PREVENTING ALCOHOL AND OTHER DRUG ABUSE IN SOUTH DAKOTA

Needs Assessment Information for Prevention Providers and Community Coalitions

Provided by the
South Dakota Department of Human Services
Division of Alcohol and Drug Abuse

March 2009

Prepared with support from the Strategic Prevention Advancement and Support (SPFAS) Contract of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP)

Table of Contents

Introduction

Substance abuse is one of the most costly and complex social and public health issues in the nation. A national study released in 2001 reported that the cost of substance abuse to the State of South Dakota in state tax dollars alone was more than $125,216,400 million dollars—10.6% of the entire state budget.[i] Of that amount, 97 cents out of every dollar went to pay for the burden of substance abuse on social programs (e.g. foster care, corrections, education). These cost figures do not include Federal or local governmental spending, private sector expenses, or financial estimates of the devastation that substance abuse causes to South Dakota's families, local economies, and environment. Substance abuse impacts all citizens of the state and is everyone's problem.

The good news is that substance abuse is preventable. Although substance abuse creates substantial financial burdens at the State and Federal levels, it occurs in communities, and preventing it requires comprehensive prevention strategies and community action. Now more than ever, communities and prevention providers have access to research and evidence-based strategies that—when used in combination with local assessment and planning efforts—can be used to significantly reduce the problems and consequences associated with substance abuse. The South Dakota Department of Human Services' Division of Alcohol and Drug Abuse Services is committed to working in partnership with prevention providers and communities across the state to enhance prevention outcomes at every level. This document is designed to support the effort by providing important information on conducting a local needs assessment and using community data to develop effective approaches that can achieve sustainable outcomes, now and into the future.

Local data is powerful. Needs assessments help providers and communities develop a thorough understanding of the patterns and consequences of alcohol, tobacco, and other drug (ATOD) consumption, identify prevention priorities, and develop effective responses. Local data can break through community denial, generate awareness of issues that impact community well-being, and profoundly change the way community members think about and approach substance abuse prevention. Used well, local data can be one of the most powerful catalysts for developing broad, grassroots mobilizations that can enhance community readiness for change and generate the political will needed to achieve positive changes in community norms and behaviors.

Communities have identified a number of challenges in collecting local data. These include a lack of data resources, fear of blame and/or repercussions for data findings (e.g., schools receiving unfavorable media coverage for student survey findings), and historical trauma in populations that have been the objects of study but have not benefited from—and sometimes have been stigmatized by—study findings. Key strategies for overcoming these concerns include: 1) enlisting the community's ownership and engagement in local data collection and analysis; 2) making sure that the data collected constructs a true community-wide profile, rather than a profile of any one sector alone; and 3) building community capacity to turn local data into "actionable" information that can drive local planning and action.

Communities are frequently rich repositories of data. While some South Dakota communities are implementing surveys to glean specific information on behaviors and underlying conditions among particular populations (such as youth), other communities don't currently have access to survey data. While survey data can be very powerful, on its own it generally provides only one piece of the entire community picture and needs to be supplemented by other data sources. Frequently, access to local data may not be so much an issue of collection as it is of coordination and sharing among the multiple community organizations and institutions that collect and store data. One reason for this may be limited experience in—or protocols for—sharing data or engaging in coordinated assessments of community health and well-being. Community data is stored, collected and reported in multiple ways; it may be:

- stored in agency or organizational archives (e.g., population changes and mobility trends over time);
- collected as social indicator or health status information (e.g., crime, housing, and socioeconomic data or birth, death, and hospital admission data);
- reported per accountability requirements (e.g., school achievement);
- based on current knowledge (e.g., information on access and availability, norms or other conditions that can be gleaned from stakeholder interviews and focus groups); and

- held in the community's historical memory (e.g., contextual conditions that are rooted in the past that help to explain current conditions and relationships)

It's important to collect data strategically and selectively. Once collection of assessment data begins, it can be difficult to know what's most important and where to stop. Local assessment efforts should focus on collecting data that is important in determining one or more of the following areas:

- the priority problems and consequences associated with ATOD use and abuse;
- the primary ATODs whose usage is creating the primary problems and consequences; and
- the underlying conditions that give rise to the problems in the first place (such as access and availability, community norms, perceptions of harm, and the places and ways in which the ATODs are being used).

In addition, assessment data should provide information that is "locally actionable;" and/or that helps to track and monitor progress toward outcomes. Data that is "locally actionable" provides information that communities can use to develop initiatives that positively impact substance abuse rates. For example, although a family history of addiction is a risk factor for substance abuse, prevention efforts can't change a family's *history*. Assessment data should instead focus on those key indicators that *can* be changed through an intervention, such as community norms and access and availability of ATODs. Trend data on changes in the numbers of families with a history of an addiction may, however, be valuable to collect as *evaluation data* during the implementation of your initiative, since it may help to track and monitor your progress toward your desired outcomes over time.

