A guide to law enforcement executives on how to most effectively renew their efforts to eliminate impaired driving on our roadways by focusing on the “three keys” of leadership, collaboration and communication. The target audience includes state, provincial, county, local, and Tribal police executives and their agencies. Whether your agency is already strategically focused on eliminating impaired driving or you are contemplating making it a high priority, this Guidebook is intended to serve as a resource to assist you in that effort. Developed by the Impaired Driving Subcommittee of the International Association of Chiefs of Police, 2006.  
<http://www.nhtsa.dot.gov/people/injury/enforce/ImpDrGuidebook/images/ImpDrvGuide.pdf>
- **Low-Staffing Sobriety Checkpoints:**  
These guidelines have been designed to provide law enforcement agencies with a uniform and successful method to plan, operate, and evaluate low-staffing sobriety checkpoints. When implemented in conjunction with departmental policy and constraints imposed by State or local courts, low-staffing sobriety checkpoints provide an effective tool to combat the impaired driving problem. Developed by the National Highway Traffic Safety Administration, 2006.  
[http://www.nhtsa.dot.gov/people/injury/enforce/LowStaffing\\_Checkpoints/images/LowStaffing.pdf](http://www.nhtsa.dot.gov/people/injury/enforce/LowStaffing_Checkpoints/images/LowStaffing.pdf)

- **Grassroots Support for Impaired-Driving Law Enforcement Crackdown Efforts**

Given that many law enforcement agencies have only limited resources and face many critical priorities, this report addresses what steps can be taken to support law enforcement and help them with these important lifesaving activities, and identifies and highlights the strategies that seem to work best for the MADD / NHTSA cooperative “You Drink & Drive, You Lose” campaign of strong visibility law enforcement that was conducted in 2003-2004. Specifically, this guide provides detailed tips to coalitions on how to enhance law enforcement participation, assist law enforcement in their efforts, generate publicity and create meaningful recognition. Developed by the National Highway Traffic Safety Administration (NHTSA), 2006.

[www.nhtsa.dot.gov/people/injury/alcohol/GrassRootsEfforts.pdf](http://www.nhtsa.dot.gov/people/injury/alcohol/GrassRootsEfforts.pdf)

## Training

- **A Judicial Curriculum on Juvenile DWI and Alcohol & Other Drug Use (2003):**

This comprehensive curriculum encourages judges to impose appropriate treatment and sanctions on juvenile DWI offenders and to become leaders in the development of community-based prevention and intervention programs. The curriculum includes information on drug and alcohol trends, adolescent development, law enforcement, screening and assessment, dispositions, and engaging the community. In addition to PowerPoint presentations, the curriculum includes a workshop coordinator's guide, lesson plans, participant materials, and a video, "Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996)." The video and accompanying discussion guide are intended to enhance the dialogue between judges and communities as they begin to explore a community-wide response to juvenile DUI and other problems related to juveniles' illegal use of alcohol and drugs. In addition, other criminal justice practitioners and community leaders can use the video as an educational tool in addressing these problems. The video discussion guide is available online at: <http://www.ncjrs.gov/txtfiles/beyond.txt>; You may obtain a videotape and curriculum from the National Council of Juvenile and Family Court Judges, P.O. Box 8970, Reno, Nevada, 89507, (775) 784-6012.

- **Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996):**

This video and accompanying discussion guide are intended to enhance the dialogue between judges and communities as they begin to explore a community-wide response to juvenile DUI and other problems related to juveniles' illegal use of alcohol and other drugs. In addition, other criminal justice practitioners and community and government leaders can use the video as an educational tool in addressing these problems. The video discussion guide is available online at: <http://www.ncjrs.gov/txtfiles/beyond.txt>; You may obtain a videotape and curriculum from the National Council of Juvenile and Family Court Judges, P.O. Box 8970, Reno, Nevada, 89507, (775) 784-6012.

# **Sobriety Checkpoints**

## **Summary**

Sobriety checkpoints involve law enforcement officials systematically stopping drivers to assess their levels of alcohol impairment. Vehicles are stopped by a roadblock at certain points on a roadway in a specific sequence, such as every other vehicle (the sequence depends on the personnel available to staff the checkpoint). The only type of sobriety checkpoint used in the United States is the selective breath testing (SBT) checkpoint, in which police must have reason to suspect the driver has been drinking

Detecting drunk drivers is the key to deterrence, which increases the perception of certain, swift and severe punishment in the event that alcohol impaired driving laws are broken. When police send a clear and consistent message that alcohol impaired driving is not acceptable behavior, the long-term result will be to help establish new community norms around alcohol use.

## **Core Components**

1. Planning is supervised by a sworn, uniformed police officer;
2. Prosecutorial and judicial support is enlisted;
3. Site selection is based on assessment of high incidence of impaired driving related crashes or fatalities;
4. Existing laws and departmental policy are reviewed to ensure legal requirements are met;
5. Staff and volunteers are fully trained and briefed;
6. Determine chemical testing logistics in advance;
7. Drivers are provided sufficient warning that they are approaching a checkpoint;
8. Uniformed officers are present;
9. Drivers and riders are provided an opportunity to evaluate the checkpoint;
10. The public is informed and educated.

## **Additional Components to Consider**

- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information);
- Media advocacy to increase support for enforcement (see p. 108 for more information);
- Mass media campaigns to advertise alcohol impaired driving laws and enforcement efforts (see p. 104 for more information);

- Media coverage of enhanced enforcement activities, such as reporting the number of citations issued for alcohol impaired driving (this component develops community awareness through media efforts, increasing perceptions of punishment for violations).

## Outcomes

- Reduction in alcohol-impaired driving;
- Reduction in alcohol related crashes;
- Reduction in fatal and nonfatal injuries associated with crashes.

## Contributing Factors Addressed

- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use and impaired driving;
- Social norms accepting/encouraging alcohol use.

## Implementation Materials

- **Saturation Patrols & Sobriety Checkpoints Guide: A How-To Guide for Planning and Publicizing Impaired Driving Enforcement Efforts:**  
This guidebook provides a collection of practical best practices for conducting coordinated criminal justices activities aimed at stopping impaired driving. s designed for use year-round and contains sections on Building Partnerships, Publicity and Promotions, Timelines, Available Resources and Training Courses. Developed by the National Highway Traffic Safety Administration, 2002. [http://www.nhtsa.dot.gov/people/injury/alcohol/saturation\\_patrols/SatPats2002.pdf](http://www.nhtsa.dot.gov/people/injury/alcohol/saturation_patrols/SatPats2002.pdf)
- **Low-Staffing Sobriety Checkpoints:**  
These guidelines have been designed to provide law enforcement agencies with a uniform and successful method to plan, operate, and evaluate low-staffing sobriety checkpoints. When implemented in conjunction with departmental policy and constraints imposed by State or local courts, low-staffing sobriety checkpoints provide an effective tool to combat the impaired driving problem. Developed by the National Highway Traffic Safety Administration, 2006. [http://www.nhtsa.dot.gov/people/injury/enforce/LowStaffing\\_Checkpoints/images/LowStaffing.pdf](http://www.nhtsa.dot.gov/people/injury/enforce/LowStaffing_Checkpoints/images/LowStaffing.pdf)
- **Grassroots Support for Impaired-Driving Law Enforcement Crackdown Efforts:**  
Given that many law enforcement agencies have only limited resources and face many critical priorities, this report addresses what steps can be taken to support law enforcement and help them with these important lifesaving activities, and identifies and highlights the strategies that seem to work best for the MADD / NHTSA cooperative “You Drink & Drive, You Lose” campaign of strong visibility

law enforcement that was conducted in 2003-2004. Specifically, this guide provides detailed tips to coalitions on how to enhance law enforcement participation, assist law enforcement in their efforts, generate publicity and create meaningful recognition. Developed by the National Highway Traffic Safety Administration (NHTSA), 2006.

[www.nhtsa.dot.gov/people/injury/alcohol/GrassRootsEfforts.pdf](http://www.nhtsa.dot.gov/people/injury/alcohol/GrassRootsEfforts.pdf)

- **A Guide for Enforcing Impaired Driving Laws for Youth:**  
State and local policymakers, enforcement agencies, and concerned citizens can use this guide to (1) gain an understanding of impaired driving issues as they relate to young drivers; (2) learn about the evidence of effectiveness of zero tolerance laws to prevent youth from driving with even small amounts of alcohol; (3) motivate policymakers and enforcement officers to place more emphasis on impaired driving among youth; (4) identify the barriers to enforcement of laws regarding impaired driving among youth; and (5) learn about strategies to overcome these barriers. Developed by the Office of Juvenile Justice and Delinquency Prevention.  
<http://www.udetc.org/documents/EnforceImp.pdf>
- **Impaired Driving Guidebook: Three Keys to Renewed Focus and Success**  
A guide to law enforcement executives on how to most effectively renew their efforts to eliminate impaired driving on our roadways by focusing on the “three keys” of leadership, collaboration and communication. The target audience includes state, provincial, county, local, and Tribal police executives and their agencies. Whether your agency is already strategically focused on eliminating impaired driving or you are contemplating making it a high priority, this Guidebook is intended to serve as a resource to assist you in that effort. Developed by the Impaired Driving Subcommittee of the International Association of Chiefs of Police, 2006.  
<http://www.nhtsa.dot.gov/people/injury/enforce/ImpDrGuidebook/images/ImpDrvGuide.pdf>

## Training

- **Standard Field Sobriety Testing (SFST):** Available to law enforcement personnel, only. Offered through the Nebraska Law Enforcement Training Center. Contact Instructor Dave Anderson at 308/385-6030 at the Nebraska Law Enforcement Training Center for registration information.
- **Protecting Lives, Saving Futures Training:**  
The Protecting Lives, Saving Futures model curriculum is designed to jointly train police and prosecutors in the detection, apprehension and prosecution of impaired drivers. This curriculum is a project of the American Prosecutors Research Institute’s National Traffic Law Center.  
[http://www.ndaa.org/education/apri/protecting\\_lives\\_saving\\_futures\\_2004.html#](http://www.ndaa.org/education/apri/protecting_lives_saving_futures_2004.html#)

- DWI Detection and Standardized Field Sobriety Testing Student and Instructors Manuals 2004 Edition:**  
 This manual outlines how standardized field sobriety tests are to be administered under ideal conditions. In addition, the manual provides an overview of DWI deterrence, and an explanation of the DWI legal environment.

  - [http://breathtest.wsp.wa.gov/SupportDocs%5CDRE\\_Forms%5CManuals%5CDWI%20Detection%20and%20Standardized%20Field%20Sobriety%20Testing%20Student%20Manual%202004%20Edition.pdf](http://breathtest.wsp.wa.gov/SupportDocs%5CDRE_Forms%5CManuals%5CDWI%20Detection%20and%20Standardized%20Field%20Sobriety%20Testing%20Student%20Manual%202004%20Edition.pdf) **(Student)**
  - [http://www.breathtest.wsp.wa.gov/SupportDocs/DRE\\_Forms/Manuals/DWI%20Detection%20And%20Standardized%20Field%20Sobriety%20Testing%20Instructor%20Manual%202004%20Edition.pdf](http://www.breathtest.wsp.wa.gov/SupportDocs/DRE_Forms/Manuals/DWI%20Detection%20And%20Standardized%20Field%20Sobriety%20Testing%20Instructor%20Manual%202004%20Edition.pdf) **(Instructor)**
- A Judicial Curriculum on Juvenile DWI and Alcohol & Other Drug Use (2003):**  
 This comprehensive curriculum (including a video segment) encourages judges to impose appropriate treatment and sanctions on juvenile DWI offenders and to become leaders in the development of community-based prevention and intervention programs. The curriculum includes information on drug and alcohol trends, adolescent development, law enforcement, screening and assessment, dispositions, and engaging the community. In addition to PowerPoint presentations, the curriculum includes a workshop coordinator's guide, lesson plans, participant materials, and a video, "Beyond the Bench," which addresses judges' ethical concerns when engaging in extra-judicial prevention activities. The entire curriculum may be obtained from the National Council of Juvenile and Family Court Judges, P.O. Box 8970, Reno, Nevada, 89507, (775) 784-6012.
- Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996):**  
 This video and discussion guide highlights the benefits of increased judicial leadership in addressing juvenile impaired driving (DUI) due to alcohol and other drugs. The video is intended to enhance the dialogue between judges and communities as they begin to explore a community-wide response to juvenile DUI and other problems related to juveniles' illegal use of alcohol and other drugs. In addition, other criminal justice practitioners and community leaders can use the video as an educational tool in addressing these problems. The video discussion guide is available online at: <http://www.ncjrs.gov/txtfiles/beyond.txt>  
 You may obtain a videotape from the National Council of Juvenile and Family Court Judges, P.O. Box 8970, Reno, Nevada, 89507, (775) 784-6012.

## References

- Elder, Randy, et al. "Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes." *Traffic Injury Prevention* (2002): 266-274.
- Shults, Ruth, et al. Reviews of Evidence Regarding Interventions to Reduce Alcohol-Impaired Driving. *American Journal of Preventive Medicine* 21(4S) (2001): 66-88. <http://www.thecommunityguide.org/mvoi/mvoi-AJPM-evrev-alchl-imprd-drvng.pdf>

## **Enhanced Enforcement of Laws Prohibiting Underage Drinking**

### **Summary**

Alcohol use by young people is dangerous, not only because of the risks associated with acute impairment, but also because of the threat to their long-term development and well-being. Underage alcohol use is also associated with violence, suicide, educational failure, and other problem behaviors. All of these problems are magnified by early onset of teen drinking: the younger the drinker, the worse the problem. Enforcement of underage drinking laws supports and enhances the efforts of local jurisdictions to prohibit the sale of alcoholic beverages to minors and the purchase and consumption of alcoholic beverages by minors. Laws and regulations must be enforced in order to be effective. Enforcement usually involves the use of penalties and fines for violators of established policies. Over the long haul, enforcement of policy is a key to changing community norms around underage drinking.

The pre-approved, evidence-based strategies that fit under the broad heading of enhancing enforcement of laws prohibiting underage drinking is:

- Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors (see p. 90).

NOTE: Enforcement of laws prohibiting underage drinking has considerable overlap with:

- Prevent Juvenile Alcohol Impaired Driving (see p. 82 for more information );
- Enhanced Enforcement of On-Premise Laws and Regulations (see p. 95 for more information).

# Enhanced Enforcement of Laws Prohibiting Alcohol Sales and Provision to Minors

## Summary

Laws are only as effective as the deterrence that backs them up. The strategy of enhancing the enforcement of laws that prohibit sales and provision of alcohol to minors uses deterrence to increase the perception of certain, swift and severe punishment in the event that laws are broken. This strategy includes not only enforcement related to retail sales of alcohol (including bars, liquor stores and convenience stores), but also to other common ways that underage drinkers access alcohol: at parties at a home, in an outdoor area (a beach, park, or an isolated rural area), or in another venue such as a warehouse or hotel room. In addition, this strategy can include apprehending underage buyers in order to hold them accountable for their actions. This strategy may also include approaches that reinforce deterrence (e.g., through media campaigns or the implementation of related alcohol misuse prevention policies and/or practices). Wherever enforcement takes place, the fact is that when police send a clear and consistent message that selling or providing alcohol to minors is not acceptable behavior, the long-term result will be to help establish new community norms around youth alcohol use.

Please note that this strategy focuses on enforcing laws around underage drinking, specifically, at both traditional drinking establishments, like bars (called “on-premise” because the drinking is done on the scene), as well as at “off-premise” locations, such as liquor stores, where alcohol is consumed elsewhere. The strategy of Enhanced Enforcement of On-Premise Laws and Regulations overlaps somewhat with this strategy, in that both approaches cover on-premise enforcement of laws prohibiting sale of alcohol to minors. The latter strategy, however, addresses of-age drinkers, as well.

## Core Components:

1. Routine, ongoing compliance checks using underage “decoys”; compliance checks must be implemented by or coordinated with law enforcement and alcohol regulators;
2. Issuing citations and penalties for selling and/or supplying to underage drinkers (Note: Communities can revoke liquor licenses from establishments that sell alcohol to minors; adult who sells or provides alcohol to minors can also be charged criminally with a gross misdemeanor);
3. Citations to underage youth for possession (called Minor In Possession, otherwise or MIP).

## Additional Components to Consider

- Law enforcement “walk-throughs”: Regular visits by police officers to licensed establishments may help establish a police presence and serve as a reminder to merchants that police intend to punish merchants who provide alcohol to

underage youth. Please note that this strategy will only be approved if it is part of a larger, comprehensive alcohol enforcement approach.

- Teen “party patrols”: This approach can consist of a variety of interventions ranging from creating and promoting a teen party hotline, to report underage drinking parties, to law enforcement mobilization to locate and break-up teen drinking parties in both public and private settings (for more information on implementing teen party ordinances, see p. 68);
- “Cops in Shops” approaches: This approach involves a partnership between retailers and law enforcement designed to deter minors from attempting to purchase alcohol and to discourage adults from purchasing alcohol for minors. Undercover police officers are assigned to pose as either employees or customers of the participating retailer or customers, and are stationed inside the retailer's premises to apprehend underage persons when they attempt to buy alcoholic beverages. The agents also have a secondary, educational role, which is to share their expertise with retailers and their employees on such subjects as false or fake ID, the signs of intoxication, and the physical and behavioral characteristics of minors. (Note: Use “Cops in Shops” approaches only for limited targeting of retail outlets popular with youth purchasers and to establish a working relationship with retailers; can be used as a first step toward implementing a comprehensive prevention strategy that includes a compliance check program.)
- “Shoulder tap” programs: One of the main ways that young people obtain alcohol from commercial sources is to ask of-age strangers to buy it for them. In "shoulder tap" operations, an undercover operative approaches an adult outside a store and asks the adult to buy him or her alcohol. If the adult agrees and does so, he or she is cited for procuring alcohol to someone underage.);
- Media advocacy to increase support for enforcement and related policies (see p. 108 for more information);
- Mass media campaigns to advertise liability laws and enforcement efforts (see p. 104 for more information);
- Changes in alcohol-related policy:
  - Develop and/or strengthen age identification policies and training for employees of alcohol establishments (see p. 55 for more information).
  - Compliance check and right to search ordinance: (see p. 65 for more information)
  - Establish a Minimum Bar Entry Age of 21: (see p. 55 for more information)
  - Adopt a Drink-at-home – stay-at-home ordinance: (see p. 55 for more information)
  - Adopt a teen party ordinance: (see p. 68 for more information)
  - Adopt a noise assembly ordinance: (see p. 55 for more information)

- Adopt an employment of minors ordinance: (see p. 55 for more information)
- Require alcohol warning signs to be posted at liquor establishments: (see p. 115 for more information)
- Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees (informal policy change)
- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information).

### **Outcomes**

- Reduced retail sales of alcohol to minors;
- Decreased underage alcohol consumption.

### **Contributing Factors Addressed**

- Easy retail access to alcohol;
- Easy social access to alcohol;
- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use;
- Social norms accepting/encouraging alcohol use.

### **Implementation Materials**

- **Alcohol Compliance Checks: A Procedures Manual for Enforcing Alcohol Age-of-Sale Laws:**  
This manual is designed for public officials, law enforcement officers, and alcohol-regulation agents as a practical guide for developing and implementing a compliance check system for establishments that sell or serve alcohol. Developed by the Alcohol Epidemiology Program, University of Minnesota, 2000.  
<http://www.epi.umn.edu/alcohol/manual/manual.pdf>
- **Reducing Alcohol Sales to Underage Purchasers: A Practical Guide to Compliance Investigations:**  
This guide provides guidelines and operational information on reducing sales of alcohol to underage purchasers through compliance investigations of alcohol retailers such as liquor and convenience stores. It presents the rationales for carrying out these investigations and emphasizes the importance of reducing youth access to alcohol. Developed by the Pacific Institute for Research and Evaluation for OJJDP, reprinted 2007.  
<http://www.udetc.org/documents/AlcoholSales.pdf>
- **A Practical Guide to Preventing and Dispersing Underage Drinking Parties:**  
This guide describes the role of enforcement and community organizations or

groups in preventing underage drinking parties and how to safely disperse them. Developed by the Pacific Institute for Research and Evaluation for OJJDP, 2005. <http://www.udetc.org/documents/UnderageDrinking.pdf>

- **Community How To Guide on Enforcement:**  
This guide details what coalitions and organizations need to do to insure the enforcement and judicial communities are active partners in the effort to reduce underage drinking. Includes brief descriptions of activities such as compliance checks, cops in shops, shoulder tap programs, and party buster hotlines. [http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book5\\_Enforcement.html](http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book5_Enforcement.html)
- **Strategies for Reducing Third-Party Transactions of Alcohol to Underage Youth:**  
This document describes enforcement approaches to deterring and reducing the availability of alcohol to underage drinkers through adult providers, including enforcing laws and ordinances and conducting “shoulder tap” programs. In addition, tips to overcoming barriers to enforcement are discussed. <http://www.pire.org/documents/Reducing3rdParty.pdf>
- **Alcohol Purchase and “Shoulder Tap” Surveys: How To Guide:**  
This guide provides a step-by-step approach for what to do to assess where to effectively target compliance checks and “shoulder tap” approaches. <http://www.youthinaction.org/about/shoulderTap/>
- **Community Action Kit: Minimum Drinking Age:**  
This tool kit, developed by Face Project, includes a sample newsletter for police officers; sample op-ed column; and sample news release. <https://www.faceproject.org/Resources/PDF/Enforcing-Minimum-Drinking-Age-CAK.pdf>
- **Model ordinances to reduce the supply of alcohol to youth:**
  - <http://www.epi.umn.edu/alcohol/sample/ordinanc.shtm>
- **Sample social host accountability municipal ordinances:**
  - <http://www.socialhost.org/modelordinances.aspx>
  - <http://www.hayward-ca.gov/municipal/HMCWEB/SocialHostAccountabilityOrdinance.pdf>
  - [http://www.ci.benicia.ca.us/index.asp?Type=B\\_BASIC&SEC=%7B49E2452E-EA93-4B5A-BEA8-F61FADD9EAEC%7D](http://www.ci.benicia.ca.us/index.asp?Type=B_BASIC&SEC=%7B49E2452E-EA93-4B5A-BEA8-F61FADD9EAEC%7D)
- **Alcohol Restrictions on Public Property:**  
This document describes these restrictions, why they are important, considerations for passing and implementing these restrictions in your community, and examples of what other communities have done. <http://www.epi.umn.edu/alcohol/policy/userestr.shtm>
- **Minimum Age of Seller Requirements:**

This document describes these requirements, why they are important, considerations for passing and implementing these requirements in your community, and examples of what other communities have done.

<http://www.epi.umn.edu/alcohol/policy/sellrage.shtm>

- **Law Enforcement Guide to False Identification:**  
Acquaints law enforcement officers with the various ways that false identification can be created and the techniques and tools that can aid in detecting false identification. Developed by the Office of Juvenile Justice and Delinquency Prevention, 2005.  
<http://www.udetc.org/documents/FalseIdentification.pdf>

## Training

- **How to Conduct Compliance Checks:**  
<http://www.udetc.org/lawenforcementstrategies.htm#Compliance>
- **Operations to Reduce Third Party Sales of Alcohol to Underage Youth:**  
<http://www.udetc.org/lawenforcementstrategies.htm#Operations>
- **Party Patrol and Controlled Party Dispersal Techniques for Preventing and Breaking Up Underage Drinking Parties:**  
<http://www.udetc.org/lawenforcementstrategies.htm#Party>
- **Dealing with False Identification:**  
<http://www.udetc.org/lawenforcementstrategies.htm#FalseID>
- **Cops in Shops training and public awareness materials:**  
Ron Engle, Director, Traffic Safety, the Century Council: (202) 637-0077  
<http://www.centurycouncil.org/stop-underage-drinking/initiatives/copsinshops/get-involved>
- **Training Specific to Native American Communities:**  
<http://www.udetc.org/Training.htm#NativeAmerican>

## References

- Wagenaar, A.C ., Toomey, T. L., & Erickson, D.J. (2005). Complying with the minimum drinking age: Effects of enforcement and training interventions. *Alcoholism: Clinical and Experimental Research*, 29, 255-262.
- Wagenaar, A. C., Toomey, T. L., & Erickson, D. J. (2005). Preventing youth access to alcohol: Outcomes from a multi-community time-series trial. *Addiction*, 100, 335-345.
- Wagenaar, A. C., Wolfson, M. (1995). Detering sales and provision of alcohol to minors: a study of enforcement in 295 counties in four states. *Public Health Reports*. Vol. 110, No. 4, 419-427. (Full article available at: <http://www.collegedrinkingprevention.gov/SupportingResearch/Journal/toomey.aspx>)

# Enhanced Enforcement of On-Premise Alcohol Laws and Regulations

## Summary

Bars and clubs have been identified as drinking locations that are especially high risk for alcohol-related intoxication and related problem behaviors, most notably driving while intoxicated and aggression. Deterrence—in the form of enforcing server liability laws and regulations that prohibit serving visibly intoxicated patrons and/or individuals under the minimum legal drinking age—allows police to create the perception of certain, swift and severe punishment in the event that laws are broken. When communities send a clear and consistent message that selling alcohol to intoxicated individuals is not acceptable, the long-term result will be to help establish new community norms around alcohol use. This strategy may also include approaches that reinforce deterrence (e.g., through media campaigns or the implementation of related alcohol misuse prevention policies and/or practices).

Please note that this strategy focuses solely on alcohol use that takes place in a traditional drinking establishment such as a bar (called “on premise” because the drinking takes place on site), and encompasses both underage and of-age individuals. The strategy of Enhanced Enforcement of Underage Drinking Laws overlaps somewhat with this strategy, in that both approaches cover on-premise enforcement of laws prohibiting sale of alcohol to minors.

## Core Components

1. Routine, ongoing enforcement of server liability laws and regulations related to serving intoxicated patrons.

Please note that in implementing the above component, determining which premises on which to focus attention should be determined based on policing intelligence (e.g., safety audits and risk assessments) to identify high-risk premises associated with excessive alcohol intoxication.

2. Routine, ongoing compliance checks using underage or apparently intoxicated “decoys”; compliance checks must be implemented by or coordinated with law enforcement and alcohol regulators.

## Additional Components to Consider

- Administrative penalties: Punishment for retail outlets that break alcohol laws can include administrative penalties by local governments. In Nebraska, local governments can revoke a liquor license through a local hearing, but they cannot suspend the license nor can they sanction any monetary fines.
- Ban drink discounts and other price specials, along with enforcement of these regulations (see p. 62 for more information).

- Media advocacy to increase support for enforcement and related policies (see p. 108 for more information);
- Mass media campaigns to advertise server liability laws and enforcement efforts (see p. 104 for more information);
- Media coverage of enhanced enforcement activities, such as reporting the number of citations issued for server liability (this component develops community awareness through media efforts, increasing perceptions of punishment for substance abuse violations and reducing server noncompliance).
- Responsible beverage server training: Please note that for this approach to be an effective component of this overall strategy, the server training must include tips on how to identify and monitor signs of intoxication, and how to carefully and politely deal with those patrons. Furthermore, responsible beverage server should be part of a larger, comprehensive alcohol abuse prevention approach that includes – at a minimum – compliance checks (see p. 64 for more information);
- Changes in alcohol related policy (and associated enforcement activities):
  - Adopt an employment of minors ordinance: (see p. 55 for more information)
  - Establish a Minimum Bar Entry Age of 21: (see p. 54 for more information)
  - Require alcohol warning signs to be posted at liquor establishments: (see p. 115 for more information)
  - Develop and/or strengthen age identification policies and training for employees of alcohol establishments (see p. 55 for more information).  
Note: This practice is a required core component of the pre-approved strategy, Responsible Beverage Server Training (see p.64).
- Strengthen the Prosecution, Adjudication and Sanctioning of Alcohol Laws (see p. 99 for more information);
- Encourage businesses to adopt policies that decrease personal risk and promote responsible (see p. 55 for more information)

## **Outcomes**

- Reduced retail sales of alcohol to intoxicated patrons;
- Reduced rates of driving while intoxicated.

## **Contributing Factors Addressed**

- Easy retail access to alcohol;
- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use and impaired driving;

- Social norms accepting/encouraging alcohol use;
- Low or discount pricing of alcohol (only addressed if the additional component of prohibiting or restricting happy hours and/or drink specials is implemented).

## Implementation Materials

- **Responses to the Problem of Assaults in and Around Bars:**  
Though the focus is on violence, this guide by the Center for Problem-Oriented Policing provides strategies that will provide a foundation for addressing high-risk establishments. These strategies are drawn from a variety of research studies and police reports. Several of these strategies may apply to your community's particular problem. It is critical that you tailor responses to local circumstances, and that you can justify each response based on reliable analysis.  
<http://www.popcenter.org/problems/assaultsinbars/3>
- **Identifying and Responding to Problematic Licensed Premises—A Guide for Police:**  
Licensed premises are an important priority for police in reducing alcohol intoxication-related problems. It is possible to conduct highly targeted policing operations that focus on the premises that are associated with the most problems. There is a strong research base that identifies what is best policing practice in addressing problematic licensed premises. The challenge for police in conjunction with their partners, is to effectively implement what is known about appropriate responses to this problem. Developed by the Australasian Center for Policing Research, 2006.  
<http://www.acpr.gov.au/pdf/drugs/Licensed%20premises.pdf>
- **Sample bar policies:**  
<http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf>
- **Alcohol Compliance Checks: A Procedures Manual for Enforcing Alcohol Age-of-Sale Laws:**  
This manual is designed for public officials, law enforcement officers, and alcohol-regulation agents as a practical guide for developing and implementing a compliance check system for establishments that sell or serve alcohol. Developed by the Alcohol Epidemiology Program, University of Minnesota, 2000.  
<http://www.epi.umn.edu/alcohol/manual/manual.pdf>
- **Reducing Alcohol Sales to Underage Purchasers: A Practical Guide to Compliance Investigations:**  
This guide provides guidelines and operational information on reducing sales of alcohol to underage purchasers through compliance investigations of alcohol retailers such as liquor and convenience stores. It presents the rationales for carrying out these investigations and emphasizes the importance of reducing youth access to alcohol. Developed by the Pacific Institute for Research and Evaluation for OJJDP, reprinted 2007.  
<http://www.udetc.org/documents/AlcoholSales.pdf>

- **Minimum Age of Seller Requirements:**  
This document describes these requirements, why they are important, considerations for passing and implementing these requirements in your community, and examples of what other communities have done.  
<http://www.epi.umn.edu/alcohol/policy/sellrage.shtm>

## Training

- **How to Conduct Compliance Checks:**  
<http://www.udetc.org/lawenforcementstrategies.htm#Compliance>

## References

- Holder, H., Janes, K., Mosher, J., Saltz, R., Spurr, S., and Wagenaar, A. (1993) Alcoholic beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol*, 54:23-26.
- McKnight, A. J. (1996). Server intervention to reduce alcohol-involved traffic crashes. *Alcohol Health & Research World*, 20(4), 227–229.
- McKnight, A. J., and Streff, F. (1994) The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accidental Analysis and Prevention*, 26(1): 79-88.
- Toomey T. L., Wagenaar A. C., Erickson D. J., Fletcher L. A., Patrek W., Lenk, K. M. (2004) Illegal alcohol sales to obviously intoxicated patrons at licensed establishments. *Alcohol Clin Exp Res*, 28(5): 769-74, 2004.
- Turrisi, R., Nicholson, B., & Jaccard, J. (1999). A cognitive analysis of server intervention policies: Perceptions of bar owners and servers. *Journal of Studies on Alcohol*, 60(1), 37–46.
- Turrisi, R., Nicholson, B., & Jaccard, J. (1999). An examination of the utility of server intervention to reduce alcohol-related problems in college students. *Journal of Applied Social Psychology*, 29(3), 622–638.
- Wagenaar, A. and Holder, H. (1991) Effects of alcoholic beverage server liability on traffic crash injuries. *Alcoholism: Clinical and Experimental Research*, 15(6): 942-947

# Strengthening the Prosecution, Adjudication and Sanctioning of Alcohol Laws

## Summary

The foundation for deterring individuals from breaking alcohol laws depends on their perception of the likelihood of being caught, and on their perception of what will happen to them if they are apprehended. That is why prosecution, adjudication, and sanctioning are such important components of a system aimed at reducing underage drinking, alcohol impaired driving, and/or binge drinking. Not only do these methods constitute a mechanism for changing the behavior of known offenders, but they also provide a basis for establishing effective general deterrence.<sup>4</sup>

**Outcomes** (Note: whether or not the following outcomes are achieved depends on the focus of the prosecution, adjudication and sanctioning efforts):

- Reduction in underage drinking, and/or alcohol-impaired driving;
- Reduction in alcohol related crashes;
- Reduction in fatal and nonfatal injuries associated with crashes.
- Reduced retail sales of alcohol to intoxicated patrons.

**Contributing Factors Addressed** (Note: whether or not the following contributing factors are addressed depends on the focus of the prosecution, adjudication and sanctioning efforts):

- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use and impaired driving;
- Social norms accepting/encouraging alcohol use.
- Easy retail access to alcohol;
- Easy social access to alcohol.

## Implementation Materials

- **DWI System Improvements for Dealing with Hard Core Drinking Drivers—Executive Summary:**  
This report examines ways to improve the prosecution of hard core drinking drivers. The document underscores the need for system improvement by identifying key problems in the prosecution of DWI offenders and recommends practical solutions derived from research and validated by the experiences of

---

<sup>4</sup> Adapted from *Prosecution, Adjudication, and Sanctioning: A Process Evaluation of Post-1980 Activities*, by James Nichols and Kevin Quinlan, National Highway Traffic Safety Administration: <http://profiles.nlm.nih.gov/NN/B/C/Y/C/ /nnbcyc.pdf>

several hundred prosecutors who participated in the project. Produced by the Traffic Injury Research Foundation, June 2002.  
<http://www.alcoholstats.com/mm/docs/1126.pdf>

- **The Prosecutor's Leadership Role in Juvenile Impaired Driving Programs: Supporting the Arrest Alternative:**  
This document is Chapter 2 of Part IV of Strategies for Success: Combating Juvenile DUI, which is intended to empower criminal justice professionals (with a special focus on law enforcement, prosecutors and judges) to take the lead in working with others to plan a coordinated response to alcohol-related delinquency, particularly as it relates to traffic offenses. Developed through a collaboration between the Office of Juvenile Justice and Delinquency Prevention and the National Highway Traffic Safety Administration.  
<http://www.nhtsa.dot.gov/people/injury/alcohol/juveniledui/part4/page3.html>  
The entire document can be found at:  
<http://www.nhtsa.dot.gov/people/injury/alcohol/juveniledui/toc.html>
- **Admissibility of Horizontal Gaze Nystagmus Evidence: Targeting Hardcore Impaired Drivers:**  
Nothing is worse for police and prosecutors than impaired drivers who have already been through the system three or four times. These hardcore offenders have learned not to make incriminating statements or take blood alcohol tests. They even practice the standardized field sobriety tests (SFSTs) in bars before they drive home. Their heightened tolerance to alcohol and repetition of the tests often gives them an ability to display only a small number of impairment clues. But there is one SFST that cannot be practiced or physically controlled—the Horizontal Gaze Nystagmus (HGN) Test. This is a guide to HGN admissibility with articles from a variety of experts in the area. Developed by the American Prosecutors Research Institute, the non-profit research, training and technical assistance affiliate of the National District Attorneys Association, 2003.  
[http://www.ndaa.org/pdf/admissibility%20of%20hgn\\_april\\_2003.pdf](http://www.ndaa.org/pdf/admissibility%20of%20hgn_april_2003.pdf)
- **Alcohol Toxicology for Prosecutors: Targeting Hardcore Impaired Drivers:**  
Defendants often know what most people and jurors know through their life experiences: *what* you eat and drink, and *when* you eat and drink directly impacts the effect of alcohol. For prosecutors, this means being prepared to combat bar room beliefs and conventional wisdom about alcohol through the science of toxicology. This publication serves as a guide to the basic principles of toxicology and the role of experts in this science. Developed by the American Prosecutors Research Institute, the non-profit research, training and technical assistance affiliate of the National District Attorneys Association, 2003.  
[http://www.ndaa.org/pdf/toxicology\\_final.pdf](http://www.ndaa.org/pdf/toxicology_final.pdf)
- **Breath Testing for Prosecutors: Targeting Hardcore Impaired Drivers:**  
Law enforcement officers use breath-testing instruments to investigate the vast majority of these cases. Thus, prosecutors must understand the basics of breath alcohol testing. This monograph is designed to educate prosecutors about the basics of breath testing theories and procedures. Developed by the American

Prosecutors Research Institute, the non-profit research, training and technical assistance affiliate of the National District Attorneys Association, 2004.

[http://www.ndaa.org/pdf/breath\\_testing\\_for\\_prosecutors.pdf](http://www.ndaa.org/pdf/breath_testing_for_prosecutors.pdf)

- **Overcoming Impaired Driving Defenses: Targeting Hardcore Impaired Drivers**

This publication serves as a guide to the most common defenses in impaired driving cases, drawing on the expertise and experience of Herb Tanner, the 2003 Prosecutor Fellow with the National Highway Traffic Safety Administration (NHTSA). Developed by the American Prosecutors Research Institute, the non-profit research, training and technical assistance affiliate of the National District Attorneys Association, 2003.

[http://www.ndaa.org/pdf/overcoming\\_impaired\\_driving\\_defenses.pdf](http://www.ndaa.org/pdf/overcoming_impaired_driving_defenses.pdf)

- **Prior Convictions in Impaired Driving Prosecutions: Targeting Hardcore Impaired Drivers:**

When prosecutors lack knowledge that there is a prior conviction or the proper record, these offenders oftentimes slip through the cracks. Yet, these repeat offenders are the most dangerous drivers on the road. In a perfect world, a prosecutor could type in the defendant's name and date of birth and instantly discover the person's entire driving record, including any prior convictions for DWI. However, in the real world, prosecutors often search numerous locations to determine whether a prior conviction exists, and if it does, where and when it occurred. They must also adhere to a number of constitutional provisions. This guide is intended to assist prosecutors through this process. Developed by the American Prosecutors Research Institute, the non-profit research, training and technical assistance affiliate of the National District Attorneys Association, 2004.

[http://www.ndaa.org/pdf/prior\\_convictions\\_aug\\_2004.pdf](http://www.ndaa.org/pdf/prior_convictions_aug_2004.pdf)

- **A Guide to Sentencing DWI Offenders, 2<sup>nd</sup> Edition, 2005:**

This guide is designed to assist judges and prosecutors with the sentencing of repeat DUI offenders in order to reduce recidivism among this type of offender.

<http://www.nhtsa.dot.gov/people/injury/alcohol/DWIOffenders/index.htm>

- **Strategies for Addressing DWI Offenders: 10 Promising Sentencing Practices:**

This document was produced as a result of the Sentencing Summit held at the National Judicial College in March 2004. It provides innovative sentencing strategies for judges who hear DWI cases, including use of DWI Courts, Staggered Sentencing, Sentencing Circles, Vehicle and License Plate Sanctions, Ignition Interlock Devices, Electronic Monitoring and SCRAM, Victim Impact Panels, Cognitive Behavioral Therapy, Drug Therapy, and Reentry Courts and Programs. Developed by the National Highway Traffic Safety Administration, 2004.

<http://www.nhtsa.gov/people/injury/enforce/PromisingSentence/pages/index.htm>

- **Hardcore Drunk Driving Judicial Guide:**

This judicial guide outlines effective strategies and model programs for judges facing hardcore drunk drivers. Emphasizing the need for appropriate sentencing,

this publication suggests that judges: recognize high BAC as an indicator of hardcore drunk driving; restrict plea bargaining and diversion programs; mandate alcohol assessments and evaluations; impose meaningful fines; employ the use of vehicle sanctions, ignition interlock devices, and intensive monitoring, supervision, and probation; and avoid substituting community service for harsher sanctions, among other things. Developed by the National Association of State Judicial Educators, 2004.

<http://nasje.org/resources/HCDrunk/HCDrunkJudicialGuide.pdf>

## Training

- **Judicial Curriculum on Juvenile DWI and Alcohol & Other Drug Use:**  
This comprehensive curriculum encourages judges to impose appropriate treatment and sanctions on juvenile DWI offenders and to become leaders in the development of community-based prevention and intervention programs. The curriculum includes information on drug and alcohol trends, adolescent development, law enforcement, screening and assessment, dispositions, and engaging the community. In addition to PowerPoint presentations, the curriculum includes a workshop coordinator's guide, lesson plans, participant materials, and a video, "Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996)," which addresses judges' ethical concerns when engaging in extra-judicial prevention activities. The entire curriculum may be obtained from the National Council of Juvenile and Family Court Judges, P.O. Box 8970, Reno, Nevada, 89507, (775) 784-6012.
- **National Judicial College Traffic Safety Courses:**  
The National Judicial College offers at least three courses related to DUI for judges: Traffic Issues in the 21st Century, DUI Primer for New Judges: Impaired Driving Case Fundamentals, and Sentencing Motor Vehicle Law Offenders. Information about these courses can be found at the link below or by contacting the National Judicial College at Mail Stop 358, Reno, NV. 89557, or 1-800-255-8343.

## **MEDIA & COMMUNICATION WITHIN THE COMMUNITY**

Media stories reporting enforcement and penalties applied can confirm the expectation that violators will experience consequences and at the same time reinforce community norms and values regarding public health policy. Media advocacy around alcohol increases coverage of alcohol-related issues, and can change public perceptions of the likelihood of arrest for breaking alcohol laws.

Please note that, due to insufficient or conflicting evidence, mass media and/or communication approaches will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach. These approaches include:

- Mass Media Campaigns (for implementation information, see p. 104);
- Counter-advertising Campaigns (for implementation information, see p. 106);
- Media Advocacy (for implementation information, see p. 108);
- Media Literacy (for implementation information, see p. 110);
- Social Marketing (for implementation information, see p. 111);
- Social Norms Approaches (for implementation information, see p. 113);
- Alcohol Warning Signs (for implementation information, see pp. 115).

# **Mass Media Campaigns to Reduce Underage Drinking, Binge Drinking & Alcohol Impaired Driving**

## **Summary**

Mass media campaigns aim to persuade individuals either to avoid underage drinking, to avoid drinking and driving, to avoid binge drinking, or to prevent others from engaging in these activities. Media campaigns use media such as television, radio, newspapers, billboards, and print to get their messages across. Mass media campaigns fall into three general categories: (1) informational; (2) advocacy; and (3) social norms approaches. For more information on #2 and #3, see the specific sections in this Appendix devoted to those approaches (pp. 108 and 113, respectively). Mass media campaigns in the above categories are used to:

- Increase awareness of existing laws and punishments;
- Increase awareness of prevention efforts taking place in the community, such as an increase in sobriety checkpoints and retail compliance checks; and
- Increase knowledge and awareness of the social and health consequences of alcohol use.

Please note that, due to insufficient or conflicting evidence, mass media campaigns will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach. Furthermore, to be approved, these campaigns must:

- Be carefully planned and well executed;
- Attain adequate audience exposure.

## **Core Components**

1. Campaign goals and objectives are based on an analysis of the community's drinking problems, and coincide with goals and objectives of primary strategy;
2. Messages are appropriately focused and materials are based on the target population's geographic, demographic, psychological, and problem-relevant characteristics. (Note: Use appropriate language, style and tone to get the message right for the target audience.);
3. Formative research is conducted with the target audience to determine perceptions and message appeal;
4. A staged approach is developed that recognizes the need to build toward behavior, norm, or policy change. For example, to promote personal behavior change, an audience may need to be led through a series of steps that include awareness, knowledge and beliefs, behavioral skills, self-efficacy (i.e., the conviction that individuals can master or maintain a behavior), and supports for sustaining change. (Note: To be effective, the message must be right for the viewer's stage of problem acknowledgement and readiness for change.);

5. Include a specific “call to action” that asks the audience to take a particular step;
6. Select a message source or sponsor that is credible to the particular audience; be wary of choosing celebrity spokespeople, whose appeal or credibility may be fleeting; use young models (versus authority figures) who appeal to target group;
7. Provide a clear and consistent message;
8. Pre-test message with target audience;
9. Choose a mix of media channels, including online resources.

### **Outcomes**

- Supports the outcome(s) of primary prevention strategy.

### **Contributing Factors Addressed**

- Easy retail access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);
- Easy social access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);
- Social norms accepting / encouraging alcohol use;
- Low perceived risk of alcohol use and/or impaired driving (this contributing factor is only addressed if a social norms approach is utilized – see p. 113 of this Appendix for more information).

### **Implementation Materials & Training**

- DeJong, W., The Role of Mass Media Campaigns in Reducing High-Risk Drinking Among College Students, Journal of Studies on Alcohol, Supplement No. 14, 2002. (NOTE: See section titled “Lessons from Past Public Health Campaigns,” starting on pp. 185-189 of this article for tips.)  
<http://www.collegedrinkingprevention.gov/media/Journal/182-DeJong.pdf>

### **References**

- DeJong, W., The Role of Mass Media Campaigns in Reducing High-Risk Drinking Among College Students, Journal of Studies on Alcohol, Supplement No. 14, 2002.  
<http://www.collegedrinkingprevention.gov/media/Journal/182-DeJong.pdf>
- Elder, R.W., Shults, R. A., Sleet, D. A., Nichols, J. L., Thompson, R. S., Rajab, W., Effectiveness of Mass Media Campaigns for Reducing Drinking and Driving and Alcohol-Involved Crashes: A Systematic Review, American Journal of Preventive Medicine, 2004; 27(1)

# Counter-Advertising Campaigns

## Summary

Counter-advertising commonly is used to balance the effects that alcohol advertising may have on alcohol consumption and alcohol-related problems. Ultimately, counter-advertising campaigns are intended to change the social context for drinking, over-consumption and/or drunk-driving. Such measures can take the form of print or broadcast advertisements (e.g., public service announcements—commonly called PSAs—as well as product warning labels (warning labels will not be addressed, here, however, as they can't be implemented on a local level). For print and broadcast counter-advertisements, such factors as their emotional appeal and the credibility of the source, as well as audience factors, can influence their effectiveness. Print or broadcast counter-advertisements can be on television or radio, outdoors (e.g., billboard), or newspapers.

Counter-advertisements are intended to attract interest and motivate people to act on new information provided in these ads. Counter-advertisements can use approaches such as:

- The informational/ testimonial approach, based on the assumption that providing information will increase audience knowledge and awareness of the alcohol-related issue and eventually impact the targeted behavior; or
- An approach that encourages the adoption of more responsible drinking-related behaviors, such as using designated drivers and/or intervening to prevent alcohol-impaired people from driving.

Please note that, due to insufficient or conflicting evidence, counter-advertising campaigns will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.<sup>5</sup>

## Core Components

The research on message, source, and audience factors indicates that part of the success of counter-advertising will depend on how these factors interact.

It is critical that counter-advertisements include:

- Strong logical arguments;
- Employ emotional appeal through methods such as celebrity endorsements and/or sensational content.

---

<sup>5</sup> This summary was adapted from *Alcohol Counter-Advertising and the Media: A Review of Recent Research*, by Gina Agostinelli and Joel Grube, for the National Institute on Alcohol Abuse and Alcoholism, 2002: <http://pubs.niaaa.nih.gov:80/publications/arh26-1/15-21.htm>

Broadcast counter-advertisements are most effective when the communicator is of the same gender as the viewer, and they have a greater influence on lighter than on heavier drinkers.

Research indicates that drunk-driving counter-advertising campaigns should not target at-risk drinkers but rather should urge friends to intervene with resistant drinkers because they are more likely to be respected and be listened to by this at-risk group.

### **Outcomes**

- Supports the outcome(s) of primary prevention strategy.

### **Contributing Factors Addressed**

1. Social norms accepting / encouraging alcohol use;
2. Low perceived risk of alcohol use and/or impaired driving.

### **References**

- Griffith E, et al. Alcohol Policy and the Public Good, 1995. :169 - 180.
- Dorfman L and Wallack L. Advertising Health: The Case for Counter-Ads. Public Health Reports, November - December 1993. 108 (6): 716 - 726.