Indicators move in herds.[ii] Research has documented a "web of influence" which links together a wide range of risk factors and risk behaviors. Researchers have found that the more different risks are reduced, the less susceptible individuals are likely to be to health and social problems. Efforts that reduce substance abuse among youth, for example, are very likely to have positive impacts on other areas such as increased academic achievement and school retention rates as well as decreases in sexual activity and teenage pregnancy. This document contains a wide range of indicators on the problems, consequences and underlying conditions associated with substance abuse—as well as ATOD use and abuse indicators—for persons across the lifespan. Providers and communities are encouraged to focus initially on collecting data for those indicators that are most relevant locally, and to target and align prevention efforts based on that data. Positive movement in one set of indicators will result in positive movement across a wide range of related indicators, yielding overall improvements in community health and well-being. As providers and communities develop increased confidence and skills in collecting and using data over time, they should work to develop new data capacity and broaden their efforts to include additional indicators and data collection methods.

Local is as local does. The use and meaning of the terms "local" and "community" may vary widely in South Dakota. In rural and frontier areas, for example, the "community" may actually be spread over more than one town or county. Prevention providers and community planners will need to work together to decide how local data can best be collected and aggregated to present an accurate picture of their community. While in larger urban areas data may be collected by neighborhood, in other areas it will be more appropriate to aggregate data by town or towns, county, multiple counties or reservation. Aggregating data carefully and thoughtfully can go a long way in:

- ensuring that an accurate community profile is created that doesn't unfairly place blame on any one sector;
- enhancing outcomes by providing community-specific information to drive local planning efforts;
- enhancing confidentiality protocols by increasing the number of individuals who are included in the data collection effort (particularly when individual surveys are involved); and
- establishing baselines against which success can be measured.

---

[i] "Shoveling Up: The Impact of Substance Abuse on State Budgets." The National Center on Addiction and Substance Abuse at Columbia University, 2001.

[ii] Friedman, M., Fiscal Policy Studies Institute, www.resultsaccountability.com.

Section One: ATOD Problems and Consequences

Data on the problems and consequences associated with ATOD use can be used to develop a picture of the burden of substance abuse on South Dakota communities. These include, but certainly are not limited to: alcohol-related traffic crash deaths; cirrhosis of the liver; fetal alcohol spectrum disorder (FASD); cancer; teen pregnancies; low academic achievement, school suspensions and expulsions, and dropout; crime; drug-endangered children; and environmental impacts from drug-manufacturing processes.

When collecting and examining data on ATOD problems and consequences, it's important to pay careful attention to prevalence, incidence and burden.

- ***Prevalence*** is a measure of the number of existing cases of a condition at a point in time relative to the general population (i.e., the number of people that have the problem at that time). Accordingly, prevalence indicates the size or magnitude of the problem.

- ***Incidence*** is a measure of the number of new cases of a condition over a period of time, so it is an important measure of the rate at which the problem is growing.

- ***Burden***—which may be short-term as well as long-term—is a measure of the social, public health and other costs associated with the use and abuse of a particular ATOD. For example, while alcohol use and abuse has a much higher prevalence in the general population and a significant long-term burden (e.g., life-time costs associated with FASD, alcoholism and cirrhosis), methamphetamine use has commanded significant attention due to alarming increases in incidence as it moved across the country, and because it imposes significant and immediate social and other burdens (e.g. crime, meth lab explosions and clean ups, and meth exposed children).

Data should also be carefully analyzed to determine who is affected by or involved in the problems and consequences. ***Direct target populations*** are groups of individuals who are the focus of an *intervention* because they are directly affected by or involved in a problem or consequence (e.g., underage youth who drink alcohol). ***Indirect target populations*** are groups of individuals who are the focus of an intervention because they play an important role in the conditions that promote or prevent the problem.

Contact and other information for the data sources cited in this section can be found in Appendix A.

PROBLEMS AND CONSEQUENCES ASSOCIATED WITH ATOD USE	
Problems and Consequences	***Sources of Data***
MANDATORY INDICATORS FOR ALL DHS-FUNDED PREVENTION PROVIDERS	
Percentage of all traffic fatalities in which alcohol was a factor	The SD Department of Public Safety (DPS), Offices of Highway Safety (OHS) and Accident Records (OAR)
Percentage of all traffic crashes in which alcohol was a factor	
Percentage of all traffic crashes resulting in an incapacitating injury in which alcohol was a factor	
Number of arrests for DUI or DWI per 1,000 persons, by age	State and local law enforcement data Note: where available, data on "source of last drink" of alcohol can be very valuable in pinpointing alcohol retailers or social hosts who are violating laws prohibiting serving alcohol to intoxicated persons or persons in danger of becoming intoxicated. If your local law enforcement does not currently include such information in law enforcement reports, you might consider requesting that they do so.