## **Media Advocacy**

### **Summary**

Media advocacy is the strategic use of both mass media and community advocacy to promote public debate and generate community support for environmental change (such as a public policy initiative), by raising awareness of alcohol abuse and related issues. Key elements of media advocacy include raising the problem as a policy issue, controlling the way it is defined and conceptualized in debate, and keeping the issue alive. Media advocacy can be an important tool in reframing public debate because local news media is used to bring attention to a problem, advance the importance of one or more specific policies or other approaches that can reduce the problem, as well as put pressure on decision makers who can make the necessary changes. Media advocacy focuses on changing the amount of coverage social issues receive in the news media and, more importantly, the type of news coverage they receive.

Please note that this strategy will only be approved if it is implemented in order to advance environmental or policy change.

### **Core Components**

1. Identify specific goals of advocacy effort and ensure goals coincide with goals of primary strategy;
2. Frame the issue to convey the appropriate message(s), and to assure newsworthiness;
3. Develop a message;
4. Pre-test message with target audience;
5. Learn to deal effectively with the media.

### **Outcomes**

- Supports the outcome(s) of primary prevention strategy.

### **Contributing Factors Addressed**

- Easy retail access to alcohol (this contributing factor is only addressed if the media advocacy campaign is specifically directed at this factor);
- Easy social access to alcohol (this contributing factor is only addressed if the media advocacy campaign is specifically directed at this factor);
- Social norms accepting/encouraging alcohol use.
- Low perceived risk of alcohol use, alcohol impaired driving, and/or binge drinking (this contributing factor is only addressed if the media advocacy campaign is specifically directed at this factor);

## Implementation Materials

- **Strategic Media Advocacy for Enforcement of Underage Drinking Laws:**  
Media advocacy is an approach to media that helps empower people to tell their own story proactively rather than waiting passively for the media to “get it right.” While it is never possible to have the final say in how a story is reported, it is very possible to participate in the process and exert influence on how stories are reported. This guide discusses how to frame an issue, how to deal with journalists, and the nuts and bolts details of dealing with media. Developed by the Pacific Institute for Research and Evaluation for OJJDP, 1999.  
<http://www.pire.org/documents/mediaadvocacy.pdf>
- **APHA Media Advocacy Manual:**  
This manual developed by the American Public Health Association (APHA) provides tips on how to plan your message, contact the media, and use the media to advance your prevention goals.  
[http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media\\_Advocacy\\_Manual.pdf](http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf)
- **Media Action Planning: A Checklist:**  
Developed by the Praxis Project, this web page provides a checklist for working with the media, plus tools on how to get coverage, frame your message, tell your story, write a letter to the editor, and develop a press release.  
<http://toolkit.healthjustice.us/print/116>
- **Strategic Communications Plan Template:**  
<https://spinproject.rdsecure.org/downloads/SCPTemplate.pdf>

## Training

- **Media Advocacy Training:**  
<http://www.udetc.org/Training.htm#Media>

## References

- DeJong, William, The Role of Mass Media Campaigns in Reducing High-Risk Drinking Among College Students, Journal of Studies on Alcohol, Supplement No. 14, 2002.  
<http://www.collegedrinkingprevention.gov/media/Journal/182-DeJong.pdf>

# Media Literacy

## Summary

Media literacy is the ability to access, analyze, and evaluate media in a variety of forms (and can also provide a framework for creating media messages). This strategy is based on the theory that media literate individuals have the skills to do a better job deciphering the complex messages they receive from the media (including television, radio, newspapers, magazines, books, billboards and signs, packaging and marketing materials, video games, and the Internet), and as such, they are better able to understand not only the surface content of media messages but the deeper and often more important meanings beneath the surface. Once individuals learn how to see through the surface of today's media, to understand how and why they're being manipulated, they become more critical consumers of media, more receptive to other ideas and information, and better able withstand the influence of the media that bombards them daily.

Please note that, due to insufficient or conflicting evidence, media literacy approaches will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.

## Outcomes

- Supports the outcome(s) of primary prevention strategy.

## Contributing Factors Addressed

- Social norms accepting / encouraging alcohol use;
- Low perceived risk of alcohol use.

## References

- Austin E.W., Johnson K.K. Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *J Health Communication* 1997; 2:17-42.
- Behson, J. Media Literacy for High-Risk Children and Youth, *Telemedium: The Journal of Media Literacy*; 48(Fall 2002)2:38-40.
- Pinkleton, B., Austin, E., Cohen, M., Miller, A. Media Literacy and Smoking Prevention Among Adolescents: A Year-Two Evaluation of the American Legacy Foundation/Washington State Department of Health Anti-Tobacco Campaign. Paper presented at the International Communication Association, Health Communication Division, San Diego, California, May 2003.

# Social Marketing

## Summary

Social marketing is the systematic application of commercial marketing techniques to achieve specific behavioral goals in order to benefit the health of a target population. Social marketing promotes a voluntary change in the behavior of the target audience by offering desired benefits in place of the negative behavior, reducing perceived barriers to behavior change, and using persuasion to motivate participation.

Please note that, due to insufficient or conflicting evidence, social marketing campaigns will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.

## Core Components

Social marketing strategies must:

- Seek to change behavior and have specific, measurable behavioral objectives;
- Be based on formative research conducted to identify target consumer characteristics and needs;
- Consider different segmentation variables when selecting the intervention target group;
- Tailor the intervention strategy for the selected segment(s);
- Intervention consists of communication (i.e., “promotion”) plus a focus on at least one additional marketing “P” (i.e., the “product” or behavior change being marketed; the “price” or cost to a person to stop—or take on—a certain behavior; and/or “place,” which, in the public health arena, can be interpreted as how difficult it will be to change the behavior—or, in other words, how accessible is the behavior change?);
- Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (e.g., personal satisfaction) or tangible (e.g., rewards for participating in the program and making behavioral changes).
- Intervention considers the appeal of competing behaviors (including the current behavior), and uses approaches to minimize the competition;
- Intervention elements are pre-tested with the target group.

## Additional Components

- Policy change;
- Training to those delivering the intervention;

## Outcomes

- Supports the outcome(s) of primary prevention strategy.

## Contributing Factors Addressed

- Social norms accepting / encouraging alcohol use;
- Low perceived risk of alcohol use and/or impaired driving.

## Implementation Materials

- **The Manager's Guide to Social Marketing: Using Marketing to Improve Health Outcomes:**  
This guide, developed by the Social Marketing National Excellence Collaborative, takes the reader through the core steps that must be completed in order to conduct an effective social marketing campaign. Tips and tools are also provided.  
[http://www.turningpointprogram.org/Pages/pdfs/social\\_market/smc\\_managers\\_online.pdf](http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_managers_online.pdf)
- **Social Marketing of Successful Components of the Initiative:**  
This chapter of the University of Kansas' Community Tool Box provides an in-depth overview of social marketing, and a step-by-step guide for implementing a social marketing campaign, including tips and tools.  
[http://ctb.ku.edu/tools//chapter\\_1045.htm](http://ctb.ku.edu/tools//chapter_1045.htm)

## References

- Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.
- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What's the evidence? *Public Health*, 120, 1133-1139.

## **Social Norms Approaches**

### **Summary**

Social norms approaches are strategies that seek to reduce misperceptions of norms about underage drinking, alcohol impaired driving, or binge drinking. Since most young people believe that their peers hold more permissive attitudes about drinking than they actually do, the social norms approach involves communicating actual drinking norms in order to dispel those myths. The idea is to correct misperceptions about what the majority of young people actually think and do concerning alcohol consumption, with the ultimate goal of changing drinking practices.

Please note that, due to insufficient or conflicting evidence, social norms approaches will only be approved as strategies if they are implemented as secondary activities that are part of a larger, comprehensive alcohol abuse prevention approach.

### **Core Components**

1. Conduct careful research into the existing norms of the target audience to determine the content and tone of the social norms messages;
2. Develop specific communication goal(s) for each campaign, based on collected data, and ensure goal(s) coincide with goal(s) of primary strategy;
3. Choose channels of communication carefully and intentionally;
4. Test and re-test messages.

### **Outcomes**

- Supports the outcome(s) of primary prevention strategy.

### **Contributing Factors Addressed**

- Easy retail access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);
- Easy social access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);
- Social norms accepting/encouraging alcohol use;
- Low perceived risk of alcohol use.

## Implementation Materials

- **A Multifaceted Social Norms Approach to Reduce High-Risk Drinking: Lessons from Hobart and William Smith Colleges:**

This publication represents one piece in a comprehensive approach to alcohol prevention at institutions of higher education. The concepts and approaches it describes should be viewed in the broader context of prevention theory and the approaches affirmed by the U.S. Department of Education and promoted by the Center in its training, technical assistance, publication, and evaluation activities. Developed by the Higher Education Center for Alcohol and Other Drug Prevention, funded by the U.S. Department of Education with supplemental funding from the Robert Wood Johnson Foundation, 2002.

<http://www.higheredcenter.org/files/product/hws.pdf>

- **A Guide to Marketing Social Norms for Health Promotion in Schools and Communities:**

This is a comprehensive, step-by-step manual for those who are interested in using the social norms approach to address school-age and community-wide issues. It is important that those working to implement social norms projects have the tools and knowledge to do so effectively, and with fidelity to the model. This guidebook is intended to provide both the theoretical and practical information necessary to conduct an effective project. Developed by the National Social Norms Resource Center, 2005.

<http://www.socialnormsresources.org/pdf/Guidebook.pdf>

## References

- Perkins, H. W., Haines, M. P., Rice, R. Misperceiving the College Drinking Norm, *Journal of Studies on Alcohol*, 2005
- Perkins, H. W., *Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts*, *Journal of Studies on Alcohol*, 2002
- Wechsler, H., Nelson, T. F., Lee, J. E., Seibring, M., Lewis, C., Keeling, R. P., *Perception and Reality: A National Evaluation of Social Norms Marketing Interventions to Reduce College Students' Heavy Alcohol Use*, *Journal of Studies on Alcohol*, 2003

# Alcohol Warning Signs

## Summary

Alcohol warning signs, also referred to as alcohol warning posters, are notices or signs located in alcohol establishments that provide information related to the legal, social, and health consequences of alcohol use. The State of Nebraska currently requires two warning signs to be posted at every licensed outlet, including one warning to minors that it is illegal to purchase alcohol if you are under age 21, and one warning to pregnant women about alcohol use. Local jurisdictions have the freedom to require any additional signs through a local ordinance.

Signs may include information on:

- The legal penalties and consequences of providing/selling alcohol to underage or intoxicated persons.
- The legal penalties of underage possession and consumption of alcohol.
- The establishment's policies and practices on checking customers' age identification and refusing sales to intoxicated patrons.
- Risks of consuming alcohol while taking certain medications and/or prior to driving motor vehicles and operating heavy machinery.

For individuals to make informed decisions about purchasing or consuming alcohol, they must have access to accurate information. Warning posters located in alcohol establishments are one mechanism for informing patrons about their alcohol-related behaviors. The potential benefits of warning posters depend upon the information provided by them. (Note that this strategy is only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities) <sup>6</sup>

## Core Components

- Goals and objectives of the signs are based on an analysis of the community's drinking problems and information needs;
- Determine plans for how to disseminate signs;
- Identify and secure a mechanism for enforcement;

## Outcomes

- Supports the outcome(s) of primary prevention strategy.

## Contributing Factors Addressed

- Easy retail access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);

---

<sup>6</sup> This summary was adapted from *Alcohol Warning Posters, Alcohol Epidemiology Program, University of Minnesota*, <http://www.epi.umn.edu/alcohol/policy/posters.shtm>

- Easy social access to alcohol (this contributing factor is only addressed if a media campaign is specifically directed at this factor);
- Social norms accepting/encouraging alcohol use;
- Low perceived risk of alcohol use.

## Resources

National Clearinghouse on Drug and Alcohol Information (provides a variety of alcohol posters)

P.O. Box 2345,  
Rockville, MD 20847-2345  
1-800-729-6686

[www.health.org/catalog/posters/](http://www.health.org/catalog/posters/)

The Century Council (provides posters, decals, buttons, and stickers that discourage underage alcohol sales and purchase)

Washington, DC  
202-637-0077

[www.centurycouncil.org](http://www.centurycouncil.org)

## References

- Forster, J.L., Murray, D.M., Wolfson, M., Wagenaar, A.C. Commercial availability of alcohol to young people: Results of alcohol purchase attempts. *Preventive Medicine*, 24:342-347, 1995.
- Forster, J.L., McGovern, P.G., Wagenaar, A.C., Wolfson, M., Perry, C.L., Anstine, P.S. The ability of young people to purchase alcohol without age identification in northeastern Minnesota, USA. *Addiction*, 89:699-705, 1994.
- Wagenaar AC, Toomey TL, Murray DM, Short BJ, Wolfson M, Jones-Webb R. Sources of alcohol for underage drinkers. *Journal of Studies on Alcohol*, 57(3):325-33, 1996.
- Center for Science in the Public Interest. A national campaign for alcohol health warning signs. Washington, D.C., 1996. Accessed online at: [www.cspinet.org/booze/warnqa.html](http://www.cspinet.org/booze/warnqa.html)
- Fenaughty AM, MacKinnon DP. Immediate effects of the Arizona alcohol warning poster. *Journal of Public Policy & Marketing*, 12(1):69-77, 1993.

## **Create, Enhance, and/or Enforce Policies and Practices to Discourage Alcohol Use in the School (K-12) Setting**

School-based, multi-component environmental strategies should use policies and practices to discourage alcohol use among K-12 students by reducing alcohol availability and normative pressures to drink. When schools establish alcohol policies that clearly state expectations and penalties regarding alcohol use by students, they help reinforce the fact that underage drinking is not an acceptable form of behavior, and ultimately help to change student norms around drinking.

Pre-approved, evidence-based environmental strategies that are designed to be implemented within the school setting include the following. Ideally these strategies should be implemented as part of a comprehensive school-based prevention approach that includes policy, enforcement, and media elements. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and coalition capacity.

- Policy Changes:
  - Establish or strengthen school penalties for possession of alcohol or alcohol intoxication on school property or at school-related event;
  - Prohibit the consumption of alcohol at all school-related events, including adult consumption;
  - Adopt practices to prevent students from bringing alcohol to school or school-related events, such as mesh or see through bags, prohibiting re-entry at events, and monitoring of gates and parking lots at events.
  
- Enforcement:
  - Enforce school penalties for possession of alcohol or alcohol intoxication on school property or at school-related events:
    - Search student lockers and backpacks when alcohol is suspected;
    - Work with local law enforcement to monitor the school;
    - Hire a security guard, assign staff, and/or use volunteers to monitoring school property as well as athletic and other facilities used for school-related events.
  
- Media / Communication:
  - Educate parents, through school newsletters, PTA meeting, or other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it (only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities):

- Implement an educational/awareness (media) campaign within a school or district (only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities) – see p. 104 for more information:
  - Increase awareness of school policies and associated consequences;
  - Increase awareness of alcohol laws and associated consequences;
  - Increase awareness of the social and health consequences of alcohol use;
  - Social norms approaches, such as comparing actual vs. perceived alcohol use (only pre-approved if a secondary activity to a comprehensive alcohol prevention approach).

## References

- What Schools Can Do, The Role of Schools in Reducing Youth Access to Alcohol; Alcohol Epidemiology Program, University of Minnesota:  
<http://www.epi.umn.edu/alcohol/policy/schools.shtm>

## **CREATE, ENHANCE, AND/OR ENFORCE POLICIES AND PRACTICES TO DISCOURAGE ALCOHOL USE IN THE COLLEGE / UNIVERSITY SETTING**

Campuses should focus on creating a social, academic, and residential environment that supports healthy student behaviors and healthy norms. Creating this environment requires consistently communicating expectations about alcohol-related behavior, while supporting and encouraging healthy choices among students. Environmental strategies affecting college students can operate within the institution of higher education, as well as in the surrounding community (through campus-community mobilization efforts and policy change). See page 6 of this guide for a description of the 3-In-1 approach to college drinking prevention.

In order to successfully develop and implement new policies, a participatory process must be employed that includes all major sectors of the campus and community, including students. On campus, an alcohol task force should conduct a broad-based examination of the college environment, looking not only at alcohol-related policies, programs, and practices, but also the academic program, the academic calendar and the entire college infrastructure. The objective is to identify ways in which the environment can be changed to clarify the college's expectations for its students, better integrate students into the intellectual life of the college, change student norms away from alcohol, and make it easier to identify students in trouble with alcohol.<sup>7</sup>

Pre-approved, evidence-based environmental strategies designed to be implemented within the college/university setting include the following. Ideally these strategies should be implemented as part of a comprehensive campus-based prevention approach that includes policy, enforcement, and media elements. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and coalition capacity.

- Policy Changes:
  - Establish or strengthen policies related to alcohol use and possession on campus property and at campus-sponsored events;
    - Revise and strengthen penalties for violation of campus alcohol policies, including:
      - Disciplinary sanctions on campus (such as participation in an alcohol education program, impact on student record, contacting of parents/guardians);
      - Contacting law enforcement for violations that are illegal;

---

<sup>7</sup> This summary was adapted from *Typology for Campus-Based Alcohol Prevention: Moving Toward Environmental Management Strategies*, by William DeJong and Linda Langford, *Journal of Studies on Alcohol*, Supplement No. 14, 2003: <http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf>

- Distribute the campus alcohol policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities;
- Require ID checks at all campus events where alcohol is available;
- Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs;
- Prohibit alcohol at all campus-sponsored functions and events both on and off campus;
- Prohibit alcohol kegs on campus and at campus-sponsored events;
- Prohibit alcohol within all student housing;
- Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs. Ideally, responsible beverage server training should be implemented as part of a comprehensive alcohol prevention approach that includes – at a minimum – compliance checks (see p. 64 for more information on responsible beverage service);
- Require that all incoming and returning students participate in a brief motivational intervention related to alcohol use (see p. 172 for more information on brief motivational interventions);
- Reinstate or maintain Friday classes to shorten the elongated weekend;
- Restrictions on alcohol advertising and promotion on campus (see p. 77 for more information restricting advertising and promotion), including: (Note that this strategy is only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Eliminate alcohol sponsorship of athletic events and other campus social activities
  - Eliminate alcohol advertising in college publications
  - Prohibit announcements of parties and events that offer or allow alcohol;
- Encourage staff and faculty to live on campus;
- Expand opportunities for students to make social choices that do not include alcohol, including: (Note that this strategy is only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities)
  - Extended hours of student centers and athletic facilities;
  - Offer recreational sports later in at night and on weekends;

- Add alcohol-free coffeehouses and food-courts for socializing and studying;
  - Increase volunteer and public service opportunities;
  - Encourage students to work and complete internships.
- Enforcement:
  - Enhance enforcement of alcohol laws and policies on campus property and at campus-sponsored events such as (see p. 80-102 for information on implementing a variety of enforcement strategies):
    - Increase capacity of university police to address alcohol laws/policies;
    - Hire security monitors.
- Media / Communication:
  - Media campaigns, including media advocacy and counter-advertising (Note that this strategy is only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities) – see p. 104 for more information on media campaigns:
    - Increase awareness of campus policies and associated consequences;
    - Increase awareness of alcohol laws and associated consequences;
    - Increase awareness of prevention efforts taking place on campus, such as increased security to monitor alcohol use in campus housing;
    - Increase knowledge and awareness of the social and health consequences of alcohol use;
  - Alcohol warning signs
  - Social norms approaches (e.g., approaches that are specifically designed to correct misperceptions about alcohol behavior and attitude) (Note that this strategy is only pre-approved if a secondary activity to a comprehensive alcohol prevention approach). see p. 113 for more information on social norms approaches:

## **Implementation and Training Materials**

- **Reducing Alcohol Problems on Campus: A Guide to Planning and Evaluation:**

This guide provides direction as to how existing research on college student drinking can be incorporated most effectively into an explicit planning process to not only maximize the impact of any alcohol abuse prevention strategy, but also to actively monitor any intervention's implementation and local impact.

Developed by the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism for the National Institute on Alcohol Abuse and Alcoholism (NIAAA), April 2002.

<http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf>

This guide should be supplemented by NIAAA's **What Colleges Need to Know: An Update on College Drinking Research**, November 2007, available at:

[http://www.collegedrinkingprevention.gov/1College\\_Bulletin-508\\_361C4E.pdf](http://www.collegedrinkingprevention.gov/1College_Bulletin-508_361C4E.pdf)

- **Addressing Alcohol Use on Campus:**

This series of web pages describes multi-component environmental strategies aimed at the campus community. The approaches that are described include limiting alcohol availability both on and off campus; developing campus policies and enforcing laws; supporting health-promoting norms; restricting marketing and promotion of alcohol; and alcohol-free options. This site is a product of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention.

- Limiting alcohol availability on and off campus:

<http://www.higheredcenter.org/environmental-management/change/availability>

- Developing campus policies and enforcing laws:

<http://www.higheredcenter.org/environmental-management/change/policy>

- Supporting health-promoting norms:

<http://www.higheredcenter.org/environmental-management/change/normative>

- Restricting marketing and promotion of alcohol:

<http://www.higheredcenter.org/environmental-management/change/marketing>

- Alcohol-Free Options: <http://www.higheredcenter.org/environmental-management/change/alcohol-free>

- **Clinical Protocols to Reduce High Risk Drinking in College Students: The College Task Force on College Drinking:**

The goal of this curriculum is to help all health care professionals—physicians, nurses, nurse practitioners, physician assistants, social workers, health educators, counselors, psychologists, and others who work with college students—identify and treat students at-risk or are having alcohol-related problems using screening, brief intervention and motivational interviewing. The clinical methods presented in this curriculum are based on science and clinical experience and have been tested and used in a variety of settings. The protocols were specifically designed for busy high-volume practice. Each module is based on current evidence and research and includes the essential information every clinician should know about the prevention and treatment of college drinking problems. Developed for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Task Force on College Drinking, October 2002.

<http://www.collegedrinkingprevention.gov/media/FlemingManual.pdf>

## **CREATE, ENHANCE, AND/OR ENFORCE POLICIES AND PRACTICES TO DISCOURAGE ALCOHOL USE IN THE WORKSITE SETTING**

Worksite policies and strategies may help employees reduce the risks associated with alcohol use and abuse, and improve their quality of life. In addition to assisting workers, these strategies have the potential to benefit employers by supporting employees who already abstain from alcohol use, reducing the frequency and intensity of use by those employees already engaged in alcohol abuse and related behaviors, and limiting other health concerns correlated with alcohol use and abuse. Workplace characteristics such as the importance of drinking in work-related social contexts and the permissiveness of the work environment play major roles in promoting heavy alcohol consumption. However, the social and cultural backgrounds of workers is also a determining factor in alcohol use and abuse. Alcohol abuse prevention strategies in worksite settings should address both workplace and worker characteristics, through approaches such as providing free hot lunches inside the workplace to inhibit lunch hour and parking lot drinking, and/or organizing groups to promote leisure activities appropriate to workers' interests and economic abilities.

In general, multi-component environmental strategies aimed at worksite settings should involve:<sup>8</sup>

- Skills training;
- Focusing on work-life balance;
- Using multimedia technology (Internet, message boards, networking sites, etc.) to deliver the message;
- Framing alcohol abuse prevention in the larger, holistic, context of health (both physical and emotional);
- Emphasis on social and peer influences.

Pre-approved, evidence-based environmental strategies designed to be implemented within the worksite setting include the following. Ideally these strategies should be implemented as part of a comprehensive worksite prevention approach that includes policy, enforcement, and media/awareness elements. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and coalition capacity.

- Policy Change:
  - Establish or strengthen policies related to alcohol use among employees:

---

<sup>8</sup> This list of core components taken from SAMHSA's Overview of the Young Adults in the Workplace Initiative PowerPoint presentation by Debora Galvin:  
[http://captus.samhsa.gov/northeast/powerpoint/CAPT\\_Overview\\_YIW\\_Initiative\\_092808\\_finalvg\\_galvin.ppt](http://captus.samhsa.gov/northeast/powerpoint/CAPT_Overview_YIW_Initiative_092808_finalvg_galvin.ppt)

- Could consist of adding policies related to alcohol on worksite property, consuming alcohol during working hours, use of company vehicle and equipment when under the influence of alcohol, alcohol availability at worksite-sponsored events, drug and alcohol testing, alcohol consumption guidelines for on-call employees, alcohol education or brief motivational interventions as a requirement for employees, and others.
  - Require responsible beverage server practices when alcohol is available at worksite-sponsored events. Ideally, responsible beverage server training should be implemented as part of a comprehensive alcohol prevention approach that includes – at a minimum – compliance checks (see p. 64 for more information on responsible beverage service);
  - Enact policies to restrict underage access to alcohol in the workplace:
    - Provide information to all adult employees about the consequences of providing alcohol to underage persons;
    - Prevent youth access to alcohol at company events
    - Prevent access to alcohol by underage employees at businesses that have a license to sell alcohol.
- Enforcement: (Note: enforcement of worksite policies is informal – that is, it doesn't involve law enforcement – instead, it focuses on holding supervisors and workers accountable for following alcohol-related rules and regulations)
  - Enhance enforcement of policies;
  - Reprimands supervisors who fail to enforce the policies.
- Media / Communication:
  - Implement an educational/awareness (media) campaign within a worksite (Note that this strategy is only pre-approved if implemented in conjunction with other ongoing alcohol prevention activities) – see p. 104 for more information on media campaigns:
    - Increase awareness of worksite policies and associated consequences;
    - Increase awareness of alcohol laws and associated consequences;
    - Increase awareness of the social and health consequences of alcohol use;
    - Display alcohol warning posters;
    - Social norms approaches (only pre-approved if a secondary activity to a comprehensive alcohol prevention approach).

## References

- Young Adults in the Workplace Annotated Reference List, by Johannes Norling and Zach Wilcox, RTI International, 2008:  
[http://www.workplace.samhsa.gov/YIW/YIW\\_Files/vti\\_cnf/YIW\\_Annotated\\_Ref\\_list.pdf](http://www.workplace.samhsa.gov/YIW/YIW_Files/vti_cnf/YIW_Annotated_Ref_list.pdf)
- Contextual and Other Factors Related to Workplace-Based Substance Abuse Prevention and Early Intervention for Adolescents and Young Adults:  
[http://www.workplace.samhsa.gov/YIW/YIW\\_Files/Background.pdf](http://www.workplace.samhsa.gov/YIW/YIW_Files/Background.pdf)
- What Worksites Can Do to Prevent Youth Access to Alcohol Within the Workplace; Alcohol Epidemiology Program, University of Minnesota:  
<http://www.epi.umn.edu/alcohol/policy/worksite.shtm>

## **CREATE, ENHANCE, AND/OR ENFORCE POLICIES AND PRACTICES TO DISCOURAGE ALCOHOL USE IN THE HEALTHCARE SETTING**

Healthcare providers (in settings such as hospitals, clinics, doctor's offices and the emergency room) are in a unique position to influence the behavior of the population with which they come into contact, and—in particular—to reach community members at high risk for alcohol abuse. Environmental strategies within the healthcare setting should focus on policy change to support effective intervention on behalf of clients or patients who present with alcohol abuse or related problems.

Pre-approved, evidence-based strategies that are designed to be implemented within the healthcare setting include the following. Ideally these strategies should be implemented as part of a broader community-wide prevention approach that includes policy, enforcement, and media/awareness elements in other settings than just healthcare. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and coalition capacity.

- Adopt a policy requiring that screening and brief motivational interventions are part of standard practice (see p. 185 for more information on screening and brief intervention);
- Adopt a policy for referral of patients who are believed to be alcohol dependent (see p. 185 for more information on screening and brief intervention, including links for resources that address patient referral).

## **CREATE, ENHANCE, AND/OR ENFORCE POLICIES AND PRACTICES TO DISCOURAGE ALCOHOL USE IN THE HOME**

Alcohol availability in the home can contribute to underage drinking. Factors that contribute to underage access in the home include unlocked liquor cabinets and wine cellars, beer in the fridge, alcohol at family events, and parents hosting parties for teens where alcohol is being served. However, research shows that the practices of parents and guardians can have strong deterrent influences on adolescent drinking. That is especially true of setting clear no-use rules, monitoring children's behavior, and making alcohol unavailable.

Pre-approved, evidence-based strategies that are designed to be implemented within the home include the following. Ideally these strategies should be implemented as part of a broader community-wide prevention approach that includes policy, enforcement, and media/awareness elements in other settings than just the home. In addition, the specific strategies should be selected based on assessed needs, and balanced against community readiness and coalition capacity.

- Policy Change (informal):
  - Reduce youth access to alcohol within the home:
    - Do not keep alcohol in the home;
    - Count the number of alcoholic beverages to monitor supply;
    - Lock up all alcohol beverages, including beer or other alcoholic beverages that are not stored in the family refrigerator (such as a liquor cabinet or refrigerator in a bar, storage room, or garage).
  - Establish rules for youth alcohol use.
  - Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children's parties and other events held in the home.
- Enforcement (Note: Enforcement in the home is informal – that is, it doesn't involve law enforcement – instead, it focuses on parents holding their children accountable for following in-home rules around alcohol use):
  - Consistently apply disciplinary action for rules violation (such as loss of allowance, grounding, loss of vehicle privileges, etc.)
- Media / Communication:
  - Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it (Note that this strategy is only pre-approved if

implemented in conjunction with other ongoing alcohol prevention activities) – see page 104 for information on media campaigns;

- Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are safe from alcohol abuse and easy access to alcohol:
  - Establish a Safe Home Parents Network (only pre-approved if a secondary activity to a comprehensive alcohol prevention approach)

### **Implementation Materials**

- **Environmental Prevention at Home:**  
Developed the Marin Institute, this web page provides tips on how to reduce alcohol availability in the home:  
[http://www.marininstitute.org/alcohol\\_policy/easy\\_123.htm](http://www.marininstitute.org/alcohol_policy/easy_123.htm)

### **References**

- What Parents Can Do to Reduce Youth Access to Alcohol; Alcohol Epidemiology Program, University of Minnesota:  
<http://www.epi.umn.edu/alcohol/policy/parents.shtm>

## **NARRATIVE DESCRIPTIONS OF THE PRE-APPROVED INDIVIDUAL STRATEGIES ACTIONABLE AT THE COMMUNITY LEVEL**

**Section Outline** *(Note: Strategies in this section are not separated by setting, to avoid duplication, but they are listed in the order seen below)*

- Community Strategies
  - Big Brothers Big Sisters (see p.131)
  
- School (K-12) Strategies
  - AllStars (see p. 133)
  - ATLAS (Athletes Training and Learning To Avoid Steroids) (see p. 137)
  - Bicultural Competence Skills Program (see p. 140)
  - Big Brothers Big Sisters (see p. 131)
  - Class Action (see p. 142)
  - LifeSkills® Training (see p. 144)
  - Linking the Interests of Families and Teachers (see p. 147)
  - Lions Quest Skills for Adolescence (see p. 149)
  - Project ALERT (see p. 152)
  - Project Northland (see p. 154)
  - Project SUCCESS (see p. 157)
  - Project Towards No Drug Abuse (see p. 160)
  - Protecting You/Protecting Me (see p. 163)
  - Seattle Social Development Project (see p. 166)
  - Strengthening Families Program (see p. 170)
  - Too Good for Drugs (see p. 173)
  
- College/University Strategies
  - Brief motivational interventions (pre-packaged programs) (see p. 177)
    - University of Nebraska-Lincoln College Alcohol Profile (see p. 178)
    - Brief Alcohol Screening and Intervention of College Students (BASICS) (see p. 179)
    - CHOICES (see p. 182)
  - Alcohol screening and brief intervention (see p. 185)

➤ Worksite Strategies

- Pre-packaged prevention programs
  - Coping With Work and Family Stress (see p.188)
  - Team Awareness (see p. 191)
  - Wellness Outreach at Work (see p. 194)
- Brief motivational interventions (see p. 177)

➤ Healthcare Strategies

- Alcohol screening and brief intervention (see p. 180)
  - Within emergency departments and trauma centers
  - During physician office visits
- Educate parents of underage patients about the health risks of underage drinking: This strategy refers to physicians, nurses, and other healthcare professionals discussing the health risks of underage drinking with underage adolescents. As a result, this strategy relates to the media and communication narrative section of this guide (see p. 103) as well as relates to the screening and brief intervention section (see p. 185).

➤ Family/Home Environment Strategies

- Educate parents about how to improve communication with their children and ways to create a home environment that discourages alcohol use among children and adolescents
  - Page numbers for AllStars, Bicultural Competence Skills Program, Class Action, LifeSkills Training, Lions Quest Skills for Adolescents, Linking the Interests of Families and Teachers, Project Northland, Project SUCCESS, Protecting You/Protecting Me, Seattle Social Development Project, and Strengthening Families Program are listed above under School (K-12) Strategies

# **Big Brothers Big Sisters Mentoring Program**

## **Summary**

Big Brothers Big Sisters (BBBS) is a federation of more than 420 agencies that matches children ages 6 through 18 with mentors in professionally supported one-to-one relationships. The basic concept of the BBBS program is not to ameliorate specific problems, but to provide support in all aspects of the young person's life. In the community-based traditional program the volunteer mentor commits substantial time to the youth, meeting for about 4 hours, two to four times a month, for at least 1 year. During their time together, the mentor and youth engage in developmentally appropriate activities that include walking; visiting a library; washing the car; playing catch; grocery shopping; watching television; attending a play, movie, school activity, or sporting event; or just hanging out and sharing thoughts. According to Grossman and Garry (1997), "Such activities enhance communication skills, develop relationship skills, and support positive decision-making."

National and state statistics show that children who are mentored are more likely to improve in school and in their relationships with family and peers, and less likely to skip school or use illegal drugs or alcohol. Students who are successful in school are less likely to drop out, become pregnant, abuse drugs or become involved in criminal activity.

Big Brothers Big Sisters can be implemented as a community-based or school-based program.

## **Core Components**

1. Match children ages 6 through 18 with mentors in professionally supported one-to-one relationships;
2. Volunteer meets with their Little Brother or Little Sister weekly for one hour.

## **Outcomes**

- Less likely to skip school;
- Less likely to begin using alcohol and illegal drugs;
- More pro-social behaviors with family and peers;
- Less likely to engage in aggressive behaviors;
- Improved school performance.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;

- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

### Implementation Information

- Big Brothers Big Sisters of America  
230 North 13th Street  
Philadelphia, PA 19107  
Phone: 215.567.7000  
Fax: 215.567.0394  
Email: [national@bbbsa.org](mailto:national@bbbsa.org)  
Website: <http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm>

To contact your local BBBS agency:

[http://www.bbbs.org/site/c.diJKKYPLJvH/b.1690505/k.EC31/Find\\_a\\_Local\\_Agency.htm](http://www.bbbs.org/site/c.diJKKYPLJvH/b.1690505/k.EC31/Find_a_Local_Agency.htm)

### References

Grossman, Jean Baldwin, and Eileen M. Garry. 1997. *Mentoring—A Proven Delinquency Prevention Strategy*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

McGill, Dagmar E., Sharon F. Mihalic, and Jennifer K. Grotpeter. 1998. *Blueprints for Violence Prevention, Book 2: Big Brothers/ Big Sisters of America*. Boulder, Colo.: Center for the Study and Prevention of Violence.

Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch. 1995. *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia, Pa.: Public/Private Ventures.

## **AllStars**

### **Summary**

All Stars is a multiyear school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity. The program focuses on five topics important to preventing high-risk behaviors: (1) developing positive ideals that do not fit with high-risk behavior; (2) creating a belief in conventional norms; (3) building strong personal commitments; (4) bonding with school, prosocial institutions, and family; and (5) increasing positive parental attentiveness. The All Stars curriculum includes highly interactive group activities, games and art projects, small group discussions, one-on-one sessions, a parent component, and a celebration ceremony. The All Stars Core program consists of 13 45-minute class sessions delivered on a weekly basis by teachers, prevention specialists, or social workers. The All Stars Booster program is designed to be delivered 1 year after the core program and includes nine 45-minute sessions reinforcing lessons learned in the previous year. Multiple program packages are available to support implementation by either regular teachers or prevention specialists.

### **Core Components**

- Develop positive ideals that do not fit with high-risk behavior;
- Create a belief in conventional norms;
- Build strong personal commitments;
- Increase bonding with school, prosocial institutions, and family;
- Increase positive parental attentiveness.

### **Outcomes**

- Reduce alcohol use (lifetime and past 30-day);
- Reduce cigarette and inhalant use (lifetime and past 30-day);
- Increase school bonding;
- Increase personal commitment not to use drugs;
- Increase belief that substance use, violence and premature sexual activity are inconsistent with desired lifestyle;
- Decreased perceptions that high-risk behaviors, including substance use, is the norm.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Implementation Materials**

### Website:

<http://www.allstarsprevention.com>

### Core Materials:

<http://www.allstarsprevention.com/programs/core/coreOrder.asp>

### All Stars Logic Model:

<http://www.allstarsprevention.com/programs/core/Core%20Logic%20Model.pdf>

### All Star Junior Materials:

<http://www.allstarsprevention.com/programs/junior/juniorOrder.asp>

### All Star Junior Logic Model:

[http://www.allstarsprevention.com/programs/junior/Junior\\_Logic\\_Model.pdf](http://www.allstarsprevention.com/programs/junior/Junior_Logic_Model.pdf)

### All Stars Booster Information:

<http://www.allstarsprevention.com/programs/booster/boosterMain.asp>

### All Stars Plus Materials:

<http://www.allstarsprevention.com/programs/plus/plusOrder.asp>

### All Stars Senior Materials:

<http://www.allstarsprevention.com/programs/senior/seniorOrder.asp>

### To order materials by phone:

336-662-0090, x. 100.

### To order materials online, go to:

<http://stores.homestead.com/TanglewoodResearchInc/StoreFront.bok>

## **Training**

Training is highly recommended. All Stars Core training is two days. Booster, Plus, Senior, and Junior trainings are one day, and can be onsite or off-site. Trainings include modeling of teaching methods, mini-lectures, group discussions, and hands-on activities. Materials are purchased separately.

To schedule training in English, contact:

- Kathleen Nelson-Simley  
National Training Coordinator  
Tanglewood Research, Inc.  
P.O. Box 5512  
Lincoln, NE 68505  
Phone: (800) 822-7148  
Fax: (402) 489-1072  
E-mail: [kathleen@tanglewood.net](mailto:kathleen@tanglewood.net)

To schedule training in Spanish, contact:

- Yvette Vizcarrondo  
787-635-9058  
E-mail: [insitutofamilia@aol.com](mailto:insitutofamilia@aol.com)

### **Implementation Information**

- Kathleen Nelson-Simley  
National Training Coordinator  
Tanglewood Research, Inc.  
P.O. Box 5512  
Lincoln, NE 68505  
Phone: (800) 822-7148  
Fax: (402) 489-1072  
E-mail: [kathleen@tanglewood.net](mailto:kathleen@tanglewood.net)

### **References**

Donaldson SI, Graham JW, Hansen WB. Testing the generalizability of intervening mechanism theories: Understanding the effects of adolescent drug use prevention interventions. *Journal of Behavioral Medicine* 1994; 17(2): 195-216.

Donaldson SI, Graham JW, Piccinin AM, Hansen WB. Resistance skills training and onset of alcohol use: Evidence for beneficial and potentially harmful effects in public schools and in private Catholic schools. *Health Psychology* 1995; 14: 291-300.

Hansen WB, Graham JW. Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training vs. establishing conservative norms. *Preventive Medicine* 1991; 20: 414-430.

Hansen WB, Graham JW, Wolkenstein BH, Rohrbach, LA. Program integrity as a moderator of prevention program effectiveness: Results for fifth grade students in the Adolescent Alcohol Prevention Trial. *Journal of Studies on Alcohol* 1991; 52(6): 568-79.

Hansen WB. Pilot Test Results Comparing the All Stars Program with Seventh Grade D.A.R.E.: Program Integrity and Mediating Variable Analysis. *Substance Use & Misuse*. 1996; 31(10): 1359-1377.

Hansen WB, McNeal RB. Drug education practice: Results of an observational study. *Health Education Research*. 1999, 14(1): 85-97.

Harrington NG, Giles SM, Hoyle RH, Feeney, GJ, Yungbluth SC. Evaluation of the All Stars Character Education and Problem Behavior Prevention Program: Pretest-Post-test Effects on Mediator and Outcome Variables for Middle School Students. *Health Education Research*. In press.

Fearnow-Kenney M, Hansen WB, McNeal RB. Comparison of psychosocial influences on substance use in adolescents: Implications for prevention programming. *Journal of Child and Adolescent Substance Abuse*. 2002; 11(4), 1-24.

McNeal RB, Hansen WB, Harrington NG, Giles SM. How All Stars Works: An Examination of Program Effects on Mediating Variables. Under review.

Hansen WB, McNeal RB. Self-initiated cessation from substance use: A longitudinal study of the relationship between postulated mediators and quitting. *Journal of Drug Issues*. 2001: 31(4), 957-974.

# **ATLAS**

## **Summary**

Athletes Training and Learning To Avoid Steroids (ATLAS) is a school-based drug prevention program. ATLAS was designed for male high school athletes to deter drug use and promote healthy nutrition and exercise as alternatives to drugs. A coach and selected student athletes called “Squad Leaders” lead the program. The program materials are completely scripted. The curriculum consists of 10 45-minute interactive classroom sessions and 3 exercise training sessions facilitated by peer educators, coaches, and strength trainers. Program content includes (1) discussion of sports nutrition; (2) exercise alternatives to anabolic steroids and sports supplements; and (3) the effects of substance abuse in sports, drug refusal role-playing, and the creation of health promotion messages.

Sessions are typically scheduled once per week during the season on a “light” practice day. Coaches facilitate the program, keep athletes on task, and introduce and wrap up student-led activities. Squad Leaders provide a majority of the instruction for their small group of teammates. Sessions include role-plays, student-created campaigns or public service announcements and instructional, interactive games. Athletes practice goal setting and self-monitoring of nutrition behaviors. Students learn attitudes and skills that will help them make healthy choices in sports and throughout their lives.

## **Core Components**

1. Designate team sports coaches to implement program to male participants;
2. Divide team into cooperative learning groups (squads) of approximately five students per group. There is one Squad Leader for every five athletes;
3. The coach/instructor introduces each activity (3-4/session), keeps squads on time, provides assistance to peer leaders and provides a brief end-of-session review;
4. Ten 45-minute, interactive classroom sessions involve student-created campaigns, and educational games;
5. Role play drug refusal skills;
6. Involve parents with homework and diet goals.

## **Outcomes**

- Reduce intent to use anabolic steroids;
- Reduce anabolic steroid use;
- Reduce use of alcohol and illicit drugs (marijuana, amphetamines and narcotics);
- Improved drug refusal skills.

## Contributing Factors Addressed

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## Implementation Materials

Web site: <http://www.ohsu.edu/hpsm/atlas.cfm>

Coach Manual: Includes background information, the Squad Leader Training Guide, and the 10-Session curriculum. Coach training DVD and Squad Leader training DVD and CD included.

[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas\\_coach.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas_coach.pdf)

Squad Leader Manual: Includes the Squad Leader Training Guide and the 10-Session curriculum for ATLAS.

[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas\\_squad.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas_squad.pdf)

Team Workbook: Includes the 10 Session curriculum.

[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas\\_team.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas_team.pdf)

Athlete's Guide: Includes state-of-the-art information about sports nutrition, strength training, and the effects of drugs and sport supplements on sport performance.

[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas\\_athlete.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas_athlete.pdf)

## Training

Training is recommended prior to implementing ATLAS. The ATLAS team at the Center for Health Promotion Research of Oregon Health & Science University provides training for effective implementation of the ATLAS program. During training, participants learn the current trends in adolescent athlete substance abuse, underpinnings of effective drug prevention and health promotion, alternatives to drug use (sports nutrition and physical training) and the background and outcomes of ATLAS. Coaches and other prospective instructors will have practical experience learning to use the programs and integrating them into their usual team activities. Training is accomplished in approximately 5 hours, depending on the number of participants. Ongoing customer support is available for all participants.

For training information, including pricing, contact the Center for Health Promotion Research at:

Phone: 503-418-4166;

Email: [chpr@ohsu.edu](mailto:chpr@ohsu.edu).

Training web page: [http://www.ohsu.edu/hpsm/education\\_training.cfm](http://www.ohsu.edu/hpsm/education_training.cfm)

## Implementation Information

- Michelle Otis  
Oregon Health & Science University  
3181 SW Sam Jackson Park Road, CR 110  
Portland, OR 97239-3098  
Phone: (503) 418-4166  
Fax: (503) 494-1310  
E-mail: [steinerm@ohsu.edu](mailto:steinerm@ohsu.edu)

## References

Fritz, M. S., MacKinnon, D. P., Williams, J., Goldberg, L., Moe, E. L., & Elliot, D. L. (2005). Analysis of baseline by treatment interactions in a drug prevention and health promotion program for high school male athletes. *Addictive Behaviors*, 30, 1001-1005.



Goldberg, L., Elliot, D., Clarke, G. N., MacKinnon, D. P., Moe, E., Zoref, L., et al. (1996). Effects of a multidimensional anabolic steroid prevention intervention. The Adolescents Training and Learning to Avoid Steroids (ATLAS) Program. *Journal of the American Medical Association*, 276(19), 1555-1562.



[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/jama\\_atlas.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/jama_atlas.pdf)

Goldberg, L., Elliot, D. L., Clarke, G. N., MacKinnon, D. P., Zoref, L., Moe, E., et al. (1996). The Adolescents Training and Learning to Avoid Steroids (ATLAS) prevention program. Background and results of a model intervention. *Archives of Pediatrics and Adolescent Medicine*, 150, 713-721.



[http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas\\_background\\_and\\_results\\_of\\_a\\_model.pdf](http://www.ohsu.edu/ohsuedu/academic/som/medicine/hpsm/upload/atlas_background_and_results_of_a_model.pdf)

Goldberg, L., MacKinnon, D. P., Elliot, D. L., Moe, E. L., Clarke, G., & Cheong, J. (2000). The Adolescents Training and Learning to Avoid Steroids Program: Preventing drug use and promoting health behaviors. *Archives of Pediatrics and Adolescent Medicine*, 154, 332-338.

MacKinnon, D. P., Goldberg, L., Clarke, G. N., Elliot, D. L., Cheong, J., Lapin, A., et al. (2001). Mediating mechanisms in a program to reduce intentions to use anabolic steroids and improve exercise self-efficacy and dietary behavior. *Prevention Science*, 2(1), 15-28.

[http://www.ohsu.edu/hpsm/upload/atlasmediationmackinnon\\_1.pdf](http://www.ohsu.edu/hpsm/upload/atlasmediationmackinnon_1.pdf)

# **Bicultural Competence Skills Program**

## **Summary**

The Bicultural Competence Skills Program (previously called Statewide Indian Drug Prevention Program) is an intervention designed to prevent the abuse of tobacco, alcohol, and other drugs by Native American adolescents by teaching them social skills in a way that blends the adaptive values and roles of both the Native American and popular American cultures. Bicultural competence encompasses skills that can enable American-Indian people to adapt the roles in which they were raised with the culture in which they are surrounded. The three sub-goals of bicultural competence—knowledge and practice in communication, coping, and discrimination skills—provide the theoretical foundation for intervention to prevent substance abuse with American-Indian youth. The program trains participants in these skills in order to promote social competence and positive identity.

The bicultural competence approach encompasses skills that can enable American-Indian people to blend the adaptive values and roles of both the culture in which they were raised and the culture by which they are surrounded.

## **Core Components**

1. Two American Indian counselors administer program in 10 sessions addressing 11 positive youth development constructs including social-emotional competence, perception of self-efficacy, and bonding with others;
2. Use cognitive and behavioral methods;
3. Include role-playing and homework to administer the skills-training and competence-based curriculum;
4. Include families, schools, neighbors, law enforcement officials, and commercial establishments are included in a series of activities to raise awareness.