Alcohol abuse is a significant problem in South Dakota. State and national data sources[iii] have repeatedly documented that South Dakota ranks among the top of all the states for problems and consequences related to alcohol abuse. A State epidemiological profile completed in the spring of 2007 noted a number of key statistics involving alcohol abuse in South Dakota.

Alcohol Dependence. Alcohol dependence rates in South Dakota's are consistently among the highest of the states on the American mainland, frequently being the first or second highest for each age group.

Binge Drinking. Binge drinking is higher in South Dakota than the national percentage in all age groupings. In 2003-2004, 55.59% of South Dakotans ages 18 to 25 reported binge alcohol use in the past month, compared to 41.39% nationally. According to the Youth Risk Behavior Survey, South Dakota has had higher binge drinking rates, as compared to US percentages, since 1999 by the YRBS. South Dakota had the fourth highest percent for binge drinking in women 18-44 years old for 2002, which is the latest information available.

Alcohol-Related Crime: South Dakota had the highest percent of arrests that were alcohol-related in the US (42.4%) in 2002. Similar results were observed in 2003 with 41.6% of arrests being alcohol-related. Only North Dakota had a higher rate (43.6%) in 2003.

Drinking and Driving. Alcohol related fatal motor vehicle crashes is a significant problem in South Dakota, especially among youth. Survey data shows that students in South Dakota are much more likely than students nationally to drive cars or other vehicles when they have been drinking alcohol. In 2006, South Dakota experienced a string of high profile fatal alcohol-related motor vehicle crashes that claimed the lives of 13 South Dakota youth. South Dakota students are also more likely to ride in cars or other vehicles driven by someone who had been drinking alcohol.

Although South Dakota communities are at varying levels with regard to access to substance abuse assessment information—particularly with regard to survey data—the South Dakota Department of Public Safety has an excellent online data system that provides local information on alcohol-related traffics crashes, including the specific geographic location of each crash. ***All DHS/DADA-funded substance abuse prevention grantees and providers will be required to collect and analyze local data on alcohol-related motor vehicle crashes, and include plans to address this critical issue in their local prevention initiatives.***

PROBLEMS AND CONSEQUENCES ASSOCIATED WITH ATOD USE	
Problems and Consequences	***Sources of Data***
All ATODs, all ages	
Rates of ATOD-related crime and violence	State and local law enforcement crime data on the percent of all arrestees, by age and substance, who test positive for ATOD use at the time of their arrest
Number of arrests for alcohol violations (DUI/DWI, public drunkenness, liquor law violations)	State and local law enforcement data, by age and type of violation
Percent of arrests for other drug violations	State and local law enforcement crime data on the number of all arrestees, by age, who are arrested for possession, sale, use, growing, and manufacturing of illegal drugs, by age and substance
Numbers of new admissions to state and local prisons for ATOD related offenses	Judicial and corrections data, by substance and county of origin
Unduplicated numbers and percents of State-supported treatment admissions	The SD Department of Human Services' (DHS) Division of Alcohol and Drug Abuse (DADA) STARS Data System Look for 1) the total number of admissions to treatment in a year by age, primary substance of dependence, and county of origin; and 2) the number of persons on a waiting list for treatment and the length of the wait
Numbers of 'Driving Under the Influence' offenses, by substance other than alcohol	State and local law enforcement data Look for numbers of incidences and geographic locations where the offense took place
Motor vehicle crashes associated with illicit drug use	The SD Department of Public Safety (DPS), Offices of Highway Safety (OHS) and Accident Records (OAR)
Deaths due to lung cancer and other diseases correlated with tobacco use	Vital Statistics data
Numbers and rates of AOD-related deaths and incapacitating injuries not due to motor vehicle crashes, by substance	Data may be available from local emergency rooms and hospitals, if ATOD use questions or testing is included in the intake process. Data may also be available from local DHS Community Health Offices
Suicide ideation, attempts and completions	Suicide ideation: adult and student surveys Suicide attempts: local hospitals and trauma centers Suicide completions: Vital Statistics data
Numbers/percents of child abuse and neglect cases where parental ATOD use is a factor	Social services and child welfare agencies
Additional Indicators for underage youth	
Suspensions and expulsions related to ATOD use	SD Department of Education and school superintendents and administrators.
Academic failure, including drop out	
Sexual activity	Student surveys
Teenage pregnancies	Vital Statistics data