## **Outcomes**

- Lower levels of alcohol, tobacco, and other drug use;
- Greater knowledge about substance use in general;
- Higher levels of self-control, assertiveness, and certain peer pressure resistance skills.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## Implementation Materials

Strategy implementation includes the program and evaluation materials. A CD Rom step-by-step guide to setting-up, implementing and evaluating the program has been developed. Technical assistance is offered for implementing and evaluating the program.

Program materials can be ordered and/or downloaded at:

<http://www.socio.com/srch/summary/ysappa/ysa01.htm>

## Training

For training, technical assistance, and materials contact:

Shobana Raghupathy

Sociometrics Corporation

170 State Street, Suite 260

Los Altos, CA 94022

E-mail: [Shobana@socio.com](mailto:Shobana@socio.com)

Phone: (650) 949-3282 x 209

Fax: (650) 949-3299

## Implementation Information

- Steven P. Schinke  
Columbia University School of Social Work  
622 West 113th Street  
New York, NY 10025  
Phone: (212) 851-2276  
Fax: (212) 854-1570  
E-mail: [schinke@columbia.edu](mailto:schinke@columbia.edu)

## References

Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., & Locklear, V. S. (1988). Preventing substance abuse among American-Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology*, 35(1), 87-90.

Schinke, Steven P., Lela Tepavac, and Kristin C. Cole. 2000. Preventing Substance Use Among Native American Youth: 3-Year Results. *Addictive Behaviors* 25(3):387-97.

Hair, E. C., Jager, J., & Garrett, S. B. (2002). *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence* (Research brief). Washington, DC : Child Trends.

Hair, E. C., Jager, J., & Garrett, S. B. (2001). *Background for community-level work on social competency in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

# **CLASS ACTION**

## **Summary**

Class Action is the second phase of the Project Northland alcohol-use prevention curriculum series. Class Action (for grades 11-12) and Project Northland (for grades 6-8) are designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers. Class Action draws upon the social influence theory of behavior change, using interactive, peer-led sessions to explore the real-world legal and social consequences of substance abuse. The curriculum consists of 8-10 group sessions in which students divide into teams to research, prepare, and present mock civil cases involving hypothetical persons harmed as a result of underage drinking. Using a casebook along with audiotaped affidavits and depositions, teens review relevant statutes and case law to build legal cases they then present to a jury of their peers. Case topics include drinking and driving, fetal alcohol syndrome, drinking and violence, date rape, drinking and vandalism, and school alcohol policies. Students also research community issues around alcohol use and become involved in local events to support community awareness of the problem of underage drinking. Class Action can be used as a booster session for the Project Northland series or as a stand-alone program.

## **Core Components**

1. 8-10 group sessions in which students divide into legal teams to research, prepare, and present mock civil cases involving hypothetical persons harmed as a result of underage drinking;
2. Students research community issues relating to local alcohol use and support and are involved in community awareness of the problem.

## **Outcomes**

- Reduce binge drinking;
- Reduce tendency to use alcohol (“tendency” includes both alcohol use and intention to use alcohol).

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Implementation Materials**

Websites:

- <http://www.hazelden.org/>
- <http://www.hazelden.org/bookstore>

A guide is available to equip teachers with case discussion questions, scheduling tips, and Prep Sheet response examples, so that teachers have the tools they need to skillfully guide teens in developing and presenting solid, dynamic legal cases. The guide also includes sample student assessment grids.

Complete Class Action Curriculum: Includes 42 casebooks (7 of each title), one CD; one teacher's manual with reproducible handouts, and 30 each of four parent postcards. [http://www.hazelden.org/OA\\_HTML/ibeCCtpltmDspRte.jsp?item=2659](http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=2659)

Program Scope and Sequence (free download): This document provides more background information on the program's research, Scope & Sequence, and related National Academic Standards.

[http://www.hazelden.org/HAZ\\_MEDIA/projnorth\\_research.pdf](http://www.hazelden.org/HAZ_MEDIA/projnorth_research.pdf)

## Training

Training is scheduled regionally on an as-needed basis, or can be scheduled and customized to fit the needs of your major program installation. For Implementation Training Schedule and Online Registration visit:

<http://www.hazelden.org/web/public/event.view?eventId=350068>

## Implementation Information

- Roxanne Schladweiler  
Executive Director of Sales  
Hazelden Publishing and Educational Services  
15251 Pleasant Valley Road  
Center City, MN 55012  
Phone: (800) 328-9000  
Fax: (651) 213-4577  
E-mail: [rschladweiler@hazelden.org](mailto:rschladweiler@hazelden.org)

## References

Perry, C.L., Williams, C.L., Komro, K.A., Veblen-Mortenson, S., Stigler, M.H., Munson, K.A., Farbaksh, K., Jones, R.M., Forster, J.L. (2002) Project Northland: long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research*. 17(1):117-132.

Perry, C.L., Williams, C.L., Veblen-Mortenson, S., Toomey, T., Komro, K.A., Anstine, P.S., McGovern, P.G., Finnegan, J.R., Forster, J.L. Wagenaar, A.C., Wolfson, M. (1996) Project Northland: outcomes of a community-wide alcohol use prevention program during early adolescence. *American Journal of Public Health*, 86, 956-965.

# LifeSkills Training

## Summary

Botvin *LifeSkills Training* (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Rather than merely teaching information about the dangers of drug abuse, Botvin *LifeSkills Training* activities are designed to promote healthy alternatives to risky behavior.

For optimal program implementation LST should be implemented in a classroom setting that is conducive to learning. The curriculum can be taught in school, community, faith-based, summer school and after-school settings. Botvin *LifeSkills Training* is designed to use developmentally appropriate and collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance students' self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure. The unique design of the LST program allows for flexibility to meet the needs of various classroom settings.

Note: This program must be combined with Strengthening Families to be pre-approved. See page 170 for more information on Strengthening Families.

## Core Components

1. Drug resistance skills: Enables young people to recognize and challenge common misconceptions about tobacco, alcohol and other drug use; through coaching and practice, they learn information and practical ATOD (Alcohol, Tobacco, and Other Drug use) resistance skills for dealing with peers and media pressure to engage in ATOD use.
2. Personal self-management skills: Students learn how to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how they may be influenced by others; analyze problem situations, and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety, and look at personal challenges in a positive light..

## Outcomes

- Decrease in alcohol and other drug use;
- Reduce risky driving behavior;
- Increase interaction with pro-social peers;

- Decrease in ATOD-related problem behaviors.

### **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

### **Implementation Materials**

Web site: <http://www.lifeskillstraining.com/>

LifeSkills Planning Workbook: The LST Planning Workbook is a tool to help schools and communities understand effective prevention education strategies, conduct a needs assessment of their student population, and develop a plan for implementing the Botvin *LifeSkills Training* program.

[http://www.lifeskillstraining.com/uploads/files/LST\\_Planning\\_WB.pdf](http://www.lifeskillstraining.com/uploads/files/LST_Planning_WB.pdf)

LST Evaluation Tools: Pre and post tests are available for the LST Elementary, Middle, and High School program. The questionnaires are designed to evaluate your student's knowledge and attitudes prior to and at the end of implementing the Botvin LifeSkills Training program.

[http://www.lifeskillstraining.com/lst\\_outcome\\_tools.php](http://www.lifeskillstraining.com/lst_outcome_tools.php)

LifeSkills Fidelity Checklists: Help teachers recognize whether they are covering the right material and teaching the program properly.

[http://www.lifeskillstraining.com/lst\\_process\\_tools.php](http://www.lifeskillstraining.com/lst_process_tools.php)

LifeSkills Classroom Assessments: Short quizzes that providers can administer to students to assess their comprehension of the curriculum.

[http://www.lifeskillstraining.com/lst\\_classroom.php](http://www.lifeskillstraining.com/lst_classroom.php)

### **Training**

Training overview:

[http://www.lifeskillstraining.com/training\\_overview.php](http://www.lifeskillstraining.com/training_overview.php)

Training and technical assistance options:

[http://www.lifeskillstraining.com/training\\_services.php](http://www.lifeskillstraining.com/training_services.php)

Request training:

[http://www.lifeskillstraining.com/training\\_request.php](http://www.lifeskillstraining.com/training_request.php)

## Implementation Information

- National Health Promotion Associates  
711 Westchester Avenue  
White Plains, NY 10604  
914-421-2525 or 800-293-4969  
Fax: 914-421-2007  
[linfo@nhpamail.com](mailto:linfo@nhpamail.com)

## References

Botvin, G. J., Griffin, K. W., Diaz, T., & Ifill-Williams, M. ( 2001). Preventing binge drinking during early adolescence: One- and two-year follow-up of a school-based preventive intervention. Psychology of Addictive Behaviors, 15, 360-365.

Botvin, G. J., Griffin, K. W., Paul, E., & Macaulay, A. P.. ( 2003). Preventing tobacco and alcohol use among elementary school students through Life Skills Training. Journal of Child & Adolescent Substance Abuse, 12, 1-18.

Griffin, K. W., Botvin, G. J., Nichols, T. R., & Doyle, M. M. ( 2003). Effectiveness of a universal drug abuse prevention approach for youth at high risk for substance use initiation. Preventive Medicine, 36, 1-7.

Fraguela, J. A., Martin, A. L., & Trinanes, E. A. ( 2003). Drug-Abuse prevention in the school: Four-year follow-up of a programme. Psychology in Spain, 7, 29-38.

Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K. ( 2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. Prevention Science, 4, 109-122.

# **LINKING THE INTERESTS OF FAMILIES AND TEACHERS (LIFT)**

## **Summary**

Linking the Interests of Families and Teachers (LIFT) is a program designed to prevent the development of aggressive and antisocial behavior and promote the positive development of at-risk school-age children and adolescents. The program is designed to prevent problem behaviors from developing or progressing by simultaneously influencing parents, teachers, and children to enhance family interactions, increase pro-social and reduce negative peer interactions, and improve the coordination between home and school.

## **Core Components**

1. Classroom-based problem-solving and social skills training;
2. Playground-based behavior modification;
3. Group-delivered parent training.

## **Outcomes**

- Inhibits the increase of problem behaviors;
- Fosters social assertiveness, social self-efficacy, and social initiative;
- Improvements in problem-solving and conflict resolution skills;
- Lowered levels of adolescent aggression during peer interaction;
- Less likely to show an increase in severity in teacher-reported problem behaviors;
- Lower levels of social avoidance in socially withdrawn early adolescents;
- More likely to initiate social interactions with peers.

## **Contributing Factors Addressed**

- Alcohol use risk and protective factors.

## **Implementation Information**

- Rebecca A. Fetrow  
Oregon Social Learning Center  
160 East Fourth Avenue  
Eugene, OR 97401  
E-mail: [beckyf@oslc.org](mailto:beckyf@oslc.org)  
Web site: <http://www.oslc.org>

## References

Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders*, 8(3), 165-176.

Ralph, A., Hogan, S. J., Hill, M., Perkins, E., Ryan, J., & Strong, L. (1998). Improving adolescent social competence in peer interactions using correspondence training. *Education & Treatment of Children*, 21(2), 171-194.

Hair, E. C., Jager, J., & Garrett, S. B. (2002). *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence* (Research brief). Washington, DC : Child Trends.

Hair, E. C., Jager, J., & Garrett, S. B. (2001). *Background for community-level work on social competency in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

# **Lions Quest Skills for Adolescence**

## **Summary**

Lions Quest Skills for Adolescence (SFA) is a multi-component, comprehensive life skills education program designed for school-wide and classroom implementation in grades 6-8 (ages 10-14). The goal of Lions Quest programs is to help young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives. Lions Quest SFA unites educators, parents, and community members to utilize social influence and social cognitive approaches in developing the following skills and competencies in young adolescents: (1) essential social/emotional competencies, (2) good citizenship skills, (3) strong positive character, (4) skills and attitudes consistent with a drug-free lifestyle and (5) an ethic of service to others within a caring and consistent environment. Lions Quest SFA is comprised of a series of 80 45-minute sequentially developed skill-building sessions, each based on a distinct theme that may be adapted to a variety of settings or formats.

## **Core Components**

1. To build positive social behaviors of self-discipline, responsibility, good judgment, and respect for self and others, the learning model employs:
  - Inquiry;
  - Presentation;
  - Discussion;
  - Group work;
  - Guided practice;
  - Reflection;
2. Classroom Curriculum: 102 skill-building lessons; implementation models range from a minimum 9-week, 40-lesson mini-course to a 3-year program of all 102 lessons; 45-minute lessons are arranged into eight sequential thematic units and a service-learning unit that extends throughout the curriculum;
3. Parents and family participate through shared homework assignments, four parent meetings, a parent book, and direct involvement in school activities;
4. School, school staff, students, parents, and community members establish a school climate committee to reinforce curriculum themes through schoolwide events;
5. School staff, parents, Lions Clubs and other service organizations, and youth-serving organizations participate in training workshops, school climate events, panel discussions, service projects, and parent meetings.

## **Outcomes**

- Increase social functioning;
- Increase success in school;

- Decrease misconduct;
- Increase knowledge of the risks of alcohol and other drugs;
- Decrease rates of alcohol, tobacco and marijuana use.

### **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

### **Implementation Materials**

Web site: <http://www.lions-quest.org/index.html>

Contact information:

- Lions Quest  
Lions Clubs International Foundation  
300 W. 22nd Street  
Oak Brook, IL 60523-8842  
United States  
Telephone: 1-630-571-5466  
Fax: 1-630-571-5735

Program materials are provided following training workshops (see information on training, below).

Consulting services:

[http://www.lions-quest.org/program/consulting\\_service.php](http://www.lions-quest.org/program/consulting_service.php)

### **Training**

Each implementer must attend an introductory 2- or 3-day workshop to receive program materials:

- Contract Workshops:  
[http://www.lions-quest.org/program/contract\\_workshops.php](http://www.lions-quest.org/program/contract_workshops.php)
- Staff Development and In-Service Workshops:  
[http://www.lions-quest.org/program/staff\\_development.php](http://www.lions-quest.org/program/staff_development.php)
- Regional Workshops:  
[http://www.lions-quest.org/program/regional\\_workshops.php](http://www.lions-quest.org/program/regional_workshops.php)
- Workshop Schedule and Registration:  
[http://www.lions-quest.org/program/workshop\\_schedule.php](http://www.lions-quest.org/program/workshop_schedule.php)

- Training Cost Summary:  
[http://www.lions-quest.org/program/cost\\_summary.php](http://www.lions-quest.org/program/cost_summary.php)

To contact the Lions Quest fulfillment center for workshop registration and material order processing:

- Lions Quest Customer Service  
P.O. Box 304  
Annapolis Junction, MD 20701-0304  
Telephone: 1-800-446-2700  
Fax: 1-240-646-7023

### **Implementation Information**

- Shmir Corzine  
Program Coordinator  
Lions Clubs International Foundation  
300 West 22nd Street  
Oak Brook, IL 60523  
Phone: (630) 571-5466  
Fax: (630) 571-5735  
E-mail: [shmir.corzine@lionsclub.org](mailto:shmir.corzine@lionsclub.org)
- Jayne Westerlund  
Lions Quest Coordinator  
Lions Club International Foundation  
300 West 22nd Street  
Oak Brook, IL 60523-8842  
Phone: (630) 571-5466  
Fax: (630) 571-5735  
E-mail: [jayne.westerlund@lionsclubs.org](mailto:jayne.westerlund@lionsclubs.org)

### **References**

Laird, M., & Roden, J. (1991). Supplemental final report: Additional technical analysis of data on Quest's Skills for Adolescence program in Detroit schools. Newark, OH: Quest International.

Laird, M. (1992). Evaluation of Lions-Quest "Skills for Adolescence" program: An analysis of students' attitudes, use patterns, and knowledge about harmful drugs. Newark, OH: Quest International.

Laird, M., & Syropoulos, M. (1995). An evaluation of Lions-Quest's Skills for Adolescence. Unpublished report.

Eisen, M., Zellman, G. L., & Murray, D. M. (2003). Evaluating the Lions-Quest "Skills for Adolescence" drug education program: Second-year behavior outcomes. *Addictive Behaviors*, 28, 883-897. 

# **Project ALERT**

## **Summary**

Project ALERT is a school based prevention program for middle or junior high school students that focuses on alcohol, tobacco and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. In addition, it seeks to prevent or curb risk factors that have been demonstrated to predict drug use. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.

## **Core Components**

1. Motivate students against drug use;
2. Provide skills and strategies to reduce drugs;
3. Establish new non-use attitudes and beliefs.

## **Outcomes**

- Reduce substance use (alcohol, tobacco and marijuana);
- Reduce alcohol related consequences;
- Increase beliefs in negative consequences of substance use.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Training:**

Online Training is included in the Project ALERT package. It requires access to a computer and an internet connection. This training offers an interactive, virtual classroom that allows educators to train at their own pace and work within their own schedules:

<http://www.projectalert.com/cost.asp?bhcp=1>

## Implementation Information

Web site: <http://www.projectalert.com>

The program includes training, lesson plans, supporting videos and posters, and toll-free help with implementation.

- Contact: G. Bridget Ryan  
President/CEO  
BEST Foundation  
725 South Figueroa Street  
Suite 1825  
Los Angeles, CA 90017-5427  
Phone: (800) 253-7810  
Fax: (213) 623-0585  
E-mail: [gbryan@projectalert.best.org](mailto:gbryan@projectalert.best.org)  
Web site: <http://www.projectalert.best.org/>

## References

Ellickson, Phyllis L., McCaffrey, Daniel F., Ghosh-Dastidar, Bonnie and Longshore, Douglas L., "New Inroads in Preventing Adolescent Drug Use: Results from a Large-Scale Trial of Project ALERT in Middle Schools," *American Journal of Public Health*, Vol. 93, No. 11, 2003, pp.1830-1836.

Ellickson, Phyllis L., Tucker, Joan S. and Klein, David J., "Ten-Year Prospective Study of Public Health Problems Associated with Early Drinking," *Pediatrics*, Vol. 111, No. 5, 2003, pp. 949-955.

Tucker, Joan S., Ellickson, Phyllis L. and Klein, David J., "Five-Year Prospective Study of Risk Factors for Daily Smoking in Adolescence Among Early Nonsmokers and Experimenters," *Journal of Applied Social Psychology*, Vol. 32, No. 8, 2002, pp. 1588-1603.

Bell, Robert M., Ellickson, Phyllis L., and Harrison, Ellen R., "Do Drug Prevention Effects Persist into High School? How Project ALERT Did With Ninth Graders," *Preventive Medicine*, Vol. 22, 1993, pp. 463-483.

Ellickson, Phyllis L., Bell, Robert M. and McGuigan, Kimberly, "Preventing Adolescent Drug Use: Long-Term Results of a Junior High Program," *American Journal of Public Health*, Vol. 83, No. 6, June 1993, pp. 856-861.

Ellickson, Phyllis L. and Bell, Robert M., "Drug Prevention in Junior High: A Multi-Site Longitudinal Test," *Science*, Vol. 247, 16 March 1990, pp. 1299-1305.

Ellickson, Phyllis L. and Bell, Robert M., *Prospects for Preventing Drug Use Among Young Adolescents*, Santa Monica, CA, The RAND Corporation, R-3896-CHF, 1990

# **Project Northland**

## **Summary**

Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components.

## **Core Components**

1. Begin the program when students are in sixth grade, and continue with the programs in seventh and eighth grades. It is not recommended that the program be started with a class of seventh or eighth graders who have not participated in the previous Project Northland programs;
2. Classroom teachers to guide the process;
3. Students to select peer leaders to facilitate small group discussions, report students' views to the class, lead role play activities, and organize and lead small group community projects.

## **Outcomes**

- Reduced alcohol use and intentions to use alcohol;
- Reduce peer influence to use alcohol.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Implementation Information:**

### Web site:

Includes information on the program, such as theory, organization, curricula and implementation.

<http://www.epi.umn.edu/projectnorthland/Schoolba.Html>

### Fact Sheet:

<http://www.epi.umn.edu/projectnorthland/factshee.html>

### Phase 1 Pre Test:

<http://www.epi.umn.edu/projectnorthland/PN%20Phase%20I.Pre%20Test.pdf>

### Phase 1 Post Test:

<http://www.epi.umn.edu/projectnorthland/PN%20Phase%20I.Post%20Test.pdf>

### Phase 2 Pre Test:

<http://www.epi.umn.edu/projectnorthland/PN.Phase%202.Pre%20Test.pdf>

### Phase 2 Post Test:

<http://www.epi.umn.edu/projectnorthland/PN.Phase%202.Post%20Test.pdf>

## **Training:**

Curricula and training are only available from Hazelden, Inc. in Center City , Minnesota. Questions must be directed to Hazelden They can be reached at 1-800-328-9000 or [www.hazelden.org/bookstore](http://www.hazelden.org/bookstore)

## **Implementation Information**

- Roxanne Schladweiler  
Executive Director of Sales  
Hazelden Publishing and Educational Services  
15251 Pleasant Valley Road  
Center City, MN 55012  
Phone: (800) 328-9000  
Fax: (651) 213-4577  
E-mail: [rschladweiler@hazelden.org](mailto:rschladweiler@hazelden.org)

## **References**

Komro, K. A., Perry, C. L., Murray, D. M., Veblen-Mortenson, S., Williams, C. L. & Anstine, P. S. (1996). Peer-planned social activities for preventing alcohol use among young adolescents. *Journal of School Health*, 66(9), 328-334. 

Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., et al. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health*, 86(7), 956-965. [PubMed](#)

Komro, K. A., Perry, C. L., Veblen-Mortenson, S., Williams, C. L., & Roel, J. P. (1999). Peer leadership in school and community alcohol use prevention activities. *Journal of Health Education*, 30(4), 202-208.

Williams, C. L., Perry, C. L., Dudovitz, B., Veblen-Mortenson, S., Anstine, P. S., Komro, K. A., et al. (1995). A home-based prevention program for sixth-grade alcohol use: Results from Project Northland. *Journal of Primary Prevention*, 16(2), 125-147.

Williams, C. L., Toomey, T. L., McGovern, P., Wagenaar, A. C., & Perry, C. L. (1995). Development, reliability, and validity of self-report alcohol-use measures with young adolescents. *Journal of Child and Adolescent Substance Abuse*, 4(3), 17-40.

# **Project SUCCESS**

## **Summary**

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students.

The intervention is delivered by highly trained counseling professionals implementing primarily selective and indicated program components along with school-wide universal prevention strategies to provide a full range of substance use prevention and early intervention services. A combination of methods is utilized to address five program components: prevention education, individual/group counseling, awareness and outreach activities, parent programs, and treatment referral.

## **Core Components**

1. **Prevention Education Series:** A series of eight discussion groups on alcohol, tobacco, and other drug prevention conducted by the Project SUCCESS counselor with small groups of students;
2. **Individual and Group Counseling:** Following participation in the Prevention Education Series, students are assessed for services. They may receive time-limited individual counseling or they may participate in one of seven counseling groups;
3. **School-Wide Awareness and Outreach Activities:** Activities such as contests, assemblies, and other activities in conjunction with national events such as the Great American Smoke Out help students to change their perceptions of substance use and increase school connectedness;
4. **Parent Programs:** Parents are involved in Project SUCCESS through a series of parenting workshops. These workshops provide parents with prevention information and provide an opportunity for parents to build social support;
5. **Referral:** Students and parents who require treatment, more intensive counseling, or other services are referred to the appropriate agencies in their community.

In addition, Project SUCCESS requires the following:

1. Place a highly trained, masters level professional in the school;
2. Assign a Supervisor to ensure program effectiveness;

3. Identify a community based substance abuse prevention agency for regular consultation with program supervisors/counselors;
4. Develop the program referral component for students and families who may need additional services.

### **Outcomes**

- Decrease in alcohol and other drug use;
- Reduction in ATOD use;
- Increase in participation in peer/school non-drug activities;
- Decrease in ATOD problem behavior;
- Benefits all students in the building, even those who do not participate directly.

### **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low enforcement of alcohol laws;
- Low perceived risk of alcohol use;
- Alcohol risk and protective factors.

### **Implementation Materials**

Web site: <http://www.sascorp.org>

The Project SUCCESS Implementation Manual may be purchased through the developer's Web site, at:

[http://www.sascorp.org/pdf/resources\\_for\\_implementation\\_order\\_form.pdf](http://www.sascorp.org/pdf/resources_for_implementation_order_form.pdf)

### **Training**

There are two different training options. Option 1 is a 3-day session located in Tarrytown, New York; Option 2 is a 3-day session offered locally. Materials provided with training include the Project SUCCESS Manual, Resource Manual, Packet of Articles, and Power Point Presentation Handouts (a 10% discount is available for multiple registrations from the same agency or school):

<http://www.sascorp.org/training/opportunities.htm>

Training order form:

[http://www.sascorp.org/pdf/resources\\_for\\_implementation\\_order\\_form.pdf](http://www.sascorp.org/pdf/resources_for_implementation_order_form.pdf)

## **Implementation Information**

- Ellen Morehouse, LCSW  
Executive Director  
Student Assistance Services Corporation  
660 White Plains Road  
Tarrytown, NY 10591  
Phone: (914) 332-1300  
Fax: (914) 366-8826  
E-mail: [sascorp@aol.com](mailto:sascorp@aol.com)

## **References**

Morehouse, E. R., & Tobler, N. S. (2000). Project SUCCESS final report: Grant number 4 HD1 SP07240. Report submitted January 26, 2000, to the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services.

Vaughan, R., & Johnson, P. (2007). The effectiveness of Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) in a regular secondary school setting. Unpublished manuscript.

# Project Towards No Drug Abuse

## Summary

Project Towards No Drug Abuse (Project TND) is an interactive classroom-based drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist substance use, improve decision making strategies, and develop the motivation to not use substances.

## Core Components

1. Implement in a classroom setting by a trained teacher or health education specialist. (However, some community-based organizations have adapted it for use in a community setting where trained implementers are available);
2. Recommended that every teacher who implements Project TND participate in a training workshop, conducted by a certified Project TND trainer, prior to beginning delivery of the program;
3. 12 classroom-based sessions, each of which is 40 to 50 minutes in length. The program was designed for implementation over a four-week period (i.e., 3 sessions per week);
4. Interactive sessions, with the use of the Socratic method, classroom discussions, skill demonstrations, role-playing, and psychodrama techniques;
5. Lessons focus on the following three areas:
  - Motivational factors: Students' attitudes, beliefs, expectations, and desires regarding drug use; student's cognitive misperceptions around drug use;
  - Skills: Provide students with healthier social, self-control, communication and coping so that they do not resort to substance use and abuse;
  - Decision-making: Students learn how to make decisions that lead to health-promoting behaviors.

## Outcomes

- Reduction in 30-day alcohol use;
- Lower alcohol use at 1-year follow-up.

## Contributing Factors Addressed

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## Implementation Materials

Web site: <http://tnd.usc.edu>

Visit the Project TND website for a program overview, frequently asked questions, training information, evaluation results, and a preview of each session.

To purchase program materials go to: <http://tnd.usc.edu/index.php>

- Materials order form:  
[http://tnd.usc.edu/docs/TND\\_Order\\_Form.pdf](http://tnd.usc.edu/docs/TND_Order_Form.pdf)
- Order by mail:  
Leah Meza  
USC Institute for Prevention Research  
1000 S. Fremont Ave., Unit #8  
Alhambra, CA. 91803
- Order by phone:  
1-800-400-8461
- Order by email:  
[leahmedi@usc.edu](mailto:leahmedi@usc.edu)
- Print order form and fax to:  
(626) 457-5856

## Training:

There is a one or two-day training conducted by certified health education specialists who have classroom experience with Project TND. [Note: Cost of training depends on the time zone of the training location. Generally, one of TND's trainers travels to your location; however, TND will conduct training at their location. For information on training costs: [http://tnd.usc.edu/training\\_cost.php](http://tnd.usc.edu/training_cost.php)

- Contact: Leah Meza  
USC Institute for Prevention Research  
1000 S. Fremont Avenue, Unit #8  
Alhambra, CA 91803  
Phone: (800)400-8461  
E-mail: [leahmedi@usc.edu](mailto:leahmedi@usc.edu)

## Implementation Information

- Jim Miyano  
Institute for Health Promotion and Disease Prevention  
University of Southern California  
1000 South Fremont Avenue, Unit 8  
Alhambra, CA 91803

Phone: (626) 457-4048  
E-mail: [miyano@usc.edu](mailto:miyano@usc.edu)

- Steve Sussman, Ph.D.  
Professor of Preventive Medicine and Psychology  
Institute for Health Promotion and Disease Prevention  
University of Southern California  
1000 South Fremont Avenue, Unit 8, Suite 4124  
Alhambra, CA 91803  
Phone: (626) 457-4012  
Fax: (626) 457-4012  
E-mail: [ssusma@hsc.usc.edu](mailto:ssusma@hsc.usc.edu)

## References

Sussman, S., Dent, C. W., Stacy, A. W., & Craig, S. (1998). One-year outcomes of Project Towards No Drug Abuse. *Preventive Medicine, 27*, 632-642 (erratum, 766).

Dent, C. W., Sussman, S., & Stacy, A. W. (2001). Project Towards No Drug Abuse: Generalizability to a general high school sample. *Preventive Medicine, 32*, 514-520.

Sussman, S., Sun, P., McCuller, W. J., & Dent, C. W. (2003). Project Towards No Drug Abuse: Two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine, 37*, 155-162.

Sun, W., Skara, S., Sun, P., Dent, C. W., & Sussman, S. (2006). Project Towards No Drug Abuse: Long-term substance use outcomes evaluation. *Preventive Medicine, 42*, 188-192.

Simon, T. R., Sussman, S., Dahlberg, L. L., & Dent, C. W. (2002). Influence of a substance abuse prevention curriculum on violence-related behavior. *American Journal of Health Behavior, 26*, 103-110.

# Protecting You/Protecting Me

## Summary

Protecting You/Protecting Me (PY/PM) is a 5-year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free. PY/PM lessons and activities focus on teaching children about (1) the brain--how it continues to develop throughout childhood and adolescence, what alcohol does to the developing brain, and why it is important for children to protect their brains; (2) vehicle safety, particularly what children can do to protect themselves if they have to ride with someone who is not alcohol free; and (3) life skills, including decision making, stress management, media awareness, resistance strategies, and communication. A variety of ownership activities promote students' ownership of the information and reinforces the skills taught during the lesson. PY/PM's interactive and affective teaching processes include role-playing, small group and classroom discussions, reading, writing, storytelling, art, and music.

Please note that there are also PY/PM curricula for Native American populations.

## Core Components:

1. Designate school staff or prevention specialists to deliver program:
  - Consists of a series of 40 science- and health-based lessons, correlated with educational achievement objectives;
  - There are 8 lessons/year for grades 1 – 5; lessons are taught weekly and are 20 – 25 minutes or 45 – 50 minutes in duration, depending on grade level;
2. Offer parent take-home activities;
3. Organize the youth-led implementation model involving delivery of the PY/PM curriculum to elementary students by trained high school students who are enrolled in a peer mentoring, family and consumer science, or leadership course for credit;
4. The lessons are designed to be incorporated into the core curriculum in health, language arts, social studies, science, math, and fine arts, with academic objectives as well as prevention objectives;
5. All five years (grades 1-5) are required to achieve desired outcomes.

## Outcomes

- Decreased alcohol use;
- Increased perceived harmfulness of underage alcohol use;

- Improved vehicle safety skills;
- Increased knowledge of the brain;
- Improved decision-making and stress management skills.

### **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

### **Implementation Materials**

#### Web sites:

- <http://www.pypm.org>
- <http://www.hazelden.org/web/go/pypm>

For a program overview, quick guide, evaluation results, program scope and sequence, and fidelity checklist, go to:

[http://www.hazelden.org/web/public/pypm\\_evalresearch.page](http://www.hazelden.org/web/public/pypm_evalresearch.page)

To order PY/PM curricula, go to:

<http://www.hazelden.org/itemquest/search.view?srch=Y&start=0&event=&kw=Protecting+you>

### **Implementation Information**

- Kappie K. Bliss, M.Ed., LPC  
Executive Director  
Bliss, Inc.  
830 West Third Street  
Austin, TX 78701  
Phone: (512) 632-0391  
Fax: (512) 499-3986  
E-mail: [kappie@kbliss.com](mailto:kappie@kbliss.com)

### **Training**

Online training information:

[http://www.hazelden.org/web/public/pypm\\_onlinetraining.page](http://www.hazelden.org/web/public/pypm_onlinetraining.page)

In-person training information:

<http://www.hazelden.org/web/public/pypmtraininginperson.page>

- Roxanne Schladweiler  
Executive Director of Sales  
Hazelden Publishing and Educational Services  
15251 Pleasant Valley Road  
Center City, MN 55012  
Phone: (800) 328-9000  
Fax: (651) 213-4577  
E-mail: [rschladweiler@hazelden.org](mailto:rschladweiler@hazelden.org)
- Kappie K. Bliss, M.Ed., LPC  
Executive Director  
Bliss, Inc.  
830 West Third Street  
Austin, TX 78701  
Phone: (512) 632-0391  
Fax: (512) 499-3986  
E-mail: [kappie@kbliss.com](mailto:kappie@kbliss.com)

## References

Bell, M. L., Padget, A., Kelley-Baker, T., & Rider, R. (2007). Can first and second grade students benefit from an alcohol use prevention program? *Journal of Child and Adolescent Substance Use*, 16(3), 89-107.

Bohman, T. M., Barker, E. D., Bell, M., Lewis, C. M., Hollerman, L., & Pomeroy, E. (2004). Early intervention for alcohol use prevention and vehicle safety skills: Evaluating the Protecting You/Protecting Me curriculum. *Journal of Child and Adolescent Substance Abuse*, 14(1), 17-40.

Bell, M., Kelley-Baker, T., Rider, R., & Ringwalt, C. (2005). Protecting You/Protecting Me: Effects of an alcohol prevention and vehicle safety program on elementary students. *Journal of School Health*, 75(5), 171-177.

Padget, A., Bell, M. L., Shamblen, S. R., & Ringwalt, C. L. (2006). Does learning about the effects of alcohol on the developing brain affect children's alcohol use? *Prevention Science*, 7, 293-302.

Padget, A., Bell, M., Shamblen, S. R., & Ringwalt, C. (2005). Effects on high school students of teaching a cross-age alcohol prevention program. *Journal of Drug Education*, 35(3), 201-216.

# Seattle Social Development Project

## Summary

The Seattle Social Development Project (SSDP) was a multi-year, school-based intervention that used a risk-reduction and skill-development strategy to improve outcomes for participating children and youths. The program was guided theoretically by the social development model, which hypothesizes that youths who are provided with opportunities for greater involvement with their schools and families, who develop the competency or skills they need for fuller participation with their schools and families, and for whom skillful participation is constantly reinforced, ultimately develop strong bonds with their families and schools. The model proposes that these strong bonds set children on a positive developmental trajectory, resulting in more positive outcomes and fewer health-risk behaviors later in life.

The SSDP was first implemented in 1981. It combined teacher, child, and parent components with the goal of enhancing children's bonding with their families and schools. Teachers were trained in proactive classroom management, interactive teaching, and cooperative learning, while the students themselves were provided with direct instruction in interpersonal problem-solving skills and refusal skills to avoid problem behaviors. Parents were offered courses in child behavior management skills, academic support skills, and skills to reduce their children's risk of drug use.

Participants and their parents have been interviewed regularly since 1985. Program developers are currently interviewing participants at age thirty-three. The information gathered in the interviews is used to examine many aspects of youth development such as substance use, delinquency, violence, school dropout, risky sexual behavior, and health outcomes. In addition program researchers look at the causes and consequences of these behaviors. They also focus on positive youth and adult development (<http://depts.washington.edu/ssdp/otherSSDPprojects.shtml>).

## Core Components

1. Implement in public or private elementary schools;
2. Five days of teacher training are sequenced throughout the school year, addressing instructional methods with three major components: proactive classroom management, interactive teaching, and cooperative learning;
3. The classroom program was implemented by regular classroom teachers. and teachers were regularly observed by SSDP staff and the school principal, who provided feedback on the use of the program's techniques. In addition, teachers of first- and sixth-grade students received training in the specific curricula provided to students in those grades;
4. Students receive specific cognitive- and social-skills instruction during the first and sixth grades;

5. Parents of children in SSDP are encouraged to participate in educational workshops provided by SSDP staff.

## **Outcomes**

### At the end of the second grade, for male students:

- Exhibit less externalizing antisocial behaviors, particularly aggressiveness;
- More socially competent;
- Higher grades;

### For female students:

- Significantly less self-destructive;
- Less likely to smoke cigarettes or try alcohol;
- Higher performance academically;

### For program participants in general:

- Lower rates of alcohol initiation;
- Less delinquency initiation;
- Less likely to have repeated a grade;
- Less likely to have an official high school disciplinary action report;
- Less involved in school misbehavior, such as skipping class, cheating, or being removed from the classroom;
- Less likely to commit violent delinquent acts;
- Less likely to engage in drinking ten or more times in the year prior to assessment;
- Less likely to engage in sexual intercourse or to have had multiple sexual partners, or to cause/become pregnant;
- More likely to graduate from high school;
- Fewer thoughts of suicide, reduced depressive symptoms;
- Fewer symptoms of social phobia;
- Less likely to have sold illegal drugs or had a court charge;
- Less likely to have used alcohol, tobacco, or illicit drugs.

## **Contributing Factors Addressed**

- Alcohol use risk and protective factors.

## Training

The Social Development Research Group (SDRG) provides guides for the teacher training components of the SSDP intervention as well as trainers for these components. Two of the parent programs included in SSDP, now called Preparing for School Success (grades one through three) and Guiding Good Choices (grades 5 and 6), are available from the Channing Bete Company, [www.channing-bete.com](http://www.channing-bete.com). Contacts for trainers for these components are provided by SDRG.

## Implementation Information

- Karl G. Hill, PhD  
Project Director, Seattle Social Development Project  
Social Development Research Group  
University of Washington  
9725 3rd Avenue NE, Suite 401  
Seattle, WA 98115-2024  
Phone: (206) 685-3859  
Fax: (206) 543-4506  
E-mail: [khill@u.washington.edu](mailto:khill@u.washington.edu)  
Web site: [www.depts.washington.edu/ssdp](http://www.depts.washington.edu/ssdp)

## References

Abbott, Robert D., Julie O'Donnell, J. David Hawkins, Karl G. Hill, Richard Kosterman, and Richard F. Catalano, "Changing Teaching Practices to Promote Achievement and Bonding to School," *American Journal of Orthopsychiatry*, Vol. 68, No. 4, 1998, pp. 542-552.

Catalano, Richard F., and J. David Hawkins, "The Social Development Model: A Theory of Antisocial Behavior," in J. David Hawkins, ed., *Delinquency and Crime: Current Theories*, Cambridge, England: University Press, 1996.

Gorman, Dennis M., "Overstating the Behavioral Effects of the Seattle Social Development Project," *Archives of Pediatric and Adolescent Medicine*, Vol. 156, 2002, pp. 155-156.

Hawkins, J. David, and Richard F. Catalano, "Doing Prevention Science: A Response to Dennis M. Gorman and a Brief History of the Quasi-Experimental Study Nested Within the Seattle Social Development Project," *Journal of Experimental Criminology*, Vol. 1, 2005, pp. 79-86.

Hawkins, J. David, Elizabeth von Cleve, and Richard F. Catalano, "Reducing Early Childhood Aggression: Results of a Primary Prevention Program," *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 30, No. 2, 1991, pp. 208-217.

Hawkins, J. David, Jie Guo, Karl G. Hill, Sara Battin-Pearson, and Robert D. Abbott, "Long-Term Effects of the Seattle Social Development Intervention on School Bonding Trajectories," *Applied Developmental Science: Special Issue: Prevention as Altering the Course of Development*, Vol. 5, No. 4, 2001, pp. 225-236.

Hawkins, J. David, Richard F. Catalano, Dianne M. Morrison, Julie O'Donnell, Robert D. Abbott, and L. Edward Day, "The Seattle Social Development Project: Effects of the First Four Years on Protective Factors and Problem Behaviors," in Joan McCord and Richard E. Tremblay, eds., *Preventing Antisocial Behavior: Interventions from Birth Through Adolescence*, New York, N.Y.: Guilford Press, 1992, pp. 139-161.

Hawkins, J. David, Richard F. Catalano, Rick Kosterman, Robert Abbott, and Karl G. Hill, "Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood," *Archives of Pediatric Medicine*, Vol. 153, 1999, pp. 226-234.

Hawkins, J. David, Rick Kosterman, Richard F. Catalano, Karl G. Hill, and Robert D. Abbott, "Promoting Positive Adult Functioning Through Social Development Intervention in Childhood: Long-Term Effects from the Seattle Social Development Project," *Archives of Pediatrics & Adolescent Medicine*, Vol. 159, No. 1, 2005, pp. 25-31.

Hirschi, Travis, *Causes of Delinquency*, Berkeley, Calif.: University of California Press, 1969.

Lonczak, Heather S., Robert D. Abbott, J. David Hawkins, Rick Kosterman, and Richard F. Catalano, "Effects of the Seattle Social Development Project on Sexual Behavior, Pregnancy, Birth, and Sexually Transmitted Disease Outcomes by Age 21 Years," *Archives of Pediatrics & Adolescent Medicine*, Vol. 156, No. 5, 2002, pp. 438-447.

O'Donnell, Julie, J. David Hawkins, Richard F. Catalano, Robert D. Abbott, and Edward Day, "Preventing School Failure, Drug Use, and Delinquency Among Low-Income Children: Long-Term Intervention in Elementary Schools," *American Journal of Orthopsychiatry*, Vol. 65, No. 1, 1995, pp. 87-100.

# **Strengthening Families Program**

## **Summary**

Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

SFP was developed and found effective on a National Institute on Drug Abuse (NIDA) research grant in the early 1980s. More than 15 subsequent independent replications have found similar positive results with families in many different ethnic groups. Both culturally adapted versions and the core version of SFP have been found effective with African-American, Hispanic, Asian, Pacific Islander, and First Nations families.

The original SFP for high-risk families with children ages 6 to 11 years (SFP6-11) was joined in the early 1990's by a shorter 7-session version for low-risk families with pre- and early teens (SFP10-14). SFP6-11 has now been joined by 14-session versions for high-risk families with both younger children (SFP3-5) and early teens (SFP12-16).

Please note that there is also an American Indian Strengthening Families Program available.

## **Core Components**

1. Hire and train at least four group leaders (2 to run the children's groups and 2 for the parent's groups);
3. Hire a program coordinator;
4. Recruit families by stressing improvements in family relationships, parenting skills, and youth's behaviors and grades; Use creative recruitment and retention strategies matched to the needs of participating families, such as special incentives, family meals, transportation, and child care;
5. Implementing the full Strengthening Families Program once per week for 14 weeks or in alternative formats, such as twice per week or at retreat weekends;
6. Arrange seven two hour sessions for parents and youth, to include:
  - Eating meals together as a family;
  - Parents and children attending separate skill-building groups for the first hour;
  - Second hour spent together in supervised family activities;
6. Four booster sessions are to be applied six months to one year after the end of the first seven sessions.

## Outcomes

- Reduced behavior issues among children (conduct disorder, oppositional defiance symptoms, and other behavior problems);
- Improved parenting skills (e.g., consistent discipline, supervision, efficacy);
- Improved family relationships (e.g., cohesion, communication, reduced conflict).

## Contributing Factors Addressed

- Alcohol risk and protective factors.

## Implementation Materials

Web site: <http://www.strengtheningfamiliesprogram.org/index.html>

### Ordering Implementation Manuals:

<http://www.strengtheningfamiliesprogram.org/ordering.html>

LutraGroup

Phone: (801) 583-4601

Fax: (801) 583-7979

Email: [hwhiteside@lutragroup.com](mailto:hwhiteside@lutragroup.com)

### Program Evaluation Materials:

<http://www.strengtheningfamiliesprogram.org/evaluation.html>

### American Indian Strengthening Families Program:

- Cecilia Tso  
SPF Trainer  
Phone: (801) 577-2668  
Email: [ctso2001@yahoo.com](mailto:ctso2001@yahoo.com)

## Training

Training of SFP group leaders by SFP-certified trainers and technical assistance for implementation, including evaluation, are coordinated by LutraGroup SP:

- Dr. Henry O. Whiteside  
Managing Partner  
SFP Training Center  
LutraGroup SP  
5215 Pioneer Fork Road  
Salt Lake City, UT 84108-1678  
Phone: (801) 583-4601

Fax: (801) 583-7979

E-mail: [hwhiteside@lutragroup.com](mailto:hwhiteside@lutragroup.com)

<http://www.strengtheningfamiliesprogram.org/training.html>

## Implementation Information

- Karol L. Kumpfer, Ph.D.  
Professor  
Department of Health Promotion and Education  
University of Utah  
1901 East South Campus Drive, Room 2107  
Salt Lake City, UT 84112-0920  
Phone: (801) 581-8498  
Fax: (801) 581-5872  
E-mail: [kkumpfer@xmission.com](mailto:kkumpfer@xmission.com)
- Strengthening Families Program  
LutraGroup SP  
5215 Pioneer Fork Road  
Salt Lake City, Utah 84108  
Phone: (801) 583-4601  
Fax: (801) 583-7979  
Email: [hwhiteside@lutragroup.com](mailto:hwhiteside@lutragroup.com)

## References

Aktan, G. B., Kumpfer, K. L., & Turner, C. W. (1996). Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Substance Use and Misuse*, 31(2), 157-175.

Gottfredson, D., Kumpfer, K., Polizzi-Fox, D., Wilson, D., Puryear, V., Beatty, P., et al. (2006). The Strengthening Washington D.C. Families project: A randomized effectiveness trial of a family-based prevention. *Prevention Science*, 7(1), 57-74.

Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist*, 58(6-7), 457-465.

Kumpfer, K. L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6-8-year-old rural children. *Psychology of Addictive Behaviors*, 16(Suppl. 4), S65-S71.

# Too Good for Drugs

## Summary

Too Good for Drugs (TGFD) is a long-term, school-based prevention program designed to reduce students' intention to use alcohol, tobacco, and illegal drugs by teaching them how to be socially competent and autonomous problem solvers. Developed by the Mendez Foundation for use with students in kindergarten through 12th grade (5 to 18 years old), TGFD has a separate, developmentally appropriate curriculum for each grade level that builds skills sequentially. The program is designed to develop positive peer norms, appropriate attitudes toward alcohol, tobacco, and illegal drug use, personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use, knowledge of the negative consequences of alcohol, tobacco, and illegal drug use, and the benefits of a drug-free lifestyle. The five skills the program intends to develop are: (1) goal setting; (2) decision making; (3) bonding with pro-social others; (4) identifying and managing emotions; and (5) communicating effectively.

## Core Components

1. Consists of curricula with ten 30 to 60 minute lessons per grade level for kindergarten through eighth grade, and fourteen 60 minute lessons for ninth through twelfth grade;
2. Provides education in social and emotional competencies and reduces risk factors while building protective factors that affect students in their particular age groups;
3. Instructional strategies include role-plays, modeling, practicing, reinforcing, providing feedback and promoting the generalization of skills to other contexts all of which promote cooperative learning and skill building;
4. Provides normative education, teacher tips and a parent component designed to make both the school and family environments more supportive of drug-free choices.

## Outcomes

- Reduce intention to use alcohol, tobacco and marijuana, and to engage in violence;
- Increased skills to resist peer pressure;
- Improved positive attitudes towards non-drug use and decreased positive attitudes towards drug use;
- Increased awareness of actual peer norms and use;
- Increased perceptions of peer disapproval of substance use;

Increased emotional competency, goal-setting and decision-making skills;

- Increase attitudes and skills related to resisting substance use and/or violence;
- Increased prosocial peers.

### **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

### **Implementation Materials**

Web site: <http://www.mendezfoundation.org>

Each grade level kit includes everything necessary for successful program implementation including: a fully scripted curriculum notebook, student workbooks and supplementary teaching materials such as posters, games, CDs and other visual aides. Each lesson includes rationales, the lesson objectives, a materials list, recommended resources, and suggestions for lesson extensions. The curricula also include Home Workouts: Information and Exercises for Parents and Kids, to be copied and sent home. Too Good for Drugs also includes supplemental activities and lesson extenders that can be used to infuse drug prevention skills into subject areas including music, physical education and language arts as well as community activities, recommended books , videos and other resources.