PROBLEMS AND CONSEQUENCES ASSOCIATED WITH ATOD USE, CONT'D	
Problems and Consequences	***Sources of Data***
Additional indicators for women of childbearing age	
Unintended pregnancies	This measure may require development of a survey or medical intake interview protocol
Number of pregnant women receiving ATOD treatment from State-supported treatment centers, per 1,000 live births, by substance	The SD Department of Human Services' (DHS) Division of Alcohol and Drug Abuse (DADA).
Low birth-weight infants	Vital Statistics data
Number of births per 1000 with a diagnosis of FASD	
Infant mortalities	

[iii] These data sources include the Uniform Crime Reports (UCR), South Dakota Accident Reports (SDAR), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), National Survey on Drug Use and Death (NSDUH), and the National Center for Health Statistics National Vital Statistics System

Section Two: ATOD Consumption Data

ATOD consumption indicators collect data on overall consumption, as well as acute, heavy consumption (e.g., binge drinking); consumption in high-risk situations (e.g., drinking and driving); and consumption by high-risk groups (e.g., underage youth and pregnant women). These data tend to be collected through self-report surveys, although in some cases other data sources may provide a partial picture of ATOD consumption. Providers and communities that do not currently have access to local survey data can use the alternative data sources noted in this section, or rely primarily upon the indicators in Sections One and Three to conduct their community assessment.

Common indicators that are measured and analyzed in ATOD consumption needs assessments include:

- Lifetime use
- Age of first use
- Past year and 30-day use
- High-risk behaviors, such as drinking and driving, riding with a drinking driver, and binge drinking.

An explanation of each of the above indicators and its importance, as well as a discussion of how each can be used to develop effective responses to substance abuse prevention, follows the table of indicators in this section.

In addition to helping to identify direct and indirect populations, consumption data can also shed light on the classifications of populations on whom interventions should optimally be focused, and thus on the types of strategies that are likely to be most effective. By analyzing data patterns and increases in prevalence and incidence at different grades or stages of the life cycle, prevention providers and community coalitions can use the Institutes of Medicine (IOM) model to work to identify populations that are universal, selected or indicated. ***Universal populations*** are entire groups (e.g., a classroom, grade or grades of students, school, neighborhood, or community) that are targeted by interventions without regard to individual risk, on the premise that all share the same general risk for being affected by or involved in the problems and consequences. ***Selected population***s are a subset of the total population that is considered to be at higher-than-average risk because of certain characteristics or inclusion in higher risk categories, such as youth who are in transition (e.g., going from elementary school to middle school or middle school to high school). Finally, ***indicated populations*** are groups of individuals who have been identified as exhibiting early warning signs of problems, such as experimentation with substance abuse or instances of intense use (e.g., binge drinking). Strategies for indicated populations address the specific *risk factors* and other underlying causal conditions experienced by the individuals in an attempt to delay the onset and reduce the severity of problems.

Contact and other information for the data sources cited in this section can be found in Appendix A.

ATOD CONSUMPTION DATA	
Consumption	***Sources of Data***
All ATODS, all ages and genders	
Average Age of First Use, by substance	Youth and adult surveys SD DHS/DADA STARS Data System
Rates of Past 30-Day Use, by substance	Youth and adult surveys Tobacco only: the SD QuitLine. Look for 1) number of calls, 2) primary reason for calls, 3) Demographic information, 4) Number of referrals to services
Rates of Past Year Data, by substance	Youth and adult surveys SD DHS/DADA STARS Data System
Rates of Lifetime Use, by substance	Youth and adult surveys SD DHS/DADA STARS Data System
Additional indicators for underage youth	
ATOD use on school property, by substance	Youth surveys Youth focus groups
'Minor in Possession' violations as a function of enforcement patterns	State and local law enforcement data
Additional indicators for pregnant women and women of childbearing age	
Rates of any use of and ATOD by women who are pregnant or of childbearing age, by substance	SD DHS/DADA STARS Data System
Additional Indicators for alcohol	
Rates of Binge Drinking	Youth and adult surveys
Rates of Drinking and Driving	Youth and adult surveys State and local law enforcement data
Rates of Riding with a Drinking Driver	Youth and adult surveys State and local law enforcement data
Additional Indicators for other drugs	
Rates of Driving Under the Influence, by substance	Youth and adult surveys State and local law enforcement data

Using ATOD Consumption Data

Age of First Use

What it means: Age of First Use measures at what age, if ever, individuals report first using alcohol, tobacco, or other drugs. In calculating the average age of first use, only the responses of those individuals who indicated they used the substance are included.

Research indicates that the younger an individual is when they begin using substances, the higher the probability is that they will develop addictive and related disorders in adolescence or adulthood. Studies on the most common substances of abuse—alcohol, tobacco and marijuana—have yielded extremely important findings:

- Youth who use alcohol before the age of fifteen are four times more likely to develop alcohol dependence as an adult;
- Very few people initiate smoking or become habitual smokers after their teen years. In the United States, nearly nine out of 10 current adult smokers report starting smoking before the age of 19.
- Youth who use marijuana are much more likely to develop dependence to marijuana and other drugs. Marijuana addiction is rare among those who have not used it prior to the age of 18.

Why it's important: Age of First Use information is important because it pinpoints when individuals are most likely to begin experimenting with certain substances. It provides more precise information for determining a course of action to delay onset of use than does the Lifetime Use measure, which simply reports prevalence of experimentation by age or grade.

How to use it: Age of first use information can be used to monitor important areas of substance abuse, including:

- Whether efforts to prevent or delay first experimentation with alcohol, tobacco or other drugs are achieving success, and
- Early detection of emerging trends or changes in substance abuse patterns.

Age of First Use data is also very important for selecting and implementing strategies that are most likely to achieve desired outcomes by:

- Identifying the age at which individuals begin using different substances and thereby indicating the age at which interventions should begin to occur,
- Identifying sequencing, patterns and relationships in usage of different substances, and
- developing comprehensive approaches that are developmentally-appropriate to the age at which those substances are first used.

Past Year and Past 30-Day Use

What it means:
Past Year Use measures the number of people who report using alcohol, tobacco or other drugs within the previous 12 months. Past 30-Day Use measures the number of people who report using alcohol, tobacco or other drugs within the previous 30 days. Both are important measures of the *prevalence*[iv] of substance abuse behaviors people are reporting at each age or grade for each period of time.

Why it's important:
Use and abuse of ATODs has been documented to cause a number of serious public health and social problems. Smoking kills an estimated 430,000 Americans each year. In addition, research shows that teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to

use marijuana, and 22 times more likely to use cocaine. Smoking is also associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.

Typically, reported rates of Past Year Use will be significantly higher than rates reported for 30-Day Use, with 30-Day Use providing the most accurate information on the behavior that is currently occurring. In addition to examining each measure independently, however, it's also important to examine each on in relationship to the other. By reviewing and comparing differences in reported rates of Lifetime Use, Past Year Use and 30-Day Use, you can better differentiate between rates of *experimentation* with alcohol, tobacco and other drugs, versus rates of *ongoing* use of those substances. Data which shows substances presenting smaller gaps between Past Year and 30-Day Use may indicate concentrated populations of users, and warrant further data collection and analysis.

In addition, it's important to remember that good data can raise as many questions as it answers. Survey and other data findings should always be analyzed within the context of the survey or data collection format and the participating population. For example, school surveys only capture the responses of students who are in school. Trend lines for upper grades in areas with high attrition or drop out rates in the upper might not be accurate, and other types of additional assessment might be needed to create a more complete picture of the behaviors that are occurring.

How to use it:
Past Year and 30-Day Use information can be used to *monitor* important areas of substance abuse, including:

- The prevalence of the use of specific substances at different ages, and
- Emerging trends or changes in substance abuse patterns.

Past Year and 30-Day Use data is also very important for *selecting and implementing strategies* that are most likely to achieve desired outcomes by:

- Allowing resources to be strategically leveraged on interventions proven effective at reducing the most prevalent types of substance abuse, and
- Maximizing resources by reducing or eliminating expenditures on interventions targeting substances that may be receiving significant amounts of attention in the media, but which data shows has little actual prevalence among the target populations.

Lifetime Use

What it means:
Lifetime Use measures use on at least one occasion of alcohol, tobacco, or other drugs. Although all substance use is reflected in lifetime use rates (e.g., ongoing or previous heavy use), lifetime use can serve as an important indication of experimentation rates when compared with other time-limited measures.

Why it's important:
Lifetime use is an important measure in adolescent and young adult populations, because research has documented that brain development in humans isn't complete until their early twenties. During that time of development, use of alcohol, tobacco and other drugs can have a profound effect, particularly on those areas of the brain that govern inhibition and impulse control and which are the last to develop. Research has shown that the use of psychoactive—or mood-altering—substances during this period of development can actually result in physical changes in the brain's structure, rewiring brain pathways and predisposing the individual for addiction later in life. At this time, there is *no known safe amount* of alcohol, tobacco, or any other drug of abuse for a youth whose brain is still developing.

How to use it:
Lifetime Use information can be used to *monitor* important areas of substance abuse, such as:

- Determining whether efforts to prevent or delay experimentation with alcohol, tobacco or other drugs are being successful,

- Determining the rate at which the *incidence*, or number of new cases of lifetime experimentation, is changing over time for each substance; and
- Early detection of emerging trends or changes in substance abuse patterns.

Lifetime Use data is also very important for selecting strategies that are most likely to achieve desired outcomes by:
- Identifying the substances for which individuals are reporting the highest rates of experimentation at each age or grade level, and
- Identifying shifts and transitions in substance abuse between the ages or grades of individuals.