TGFD After School Activities:

<http://www.mendezfoundation.org/educationcenter/asa/>

TGFD K-8:

<http://www.mendezfoundation.org/educationcenter/tgfd/index.htm>

TGFD and Violence High School:

<http://www.mendezfoundation.org/educationcenter/tgfd/tgfdclassroom/hs.htm>

TGFD and Violence Staff Development:

<http://www.mendezfoundation.org/educationcenter/staff/tgfdve.htm>

### **Training**

Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

- Christianne Powell, M.A.  
Director of Training  
The Mendez Foundation

601 South Magnolia Avenue  
Tampa, FL 33606  
Phone: (800) 750-0986  
Fax: (813) 251-3237  
E-mail: [cpowell@mendezfoundation.org](mailto:cpowell@mendezfoundation.org)  
Web site: <http://www.mendezfoundation.org>

Training Web site: <http://www.mendezfoundation.org/educationcenter/training/index.htm>

### **Implementation Information**

- Regina Birrenkott, M.Ed., CAPP  
Director of Programming and Development  
Mendez Foundation  
601 South Magnolia Avenue  
Tampa, FL 33606  
Phone: (800) 750-0986  
Fax: (813) 251-3237  
E-mail: [rbirrenk@mendezfoundation.org](mailto:rbirrenk@mendezfoundation.org)
- Christianne Powell, M.A.  
Director of Training  
Mendez Foundation  
601 South Magnolia Avenue  
Tampa, FL 33606  
Phone: (800) 750-0986  
Fax: (813) 251-3237  
E-mail: [cpowell@mendezfoundation.org](mailto:cpowell@mendezfoundation.org)

### **References**

Bacon, T. P. (2000). The effects of the Too Good for Drugs II drug prevention program on students' substance use intentions and risk and protective factors. Florida Educational Research Council, Inc., Research Bulletin, 31(3 & 4), 1-25.

Bacon, T. P. (2001). Impact on high school students' behaviors and protective factors: A pilot study of the Too Good for Drugs and Violence prevention program. Florida Educational Research Council, Inc., Research Bulletin, 32(3 & 4), 1-40.

Bacon, T. P. (2001). Evaluation of the Too Good for Drugs and Violence--high school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Bacon, T. P. (2002, April). Resiliency of students' protective factors using a school-based drug prevention program. Paper presented at the Annual Conference of the American Educational Research Association, New Orleans, LA.

Bacon, T. P. (2003). Technical report: Evaluation of the Too Good for Drugs--elementary school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Bacon, T. P. (2004). Technical report: Evaluation of the Too Good for Drugs--middle school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Bacon, T. P. (2004). Technical report: Pilot study of the Too Good for Drugs and Violence after-school activities program. A project funded by the C. E. Mendez Foundation, Inc., Tampa, FL.

Patterson, G. A. (2004). Too Good for Drugs: Elementary school fidelity of implementation. Prepared for the School District of Palm Beach County, FL, and the Florida Department of Education.

## **Brief Motivational Interventions**

Brief motivational interventions (BMIs) aim to change drinking practices by providing participants with individualized, normative feedback regarding their alcohol consumption patterns and perceptions of drinking, as well as guidance promoting moderation alcohol consumption. (Note: Normative feedback involves correcting misperceptions about population norms around alcohol consumption.) BMIs can be conducted face-to-face, within groups, or individually via mail or the Internet. Locations can include college/university campuses, worksites, or in a doctor's office or emergency room. For the purpose of this strategy guide, we chose to include alcohol screening and brief intervention within the healthcare setting in its own section, leaving this section to focus on pre-packaged BMIs primarily designed for college and university students. The three BMIs pre-approved as evidence-based include:

- The University of Nebraska-Lincoln College Alcohol Profile (see p. 178)
- Brief Alcohol Screening and Intervention of College Students (BASICS) (see p. 179)
- CHOICES (see p. 182)

# The University of Nebraska-Lincoln College Alcohol Profile

## Summary

The University of Nebraska-Lincoln currently uses a web-based brief motivational intervention, the College Alcohol Profile (CAP) that was developed locally and is available on the University Health Center Website. The CAP is similar to other widely used Web based feedback programs like e-CHUG (see Walters & Neighbors, 2005), but the CAP is unique in that it uses normative feedback based on UNL drinking norms that are customized to specific target groups. At present, tailored versions are available for men and women and for fraternity and sorority members. CAP provides immediate personalized feedback once the questions have been answered and provides specific reinforcement feedback for abstainers. The CAP takes only 10-15 minutes to complete and is open to all students, although it is targeted at incoming freshman and higher-risk students.

## Contributing Factors Addressed

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use.

## Implementation Information

The online tool is available for use at: <http://unl.collegealcoholprofile.com/>

- For more information, contact the Nebraska Collegiate Consortium, which is housed within the Nebraska Prevention Center for Alcohol & Drug Abuse in the College of Education and Human Sciences at the University of Nebraska-Lincoln.  
233 Teachers College Hall  
Lincoln, NE 68588-0345  
[Npcada1@unl.edu](mailto:Npcada1@unl.edu)  
402/472-6046

## References:

Walters ST, Neighbors C. Feedback interventions for college alcohol misuse: what, why and for whom? *Addict Behav* 2005;30:1168–82.

Riper H, van Straten A, Keuken M, Smit F, Schippers G, Cuijpers P. (2008). Curbing Problem Drinking with Personalized-Feedback Interventions a Meta-Analysis. *Am J Prev Med* 2009;36(3)

# **Brief Alcohol Screening and Intervention for College Students (BASICS)**

## **Summary**

Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems. Following a harm reduction approach, BASICS utilizes principles of motivational interviewing to motivate students to reduce alcohol use in order to decrease the negative consequences of drinking. Based on principles of motivational interviewing, BASICS is delivered in an empathetic, nonconfrontational, and nonjudgmental manner and is aimed at revealing the discrepancy between the student's risky drinking behavior and his or her goals and values. The intervention is delivered by trained personnel proficient in motivational interviewing and may be tailored for use with young adults in settings other than colleges.

## **Core Components**

1. Initial interview: Gather information about the student's recent alcohol consumption patterns, personal beliefs about alcohol, and drinking history; provide instructions for self-monitoring any drinking between sessions; prepare the student for the online assessment survey;
2. Online assessment;
3. Customized feedback profile;
4. Second Interview: Individualized feedback that compare personal alcohol use with alcohol use norms; review individualized negative consequences and risk factors; clarify perceived risks and benefits of drinking; provide options to assist in making changes to decrease or abstain from alcohol use.

## **Outcomes**

- Reduce quantity of alcohol use;
- Reduce frequency of alcohol use;
- Reduce frequency of binge drinking;
- Fewer alcohol-related consequences.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use.

## Implementation Materials

Web site: <http://depts.washington.edu/abrc/basics.htm>

Implementation requires the development of assessment and feedback tools tailored to the specific setting and population. The BASICS workbook provides sample tools and additional information, and assistance can be obtained through consultation with the program developer.

## Training

Training (or supervision by trained personnel) is recommended to implement BASICS. Depending on staff experience, it can be completed in 1 to 2 days. Training encompasses knowledge of alcohol use among college students and specific clinical techniques such as non-confrontational interviewing. Training can be conducted onsite or offsite.

For information about BASICS training, please email:

- Dr. George Parks  
Email: [gparks@u.washington.edu](mailto:gparks@u.washington.edu)

## Implementation Information

- G. Alan Marlatt, Ph.D.  
Program Developer  
Professor of Psychology; Director  
Addictive Behaviors Research Center  
Department of Psychology  
University of Washington  
Box 351629  
Seattle, WA 98195-1629  
Phone: (206) 685-1395  
Fax: (206) 685-1310  
E-mail: [marlatt@u.washington.edu](mailto:marlatt@u.washington.edu)

## References

Baer, J. S., Kivlahan, D. R., Blume, A. W., McKnight, P., & Marlatt, G. A. (2001). Brief intervention for heavy drinking college students: 4-year follow-up and natural history. *American Journal of Public Health*, 91(8), 1310-1316. 

Marlatt, G. A., Baer, J. S., Kivlahan, D. R., Dimeff, L. A., Larimer, M. E., Quigley, L. A., et al. (1998). Screening and brief intervention for high-risk college student drinkers: Results from a 2-year follow-up assessment. *Journal of Consulting and Clinical Psychology*, 66(4), 604-615. 

Borsari, B., & Carey, K. B. (2000). Effects of a brief motivational intervention with college student drinkers. *Journal of Consulting and Clinical Psychology*, 68(4), 728-733.



Dimeff, L. A., Baer, J. S., Kivlahan, D. R., & Marlatt, G. A. (1999). *Brief Alcohol Screening and Intervention for College Students (BASICS): A harm reduction approach*. New York, NY: The Guilford Press.

Larimer, M. E., Turner, A. P., Anderson, B. K., Fader, J. S., Kilmer, J. R., Palmer, R. S., et al. (2001). Evaluating a brief alcohol intervention with fraternities. *Journal of Studies on Alcohol*, 62(3), 370-380. 

# **CHOICES About Alcohol**

## **Summary**

CHOICES About Alcohol is a brief alcohol abuse prevention and harm reduction program for college students. The primary goals of CHOICES are to arm students with accurate information, inform them of their level of exposure to harm, and provide them with a menu of coping strategies that will encourage them, through a self-reflective process, to choose to change high-risk behavior. CHOICES can be used for all three levels of alcohol abuse prevention for college students: 1) as an indicated prevention program serving the needs of college students who have already developed alcohol-related problems; 2) as a universal prevention directed at all college students on a campus because its content applies equally to all levels of alcohol use from students who abstain from drinking to those who are frequent heavy drinkers; and, 3) as a selective prevention targeting intervention for subgroups of students at higher-risk for alcohol abuse, such as freshman, athletes, or members of the college Greek system. The recommended time frame for CHOICES delivery is one or two sessions spanning 45-90 minutes (depending on the specific implementation strategy). The program can be implemented individually or in groups. The most common application is in a facilitated group environment. CHOICES can also incorporate an optional follow-up session to be held two weeks after the initial meeting

## **Core Components**

1. Interactive Journaling®: A guided writing process that provides critical normative and physiological information while guiding students to apply information to their personal experiences and emphasizing student safety combined with personal responsibility.

## **Outcomes**

- Reduced alcohol consumption;
- Reduce intention to consume alcohol.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use.

## **Implementation Materials**

To order implementation materials (including facilitator guide, facilitation summary, and participant journal), go to:

<http://www.changecompanies.net/choices.php>

For a comprehensive program overview, see:

Parks, G.A. and Woodford, M.S. (2005). CHOICES About Alcohol: A Brief Alcohol Abuse Prevention and Harm Reduction Program for College Students. In VISTAS: Compelling Perspectives on Counseling 2005. Edited by Walz, G.R. and Yep, R.K. Alexandria, Virginia: American Counseling Association.

<http://www.ruf.rice.edu/~wellness/documents/2%20CHOICES%20-%20Overview.pdf>

## Implementation Information

- George A. Parks, Ph.D.  
Associate Director, Addictive Behaviors Research Center  
Department of Psychology  
BOX 351629  
University of Washington  
Seattle, WA 98195-1629  
Email: [gparks@u.washington.edu](mailto:gparks@u.washington.edu)  
Phone: (206) 685-7504  
Cell: 206- 930-1949  
FAX : 425-640-0554 or 206-685-1310
- G. Alan Marlatt, Ph.D.  
Director, Addictive Behaviors Research Center  
Department of Psychology  
BOX 351629  
University of Washington  
Seattle, WA 98195-1629  
Email: [marlatt@u.washington.edu](mailto:marlatt@u.washington.edu)  
Phone: 206-685-1395  
Fax: 206-685-1310

## References

Baer, J. S., Kivlahan, D. R., Blume, A. W., McKnight, P., & Marlatt, G. A. (2001). Brief intervention for heavy drinking college students: Four-year follow-up and natural history. *American Journal of Public Health, 91*(8), 1310-1316.

Kivlahan, D. R., Marlatt, G. A., Fromme, K., Coppel, D. B., & Williams, E. (1990). Secondary prevention with college drinkers: Evaluation of an alcohol skills training program. *Journal of Consulting and Clinical Psychology, 58*, 805-810.

Larimer, M. E., & Cronce, J. M. (2002). Identification, prevention and treatment: A review of individual-focused strategies to reduce problematic alcohol consumption by college students. *Journal of Studies on Alcohol, Supplement No. 14*, 148-163.

Marlatt, G. A., Baer, J. S., Kivlahan, D. R., Dimeff, L. A., Larimer, M. E., Quigley, L. A., Somers, J. M., & Williams, E. (1998). Screening and brief intervention for high-risk college student drinkers: Results from a two-year follow-up assessment. *Journal of Consulting and Clinical Psychology, 66*(4), 604-615.

Miller, W.R. and Rollnick, S. (2002). *Motivational Interviewing: Preparing People to Change*. New York: Guilford Press.

Miller, W.R., & Sovereign, R.G. (1989). The check-up: A model for early intervention in addictive behaviors. In T. Loberg, W.R. Miller, P.E. Nathan, & G.A. Marlatt (Eds.), *Addictive behaviors: Prevention and early intervention*. Amsterdam: Swets & Zeitlinger

Neighbors, C., Cullen, C., Oster-Aaland, L., Thoeness, K., & Lewis, M.A. (2005). Prime for Life versus CHOICES in reducing drinking intentions among mandated college students. Poster presentation at the annual meeting of the Association for Behavior and Cognitive Therapies, Washington, DC.

Neighbors, C., Lee, C.M., Lewis, M.A., Fossos, N., & Walter, T. (2009). Internet-Based Personalized Feedback to Reduce 21st-Birthday Drinking: a Randomized Controlled Trial of an Event-Specific Prevention Intervention. *Journal of Consulting and Clinical Psychology, 77*(1), 51-63.

# Alcohol Screening and Brief Intervention within the Healthcare Setting

## Summary

Alcohol Screening and Brief Intervention (SBI) aims to change drinking practices by providing participants with individualized, normative feedback regarding their alcohol consumption patterns and perceptions of drinking, as well as drinking moderation strategies. (Note: Normative feedback involves correcting misperceptions about population norms around alcohol consumption.) SBI within a healthcare setting is conducted face-to-face in locations such as a clinic on a college/university campus or worksite, or any doctor's office or emergency room.

SBI within the healthcare setting entails a counselor or health care provider asking a participant a structured set of questions, followed by a brief discussion designed to address alcohol use problems. A screening instrument is used to ask people (after they agree to be questioned) how much and how often they drink. Counselors and health care providers evaluate answers to see if they indicate an alcohol misuse or abuse problem. If the subject screens positively, the counselor or health professional can share the screening results and their significance with the subject. Brief interventions are short, 10- to 15-minute motivational interviews that encourage people to create a plan of action, from reducing their drinking to seeking substance abuse treatment, based on their willingness to change their drinking behavior.<sup>9</sup>

## Core Components

- Intervention is face-to-face;
- Provide individualized, normative feedback to participants regarding their alcohol consumption patterns and perceptions of drinking;
- Provide drinking moderation strategies;
- Provide an extended plan for follow-up evaluation of participant progress.

## Outcomes

- Reduce high-risk drinking behaviors (e.g., heavy episodic drinking);
- Reduce drinking quantity (e.g., drinks per week, frequency of drinking and heavy drinking);
- Reduce negative consequences associated with drinking.

---

<sup>9</sup> This summary was adapted from the *Screening and Brief Intervention Tool Kit for College and University Campuses*, developed by the National Highway Traffic Safety Administration, 2007: [http://www.friendsdrivesober.org/documents/SBI\\_College.pdf](http://www.friendsdrivesober.org/documents/SBI_College.pdf)

## Contributing Factors Addressed

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use.

## Implementation Materials

- **Clinical Protocols to Reduce High Risk Drinking in College Students: The College Task Force on College Drinking:**  
The goal of this curriculum is to help all health care professionals—physicians, nurses, nurse practitioners, physician assistants, social workers, health educators, counselors, psychologists, and others who work with college students—identify and treat students who are at-risk or are having alcohol-related problems using screening, brief intervention and motivational interviewing. The clinical methods presented in this curriculum are based on science and clinical experience and have been tested and used in a variety of settings. The protocols were specifically designed for busy high-volume practice. Each module is based on current evidence and research and includes the essential information every clinician should know about the prevention and treatment of college drinking problems. Developed for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Task Force on College Drinking, October 2002.  
<http://www.collegedrinkingprevention.gov/media/FlemingManual.pdf>
- **Helping Patients Who Drink Too Much: A Clinician’s Guide – Updated 2005 Edition:**  
This guide is written for primary care and mental health clinicians, with guidance from physicians, nurses, advanced practice nurses, physician assistants, and clinical researchers. This guide provides clinicians with the necessary information to begin incorporating alcohol screening and intervention into their practices. Developed by the U.S. Department of Health & Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2005.  
<http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf>
- **Screening and Brief Intervention Tool Kit for College and University Campuses:**  
This tool kit is designed to assist colleges and universities to implement programs for conducting screening and brief intervention to address alcohol use problems. This Tool Kit includes: (1) instructions for conducting a brief screening; (2) The AUDIT instrument for screening; (3) Handouts on the effects of alcohol, lower-risk drinking strategies and recommended drinking guidelines; (5) Kit evaluation forms to provide feedback for future improvement; (6) Flyer to advertise free screening events. Developed by the U.S. Department of Transportation, National Highway Traffic Safety Administration in cooperation with the BACCHUS Network, a university and community based network focusing on comprehensive health and safety initiatives, 2007.  
[http://www.friendsdrivesober.org/documents/SBI\\_College.pdf](http://www.friendsdrivesober.org/documents/SBI_College.pdf)

## References

Baer, J.S., Kivlahan, D.R., Blume, A.W., McKnight, P., Marlatt, G.A. Brief Intervention for Heavy-Drinking College Students: 4-Year Follow-Up and Natural History. *American Journal of Public Health*. (91)8: 2001

<http://www.ajph.org/cgi/reprint/91/8/1310>

Fiellin, D.A., Reid, M.C., and O'Connor, P.G., Screening for Alcohol Problems in Primary Care: A Systematic Review, *Archives of Internal Medicine*, 2000; Volume 160, (13) pp. 1977-1989.

Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., Barry, K.L. Brief physician advice for problem drinkers: Long-term efficacy and cost-benefit analysis. *Alcohol Clin Exp Res*. 26(1):36-43, 2002.

Grossberg, P.M., Brown, D.D., Fleming, M.F., Brief Physician Advice for High-Risk Drinking Among Young Adults. *Annals of Family Medicine*. (2)5: 2004

<http://www.annfammed.org/cgi/reprint/2/5/474>

Larimer, M.W., Cronce, J.M. Identification, prevention and treatment revisited: Individual-focused college drinking prevention strategies 1999-2006. *Addictive Behaviors* 32(2007) 2439-2468.

[http://www.collegedrinkingprevention.gov/media/2Larimer\\_and\\_Cronce\\_Addictive\\_Behaviors\\_2007.pdf](http://www.collegedrinkingprevention.gov/media/2Larimer_and_Cronce_Addictive_Behaviors_2007.pdf)

Whitlock, E.P., Polen, M.R., Green, C.A., Orleans, T., Klein J. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med*. 140(7):557-568, 2004.

# **Coping with Work and Family Stress**

## **Summary**

Coping With Work and Family Stress is a workplace preventive intervention designed to teach employees 18 years and older how to deal with stressors at work and at home. The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory. The program teaches effective methods for reducing risk factors (stressors and avoidance coping) and enhancing protective factors (active coping and social support) through behavior modification (e.g., methods to modify or eliminate sources of stress), information sharing (e.g., didactic presentations, group discussions), and skill development (e.g., learning effective communication and problem-solving skills, expanding use of social network). The curriculum emphasizes the role of stress, coping, and social support in relation to substance use and psychological symptoms.

## **Core Components**

1. Implement 16 90-minute sessions, typically provided weekly to groups of 15-20 employees;
2. Employees learn behavioral, social and cognitive coping strategies to address stressful situations at home and work;
3. The sessions are led by a facilitator who typically has a master's-level education; is experienced in group dynamics, system theory, and cognitive and other behavior interventions; and is able to manage group process. (Facilitators are typically human services/human resources professionals). Facilitator training in the program curriculum is required.

## **Outcomes**

- Reduction of alcohol and drug use;
- Decrease in employee role stressors;
- Reduction in work/family stressors;
- Increase in behavioral coping;
- Reduction in work, family, and work/family stressors;
- Increased use of social support;
- Increased use of behavioral and cognitive coping strategies;
- Less reliance on avoidance coping strategies;
- Increased use of a wider range of stress management approaches;
- Prevention or reduction of psychological symptoms such as depression, anxiety, and somatic complaints.

## Contributing Factors Addressed

- Alcohol use risk and protective factors.

## Implementation Materials

Program Outline: <http://www.theconsultationcenter.org/WFS%20Sessions.pdf>

Conceptual Model:

<http://www.theconsultationcenter.org/WFS%20Conceptual%20Model.pdf>

Program Logic Model:

<http://www.theconsultationcenter.org/WFS%20Logic%20Model.pdf>

## Training

Facilitator training in the program curriculum is required. A 2- and 3-day intensive training for facilitators are available from The Consultation Center. Training is experiential and highly interactive and provides participants with formal certification for the delivery of this program. Participants also receive materials necessary for program delivery (a curriculum, CD of stress management approaches, and a set of participant handouts): <http://www.theconsultationcenter.org/wfstrng.htm>

To discuss training options or for more information, contact:

- Susan Ottenheimer, LCSW  
Project Director  
Email: [susan.ottenheimer@yale.edu](mailto:susan.ottenheimer@yale.edu)  
Phone: 203-789-7645.

## Implementation Information

- Susan Ottenheimer, LCSW  
Project Director  
Assistant Clinical Professor of Psychiatry  
Yale University  
389 Whitney Avenue  
New Haven, CT 06511  
Phone: (203) 789-7645  
Fax: (203) 562-6355  
E-mail: [susan.zimmerman@yale.edu](mailto:susan.zimmerman@yale.edu)
- David L. Snow, Ph.D.  
Principal Investigator  
Professor of Psychology in Psychiatry  
Child Study Center; Department of Epidemiology and Public Health  
Yale University

389 Whitney Avenue  
New Haven, CT 06511  
Phone: (203) 789-7645  
Fax: (203) 562-6355  
E-mail: [david.snow@yale.edu](mailto:david.snow@yale.edu)

## References

- Kline, M. L., & Snow, D. L. (1994). Effects of a worksite coping skills intervention on the stress, social support, and health outcomes of working mothers. *Journal of Primary Prevention*, 15(2), 105-121.
- Snow, D. L. (2004, April). Coping With Work and Family Stress: A workplace preventive intervention. Paper presented at the Conference on Workplace Strategies and Interventions for Improving Health and Well-Being sponsored by the National Institute of Child Health and Human Development, Baltimore, MD.
- Snow, D. L., & Kline, M. L. (1991). A worksite coping skills intervention: Effects on women's psychological symptomatology and substance use. *The Community Psychologist*, 24, 14-17.
- Snow, D. L., & Kline, M. L. (1995). Preventive interventions in the workplace to reduce negative psychiatric consequences of work and family stress. In C. M. Mazure (Ed.), *Does stress cause psychiatric illness?* (pp. 221-270). Washington, DC: American Psychiatric Press.
- Snow, D. L., Swan, S. G., & Wilton, L. (2002). A workplace coping skills intervention to prevent alcohol abuse. In J. Bennett & W. E. K. Lehman (Eds.), *Preventing workplace substance abuse: Beyond drug testing to wellness* (pp. 57-96). Washington, DC: American Psychological Association.
- Snow, D. L. (2004, April). Coping With Work and Family Stress: A workplace preventive intervention. Paper presented at the Conference on Workplace Strategies and Interventions for Improving Health and Well-Being sponsored by the National Institute of Child Health and Human Development, Baltimore, MD.
- Snow, D. L., Swan, S. G., & Wilton, L. (2002). A workplace coping skills intervention to prevent alcohol abuse. In J. Bennett & W. E. K. Lehman (Eds.), *Preventing workplace substance abuse: Beyond drug testing to wellness* (pp. 57-96). Washington, DC: American Psychological Association.