Typically, reported rates of experimentation—or lifetime use—will increase with age among youth, producing a "stair step" pattern. Changes or anomalies in that pattern, such as the number of 8th grade students reporting *lifetime use* for a substance at rates that exceed what 11th graders report, may indicate an emerging trend in increased use. In addition, increases in reported lifetime experimentation rates over time for the same substance by the same grade level may also indicate an emerging trend in increased use. Drug use is dynamic. Careful monitoring of changes over time can not only help policy makers and stakeholders know whether their efforts are achieving success, but can also position them to be proactive in detecting and addressing emerging substance abuse issues before they become significant public health crises.

High Risk Alcohol-Related Behaviors

All alcohol abuse—and any use by youth—poses health risks to the individual, but some types of alcohol-related behaviors also cause significant public health, economic, social and personal costs to others in the community. Four indicators, in particular, are used to determine percentages of individuals who are exhibiting the extremely risky alcohol-related behavior:
- Binge drinking,
- Drinking and driving
- Riding with a drinking driver, and
- Drinking during pregnancy

What they mean:
Binge Drinking measures the most concentrated and current form of using alcohol to become intoxicated: five or more drinks in a row within the previous two weeks. Binge drinking measures percentages of individuals who are at very high risk due to alcohol abuse.

Drinking and Driving measures the percentage of individuals who reported driving a vehicle after consuming alcohol in the previous 12 month period.

Riding with a Drinking Driver measures the percentage of individuals who report having ridden in a vehicle in the past twelve months that was driven by someone who had been consuming alcohol prior to driving.

Drinking during pregnancy measures any use of alcohol by a women who is pregnant.

Why they're important:
The health, social, and economic problems caused by High Risk Alcohol-Related Behaviors, particularly where motorized vehicles are involved, are enormous and extend well beyond the individual engaging in the behavior. In addition, High Risk Alcohol-Related Behavior is not limited to those with an addictive disorder, but includes a much wider population base that can include recreational and occasional substance users and abusers as well. FASD and drinking and driving, with the devastating personal and financial burdens they impose, are significant issues in South Dakota

How to use them:
Collecting data on High-Risk Alcohol-Related Behaviors is an extremely important component of any *monitoring* system for substance abuse and related problems. Information gleaned from such a system is critical for:

- Identification of geographic areas and specific populations with elevated rates of High Risk Alcohol-Related Behaviors are occurring, and
- Early detection of emerging trends or changes in behavior patterns.

High-Risk Alcohol-Related Behaviors information is also very important for *selecting and implementing strategies* that are most likely to achieve desired outcomes by:

- Identifying populations in need of individually-focused strategies designed to help them protect themselves against engaging in—or being impacted by—high risk alcohol-related behaviors, and
- Identifying geographic areas in need of environmental strategies (e.g. policy or practice changes, enforcement, education and communication) designed to address High-Risk Alcohol-Related Behaviors. Examples of such strategies include: strict enforcement of underage drinking laws, mandatory warning signs about the dangers of alcohol use during pregnancy, sobriety checkpoints, and Responsible Beverage Service Training.

[iv]The difference between prevalence and incidence can sometimes be confusing. Incidence is the measure of the number of new cases of a condition over a period of time. Prevalence measures existing cases of the condition at a point in time, or over a period of time. 30-Day Use is actually a measure of period prevalence, or the number of cases of a condition over the 30-day time period. Point prevalence is the number of cases of a condition at a specific point in time. Period prevalence is the combination of point prevalence and incidence of existing and new cases that occurred within the time period.

Section Three: Data on Intervening Variables and Underlying Conditions

Data on intervening variables and underlying conditions is a critical part of any prevention assessment and planning effort, because it helps to explain the "why here?" and "why now" questions regarding local substance abuse problems, consequences and consumption patterns. This type of data tends to shed light on community contextual conditions, or perceptions or realities in the overall environment that have existed, or currently exist, and help explain why things are the way they are. Types of contextual conditions are history, norms, culture, traditions and beliefs, socioeconomics, geography, boundaries, demographics, politics, policies, prevention infrastructure, relationships, and workforce.

Information on intervening variables and underlying conditions can be found in a wide variety of local social indicator and archival sources, as well as from focus groups and self-report surveys. Variables and conditions are found in multiple domains, including individual/peer, family, school and community. Data sources include law enforcement and public health statistics, substance abuse treatment data, school achievement data, formal and informal community and organizational policies, and local laws and ordinances.

Contact and other information for the data sources cited in this section can be found in Appendix A. An environmental assessment tool, which can be used to develop a comprehensive portrait of community policies, laws and norms, is provided in Appendix B.

INTERVENING VARIABLES AND UNDERLYING CONDITIONS	
Variables and Conditions	***Sources of Data***
Variables and conditions affecting all ages	
Community Conditions	
Price and availability of alcohol products	State alcohol excise taxes Visual surveys of alcohol product placement in retail outlets selling alcohol
Price and availability of tobacco products	State tobacco excise taxes Visual surveys of tobacco product placement in retail outlets Vending machine locations and placements
Price and availability of other ATODs	State and local law enforcement data Focus groups
Sources and place of use of ATODs, by substance	Surveys Focus groups Law enforcement data (including reported visual sightings of ATOD use debris)
Enforcement and judicial patterns	Enforcement and judicial data, including prosecution rates and application of penalties for offenses involving alcohol, tobacco and other drugs
Availability of materials used in drug manufacturing (e.g., retail restrictions and product placement as well as non-retail sources such as anhydrous ammonia tanks)	Visual surveys of drug manufacturing product placement in retail outlets State and local law enforcement data (e.g., thefts or tank tampering)
Availability of materials used in inhalant abuse	Restrictions on sales and visual surveys of placement of potential inhalable products in retail outlets
Restrictions or bans on sales of drug paraphernalia	Visual surveys of drug paraphernalia availability or placement in retail outlets, including placement of items used in combination to assemble paraphernalia Enforcement patterns for paraphernalia bans
Municipal and/or zoning ordinances regulating density and locations of alcohol retailers	Local county or municipal administrators In SD, the following alcohol density regulations apply: • Off-Sale: Municipalities may issue two package liquor licenses for the first 1,000 in population or fraction of 1,000 in population, and one additional license for each additional 1,500 in population or fraction thereof. • On-Sale: Municipalities and counties may issue three on-sale liquor licenses for the first 1,000 in population or fraction thereof, and one additional on-sale for each additional 1,500 in population or fraction thereof. Look for: 1) the number of new licenses issued or revoked during a given time period; 2) the different types of outlets in the community (off-sale, bars, restaurants); 3) the concentration of outlets within a neighborhood or other geographic location; and 4) The proximity of alcohol outlets to other community institutions.
Municipal and/or zoning ordinances regulating alcohol signage	Local county and/or municipal administrators.
Municipal and/or zoning ordinances regulating tobacco signage	
Work place wellness programs	Local DHS Community Health Offices and major employers
Employee Assistance Programs (EAPs)	

INTERVENING VARIABLES AND UNDERLYING CONDITIONS, CONT'D	
Variables and Conditions	***Sources of Data***
Variables and conditions affecting all ages, cont'd	
Community Conditions, cont'd	
Smoke-free workplace policies, and enforcement of policies	Local DHS Community Health Offices.
Clean Indoor Air laws	
Secondhand smoke regulations, and enforcement of regulations	
Local and state laws and ordinances governing alcohol sales	Environmental Assessment Tool Local county or municipal administrators
Community norms regarding alcohol use, sales and sponsorships of—or sales at—community events	Environmental Assessment Tool Focus groups Numbers and percents of community events that are alcohol-free Written policies governing sales of alcohol at community events
Alcohol-free community events	Environmental Assessment Tool
ATOD policies, and enforcement patterns regarding ATOD use on Higher Ed campuses	Environmental Assessment tool
Individual/Peer Conditions	
Perception of harm of ATOD use	Surveys Focus groups Note: perceptions should be collected and analyzed by substance
Perception of disapproval of ATOD use	
Perception of peer use of ATODs	
Additional Variables and conditions affecting youth through ages 17	
Community Conditions	
Retail compliance rates of non-sales of alcohol to minors	Alcohol compliance check data from State and/or local law enforcement, or from coalitions working in partnership with law enforcement to conduct compliance checks. Enforcement data, including: 1) loss of liquor licenses and 2) revocation or suspensions of drivers licenses
Retail compliance rates of non-sales of tobacco to minors	Tobacco compliance check data from State and/or local law enforcement, or from coalitions working in partnership with law enforcement to conduct compliance checks. Enforcement and judicial data, including fines and suspensions or revocations of tobacco licenses
Primary source(s) of alcohol for underage drinkers	Youth surveys Youth focus groups 'Source investigations' for youth cited for violations of Minor in Possession laws
Primary places of use of alcohol by underage youth	
Primary source(s) of tobacco for underage youth	Youth surveys Youth focus groups Synar and other tobacco compliance check data (available from the DHS's Division of Alcohol and Drug Abuse or local tobacco coalitions)
Primary places of use of tobacco by underage youth	Youth surveys Youth focus groups
Community social norms are not permissive of underage drinking	Environmental Assessment Tool