## **Team Awareness**

### **Summary**

Team Awareness is a customizable worksite prevention-training program that addresses behavioral risks associated with substance abuse among employees, their coworkers and, indirectly, their families. This program has been shown to increase employee help-seeking for and supervisor responsiveness to troubled workers, enhance the work climate, and reduce problem drinking. These results are achieved by promoting social health and increased communication between workers, improving knowledge and attitudes toward alcohol- and drug-related protective factors in the workplace (such as company policy or Employee Assistance Programs), and increasing peer referral behaviors. Team Awareness is highly interactive and uses group discussion, communication exercises, a board game, role play, and self-assessments.

### **Core Components**

1. The following steps are required: (1) preparatory focus groups and meetings to collect policy information, establish rapport, and facilitate employee involvement; (2) supervisor training (two 4-hour sessions); and, (3) employee training (two 4-hour sessions);
2. The training consists of six modules and is conducted across two 4-hour sessions with a company or business of any size. Large companies generally require multiple training sessions. The six modules cover: (1) the importance of substance abuse prevention; (2) team ownership of policy (embracing policy as a useful tool for enhancing safety and well-being for the whole workgroup); (3) stress, including stressors, individual coping styles, and other methods for coping; (4) tolerance and how it can become a risk factor for groups; (5) the importance of appropriate help-seeking and help-giving behavior; and (6) access to resources for preventive counseling or treatment (e.g., EAPs, local community resources, 12-step programs, wellness programs).

### **Outcomes**

- Decrease frequency of drinking;
- Less likely to come to work under the influence of illegal drugs or alcohol;
- Decrease worksite norms favorable to alcohol use;
- Decrease problem drinking behaviors;
- Less likely to work with or miss work due to a hangover;
- More likely to seek help;
- More likely to work in groups that encourage coworkers to stop a drinking or drug habit.

## **Contributing Factors Addressed**

- Social norms favorable to alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Implementation Materials**

Web site: [www.organizationalwellness.com](http://www.organizationalwellness.com)

Manuals and other materials are available for free download from Organizational Wellness & Learning Systems at:  
[http://www.organizationalwellness.com/index.asp?strType=Content&strPage=Team\\_Awareness](http://www.organizationalwellness.com/index.asp?strType=Content&strPage=Team_Awareness)

The program developer (see contact information for Joel Bennett, below) will conduct focus groups, help to customize aspects of the program to fit particular policies and resources, and assist with pre-post evaluation and fidelity assessments.

Successful implementation of Team Awareness requires a facilitator who understands the overview manual and each of the manuals for the six Team Awareness modules. The facilitator must be familiar with the organization's work climate, current substance use policies and related documents, and employee assistance resources (e.g., company medical office, the EAP). Some modules will require the facilitator to incorporate information on particular policies and resources. Sessions should consist of 10 to 25 employees and be presented in a training room equipped with overhead projector, screen, and flipcharts. Participants can be drawn from the same or different work groups or settings.

## **Training**

To obtain training, training of trainers, and technical assistance, contact:

- Joel B. Bennett, Ph.D.  
Program Developer  
President  
Organizational Wellness & Learning Systems  
4413 Overton Terrace  
Fort Worth, TX 76109  
Phone: (817) 921-4260  
Fax: (817) 257-7290  
E-mail: [owls@charter.net](mailto:owls@charter.net); [learn@organizationalwellness.com](mailto:learn@organizationalwellness.com)

## Implementation Information

- Joel B. Bennett, Ph.D.  
Program Developer  
President  
Organizational Wellness & Learning Systems  
4413 Overton Terrace  
Fort Worth, TX 76109  
Phone: (817) 921-4260  
Fax: (817) 257-7290  
E-mail: owls@charter.net; [learn@organizationalwellness.com](mailto:learn@organizationalwellness.com)

## References

Bennett, J. B., & Lehman, W. E. K. (2001). Workplace substance abuse prevention and help seeking: Comparing team-oriented and informational training. *Journal of Occupational Health Psychology, 6*(3), 243-254. 

Bennett, J. B., & Lehman, W. E. K. (2002). Supervisor tolerance-responsiveness to substance abuse and workplace prevention training: Use of a cognitive mapping tool. *Health Education Research, 17*(1), 27-42. 

Bennett, J. B., Patterson, C. R., Reynolds, G. S., Wiitala, W. L., & Lehman, W. E. K. (2004). Team Awareness, problem drinking, and drinking climate: Workplace social health promotion in a policy context. *American Journal of Health Promotion, 19*(2), 103-113. 

Lehman, W. E. K., Reynolds, G. S., & Bennett, J. B. (2002). Team and informational trainings for workplace substance abuse prevention. In J. B. Bennett & W. E. K. Lehman (Eds.), *Preventing workplace substance abuse: Beyond drug testing to wellness* (pp. 165-201). Washington, DC: American Psychological Association.

Bennett, J. B., Patterson, C., Sledz, R., Klimback, E. M., Berish, J. E., & Cook, R. (n.d.). *Small Business Wellness Initiative research report*. Fort Worth, TX: Organizational Wellness & Learning Systems.

Bennett, J. B., & Patterson, C. R. (n.d.). Targeting working adult users of alcohol and drugs: Help-seeking and an experimental assessment in small businesses. Manuscript submitted for publication.

Patterson, C. R., Bennett, J. B., & Wiitala, W. L. (2005). Healthy and unhealthy stress unwinding: Promoting health in small businesses. *Journal of Business and Psychology, 20*(2), 221-247.

## **Wellness Outreach at Work**

### **Summary**

Wellness Outreach at Work provides comprehensive risk reduction services to workplace employees, offering cardiovascular and cancer risk screening and personalized follow-up health coaching that addresses alcohol and tobacco use. Wellness Outreach at Work begins with outreach to all employees through voluntary, worksite-wide health risk screening, including biometric measures of health status, delivered as near to workstations as is practical. The screening directs employees' attention to health issues and to their own health risks and provides baseline information about the health risks of the total workforce. . The screening takes approximately 20 minutes per employee and includes immediate feedback on health risks and first steps that might improve them. After the screening, employees are triaged for follow-up based on the number and severity of the health risks identified. Within the context of personalized, one-on-one coaching for cardiovascular health improvement and cancer risk, wellness coaches provide employees with education and counseling on alcohol use, tobacco use, weight control, and health management. Employees attend one to four 20-minute individual sessions per year thereafter. Computerized records allow employees to track their own health status and to access tools and information that can help them sustain their progress. Individual employees' health information is confidential, but profiles of changing risk factors for the workforce as a whole are made available periodically to employees and to management. The program includes long-term support for employees, both directly and through the corporate environment (e.g., alcohol-free public functions, peer encouragement of health promotion).

### **Core Components**

1. Management support;
2. Union involvement (where applicable);
3. Guaranteed confidentiality of employee records;
4. Creation of Wellness Committee;
5. Staff of trained wellness professionals with appropriate supervisory oversight and support (ration of counselors to employees = 1 FTE counselor per 500 employees); NOTE: binge and high-risk drinkers need one-to-one follow-up counseling to bring their drinking into safe guidelines;
6. Computerized data management system;
7. Cardiovascular Disease (CVD) Health Risk Screening meeting current National Institute of Health guidelines for health risk profiles and appropriate interventions. Equipment needs: blood pressure and body fat measuring equipment, immediate blood analyzers using finger-stick blood draws, and scales;
8. Spaces(s) at the worksite to counsel employees confidentially;

9. Use of program interaction protocol guidelines with clients, adapted to their personal lifestyles and preferences;
10. Program resources and materials concerning each cardiovascular disease risk factor, including alcohol consumption guidelines.

## **Outcomes**

- Lower alcohol (including reduced binge and high-risk drinking) and drug use;
- Reductions in tobacco use;
- Improvements in weight management;
- Reduced use of disease care services;
- Increased personal exercise, more successful stress management, improved relations with co-workers, and a heightened sense of well-being;
- Blood pressure control improved;
- Decreased absenteeism, improved morale, and heightened productivity;
- Reduction in other cardiovascular disease risks.

## **Contributing Factors Addressed**

- Social norms accepting alcohol use;
- Low perceived risk of alcohol use;
- Alcohol use risk and protective factors.

## **Implementation Materials**

Website: <http://www.ilir.umich.edu/wellness/>

### Wellness Outreach at Work: A Step-by-Step Guide:

The manual describes the principles and procedures the Wellness Outreach at Work Program uses to reduce cardiovascular health risks. It also includes materials the Wellness Outreach at Work Program uses and lists the program's other resources.

<http://www.ntis.gov/search/product.aspx?ABBR=PB96183942>

### Wellness Guides:

<http://www.ilir.umich.edu/wellness/index.html>

- Printable version of Comprehensive Wellness Program:  
<http://www.ilir.umich.edu/wellness/PrintableVersion.html>
- Employee Needs Survey:  
<http://www.ilir.umich.edu/wellness/dyn9.html>

- Where to Start:  
<http://www.ilir.umich.edu/wellness/dyn7.html>
- Selecting a Vendor for Services:  
<http://www.ilir.umich.edu/wellness/dyn8.html>
- Characteristics of Successful Programs:  
<http://www.ilir.umich.edu/wellness/dyn10.html>
- Frequently Asked Questions:  
<http://www.ilir.umich.edu/wellness/dyn11.html>

#### Wellness Protocols:

<http://www.ilir.umich.edu/wellness/protocol/index.html>

#### Program Guides: Alcohol:

<http://www.ilir.umich.edu/wellness/alcoholindex.html>

### **Training**

- Max A. Heirich, Ph.D.  
Director, Worker Health Program Institute of Labor and Industrial Relations  
The University of Michigan  
1111 East Catherine Street  
Ann Arbor, Michigan 48109-2054  
Phone: (734) 761-2154 or (734) 763-3116 Fax: (734) 763-0913  
E-mail: [mheirich@umich.edu](mailto:mheirich@umich.edu)

### **Implementation Information**

- Ken Holtyn  
President  
Holtyn & Associates, Health Promotion Consultants  
719 Turwill Lane  
Kalamazoo, MI 49006  
Phone: (269) 382-5897  
E-mail: [ken@holtynhpc.com](mailto:ken@holtynhpc.com)

### **References**

Erfurt, J. C., Foote, A., & Heirich, M. A. (1991). Worksite wellness programs: Incremental comparison of screening and referral alone, health education, follow-up counseling, and plant organization. *American Journal of Health Promotion*, 5(6), 438-448. 

Heirich, M., & Sieck, C. J. (2000). Worksite cardiovascular wellness programs as a route to substance abuse prevention. *Journal of Occupational and Environmental Medicine*, 42(1), 47-56. 

Heirich, M., Sieck, C. J., Klykulo, K., & Bonnington-Kouri, K. (2002). Moderation counseling as a route to substance abuse prevention: M-CARE's DrinkWise and Health Risk Appraisal Programs at the University of Michigan. Final Report for grant number 6 U 1 K SPO8146-03-02, awarded by SAMHSA/CSAP to the Greater Detroit Area Health Council and the University of Michigan.

## APPENDIX B: STRATEGIES NOT APPROVED AS EVIDENCE-BASED<sup>1</sup>

Strategy with Examples	Why these strategies appear to be ineffective	References for more information
<b>Instructional Programs With a focus on Information Dissemination, Moral Appeal, Self-Esteem Enhancement, Fear Arousal, Social Influence, Expectations / Values or Goal-Setting</b>		
<ul style="list-style-type: none"> <li>Awareness days, assemblies for student audiences</li> <li>Scare tactics</li> <li>Testimonials</li> </ul>	<ul style="list-style-type: none"> <li>One-time events demonstrate little impact.</li> <li>Scare tactics can be counter productive - when exaggerated danger, false information, or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger, especially when youth have access to contrary information and experience.</li> </ul>	<p><i>What Does Not Work In Prevention:</i>  <a href="http://www.nde.state.ne.us/federalprograms/sdfs/promisingprevpractices/IneffectiveStrat.html">http://www.nde.state.ne.us/federalprograms/sdfs/promisingprevpractices/IneffectiveStrat.html</a></p> <p><i>Research Supporting Alternatives to Current Drug Prevention Education for Young People</i>  <a href="http://www.drugpolicy.org/library/skager_drug_ed2003.cfm">http://www.drugpolicy.org/library/skager_drug_ed2003.cfm</a></p> <p><i>Don't Do It! Ineffective Prevention Strategies</i>  <a href="http://www.cde.state.co.us/cdeprevention/download/pdf/Ineffective_Damaging_Strategies.pdf">http://www.cde.state.co.us/cdeprevention/download/pdf/Ineffective_Damaging_Strategies.pdf</a></p> <p><i>Drug Prevention Programs Can Work: Research Findings Summary:</i> <a href="http://www.ccapt.org/pagecontent/pdf/tobler92.pdf">http://www.ccapt.org/pagecontent/pdf/tobler92.pdf</a></p> <p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.;</i> Oxford Press, October, 2003.</p>
<ul style="list-style-type: none"> <li>Mock car crashes</li> </ul>	<ul style="list-style-type: none"> <li>Students tend to remember the destruction, sadness or horror of the experience without relating it to their future behavior, reflection or intention – impact may be strongest on those who have already committed to not using.</li> </ul>	<p><i>Maine SPF SIG Strategy Approval Guide</i></p>
<ul style="list-style-type: none"> <li>Fatal vision goggles</li> </ul>	<ul style="list-style-type: none"> <li>Studies show that the effects of fatal vision goggles disappear after four weeks and do not result in a decrease in drunken driving behaviors.</li> </ul>	<p>Jewell J, Hupp SD. Examining the effects of fatal vision goggles on changing attitudes and behaviors related to drinking and driving. <i>Journal of Primary Prevention</i>. 2005 Nov. 26(6):553-65. Abstract: <a href="http://lib.bioinfo.pl/pmid:16228116">http://lib.bioinfo.pl/pmid:16228116</a></p>

Strategy with Examples	Why these strategies appear to be ineffective	References for more information
<ul style="list-style-type: none"> <li>Self-esteem enhancement activities</li> </ul>	<ul style="list-style-type: none"> <li>Programs that are characterized by very little drug information but focus on the intrapersonal skills of participants demonstrate little impact on alcohol-related behaviors.</li> </ul>	<p><i>Maine SPF SIG Strategy Approval Guide</i></p>
<b>Voluntary Codes of Punishment</b>		
<ul style="list-style-type: none"> <li>Voluntary bans on free drinks and other promotions such as happy hour, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Voluntary bans are ineffective because retailers ignore the codes. In order to be effective, bans must be mandated and enforced.</li> </ul>	<p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.; Oxford Press, October, 2003.</i></p>
<b>Deterrent Punishment</b>		
<ul style="list-style-type: none"> <li>Making an example of offenders</li> </ul>	<ul style="list-style-type: none"> <li>Parents and youth are likely to remain silent in order to protect the offender from punitive policies.</li> <li>Observers fear only the associated consequence of the offender.</li> </ul>	<p>Foster, S. E. &amp; Richter, L. (2001). <i>Malignant Neglect: Substance Abuse and America's Schools</i>. National Center on Addiction and Substance Abuse. Columbia University.  <a href="http://www.omegalabs.net/media/documents/pdf/MalNeglect.pdf">http://www.omegalabs.net/media/documents/pdf/MalNeglect.pdf</a></p>
<b>Harm Reduction</b>		
<ul style="list-style-type: none"> <li>Designated drivers and ride services</li> </ul>	<ul style="list-style-type: none"> <li>Programs that use a non-intoxicated person to drive intoxicated individuals to their destination are effective in getting drunk people not to drive but do not affect alcohol-related accidents.</li> </ul>	<p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.; Oxford Press, October, 2003.</i></p>

<sup>1</sup> This chart has been adapted from SPF SIG materials developed by New Hampshire and Maine; additional material was added based on information from *Alcohol: No Ordinary Commodity – Research and Policy*, by Babor, et. al., Oxford Press, October, 2003.

## APPENDIX C: PREVENTION STRATEGIES ACTIONABLE AT THE STATE LEVEL

Within Nebraska, some prevention strategies, such as increasing alcohol taxes and decreasing alcohol outlet density are only actionable at the state level. In other cases, strategies are actionable at both the state and local levels, and in some cases it may be more advantageous to pursue state-level change (e.g., for consistency across local jurisdictions and for other reasons). Due to the overwhelming amount of evidence supporting increasing alcohol excise taxes and decreasing alcohol outlet density a brief description of each is provided below. We are not suggesting that SPF SIG communities pursue these as part of their community prevention efforts, but rather wanted to give credence to the role they can play in broader alcohol prevention.

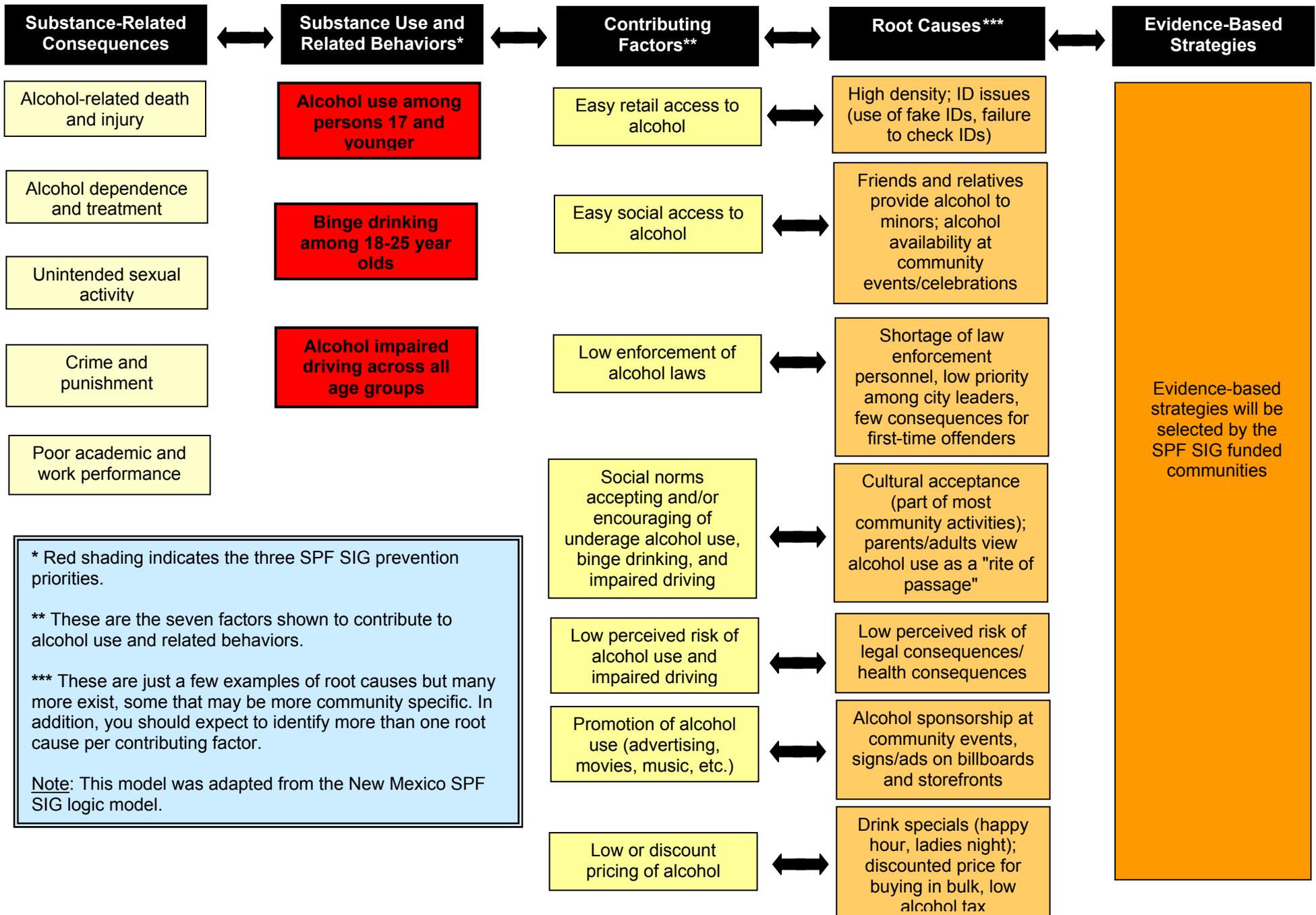
**Increasing Alcohol Taxes:** Alcohol excise taxes affect the price of alcohol, and are intended to reduce alcohol-related harms, raise revenue, or both. Alcohol taxes are implemented at the state and federal level, and are beverage-specific (e.g., they differ for beer, wine, and spirits). These taxes are based on the amount (or quantity) of beverage purchased (not on the purchase price), so their effects can erode over time due to inflation if they are not adjusted regularly. Outcomes of this strategy include:

- Reduction in alcohol use and binge drinking;
- Reduction in alcohol impaired driving;
- Reduction in alcohol related crashes;
- Reduction in fatal and nonfatal injuries associated with crashes;
- Reduction in consequences of alcohol use such as liver cirrhosis and violence.

**Decreasing Alcohol Outlet Density:** This strategy refers to limiting the number of retail alcohol outlets that sell alcoholic beverages in a given area. Convenient access to alcohol is associated with higher rates of alcohol-related problems, and the location of alcohol outlets is directly related to convenient access. Indeed, research shows that the higher the density of alcohol retail outlets (bars, restaurants and stores) in a community, the higher the number of alcohol-related consequences, such as traffic crashes and violence. Outcomes of this strategy include:

- Reduction in alcohol consumption patterns and related problems;
- Reduction in alcohol-related traffic crashes;
- Reduction in alcohol-related assaults.

# APPENDIX D: LOGIC MODEL FOR NEBRASKA SPF SIG PREVENTION PRIORITIES



# APPENDIX E: IOM CATEGORIES AND IF-THEN PROPOSITIONS

## IOM Prevention Categories

Based on the target population of the prevention effort, the National Academy of Science, Institute of Medicine (IOM) has divided prevention efforts into four categories. The four categories consist of:

- **Universal.** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
  - **Universal Direct.** Interventions that directly target an identifiable group of people but who have not been identified on the basis of individual risk (e.g., curriculum for all students in a school or afterschool program, parenting class, or education for all employees of a local company).
  - **Universal Indirect.** Interventions that target all members of a community through population-based programs and environmental strategies (e.g., establishing alcohol laws and policies, modifying alcohol advertising practices).
- **Selective.** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average (e.g., dropouts, underachieving students, children of alcoholic parents). High-risk groups may be identified on the basis of biological, psychological, social, or environmental factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place of residence (e.g., low-income neighborhood), victimization by physical or sexual abuse, or membership in a group at risk (e.g. youth experiencing transition, employees of a particular industry).
- **Indicated.** Activities targeted to individuals who have signs or symptoms of an alcohol, other substance abuse, or mental health disorder or who exhibit other risk behaviors related to substance abuse such as truancy, aggressiveness or violence, or pregnancy.

## If-Then Propositions

“If-then” propositions help you connect strategies to the substance abuse changes that you are striving for in your community. In doing so, this can help you better understand if a prevention strategy fits conceptually into your overall SPF SIG prevention plan. Ultimately you want your prevention strategies to positively impact your prevention priorities, but there are other milestones along the way that must be reached before this can occur.

Let’s continue with our earlier example (from page 8) and assume that you have identified social availability as one of your contributing factors and parents providing alcohol to their kids as one of your root causes. After further exploration, you conclude that the real issue driving this root cause is that parents don’t understand the law. As a

result, you want to implement an intervention to help educate parents about the laws related to this in your community.

- ✓ **If** we educate parents about the laws, **then** they will be less likely to provide alcohol to their underage children;
- ✓ **If** parents are providing less alcohol to their children, **then** minors in your community will have reduced social access to alcohol;
- ✓ **If** minors have reduced social access to alcohol, **then** their rates of drinking will decrease.