INTERVENING VARIABLES AND UNDERLYING CONDITIONS, CONT'D	
Variables and Conditions	***Sources of Data***
Additional Variables and conditions affecting youth through ages 17, cont'd	
Family Conditions	
Parents strongly disapprove of underage alcohol use	Adult surveys Youth surveys Focus groups
Parents strongly disapprove of underage tobacco use	
Parents strongly disapprove of other underage drug use	
School Conditions	
Youth feel connected to their school	Youth surveys Youth focus groups
Written school policies regarding consequences for alcohol use by youth, and enforcement thereof	School superintendents and administrators Youth focus groups Environmental Assessment Tool
Written school policies regarding consequences for tobacco use by youth, and enforcement of policies	
Written school policies regarding consequences for any other drug use by youth, and enforcement of policies	
School policies regarding school events hosted at facilities or venues that engage in alcohol sales	
Student Assistance Programs	School superintendents, administrators, health and counseling staff
Individual/Peer Conditions	
Youth feel valued by their community (e.g. skills and opportunities to contribute and participate and recognition for doing so)	Youth surveys Youth focus groups
Youth have a pro-social relationship with at least one adult	Youth surveys Youth focus groups

Appendix A: Data Sources

Law Enforcement Data

A listing of State, city, county and other law enforcement agencies in South Dakota is available online at: http://www.the911site.com/911pd/southdakota.shtml

Traffic Safety Data

South Dakota Department of Public Safety (DPS)
The SD DPS maintains county-level maps and summary reports of all motor vehicle crashes, which can be accessed online at: www.state.sd.us/dps/hs/County Crash Data.htm.

Additional information is available through DPS's Offices of Highway Safety and Accident Records

DPS Office of Highway Safety
118 West Capitol Avenue
Pierre, SD 57501
highwaysafetyinfo@state.sd.us
Phone (605) 773-4949
Fax (605) 773-6893
http://www.state.sd.us/dps/hs/OHS_HOME.htm

DPS Office of Accident Records
118 West Capitol Avenue
Pierre, SD 57501
ARinfo@state.sd.us
Phone (605) 773-3868
Fax (605) 773-6893
http://www.state.sd.us/dps/AccidentRecords/accident.htm

Treatment Data

South Dakota Department of Human Services' (DHS) Division of Alcohol and Drug Abuse (DADA)
DHS/DADA maintains the STARS data system. Stars is a web based system which has been designed to collect information on all individuals who receive alcohol and drug treatment services from accredited alcohol and drug facilities in South Dakota.
3800 East Highway 34
Hillsview Property Plaza
c/o 500 East Capitol Avenue
Pierre, SD 57501
Phone: (605) 773-3123
Toll-free (800) 265-9894
Fax: (605) 773-7076
http://dhs.sd.gov/ada/

Public Health Data

South Dakota Department of Health (DHS)
600 East Capitol Avenue
Pierre, SD 57501
(605) 773-3361
(800) 738-2301 (in-state only)
DOH.info@state.sd.us
www.doh.sd.gov

DHS Vital Statistics Records
DHS's Office of Vital Statistics is charged with responsibility for collecting and reporting data on births, deaths and other vital statistics.
DOH.info@state.sd.us
http://doh.sd.gov/VitalRecords/default.aspx

Local DHS Community Health Offices
A listing of local DHS Community Health Offices, with contact information, can be accessed online at:
http://doh.sd.gov/LocalOffices/CHS.aspx

Local Hospitals, Health Care Centers and Clinics

A listing of hospitals, health care centers and clinics by county is included in the South Dakota Vital Statistics: State and County Comparison of Leading Health Indicators Report, which is available online at: http://doh.sd.gov/Statistics/default.aspx

Information may also be available from local DHS Community Health Offices. A listing of these offices can be accessed online at: http://doh.sd.gov/LocalOffices/CHS.aspx

South Dakota QuitLine
The SD Quitline, which is funded through DHS, is a toll-free telephone line that provides counseling support to tobacco users as they try to quit.
1-866-SD-Quits (1-866-737-8487)
http://www.befreesd.com/quitline.html

EDUCATION DATA

South Dakota Department of Education
700 Governors Drive,
Pierre SD 57501 Phone: (605) 773-3134

The SD Department of Education's online data holdings include a listing of contact information for school officials at: http://doe.sd.gov/ofm/edudir/index.asp. School report card data by district is available from the SD Department of Education at https://nclb.ddncampus.net/nclb/index.html
Information on enrollment and other data is available in annual statistical digests at:
http://doe.sd.gov/ofm/statdigest/index.asp

CHILD WELFARE DATA

South Dakota Department of Social Services (DSS)
700 Governors Drive
Pierre, SD 57501
Phone: (605) 773-3165

A listing of local DSS offices with contact information is available online at: http://dss.sd.gov/offices/.
Other statistical information is available at: http://dss.sd.gov/statistics/index.asp

LOCAL MUNICIPAL DATA

South Dakota Municipal League
A list of local municipalities with contact information is available online through the. Click on the "SD Municipalities Online" tab at the left side of their website, at http://www.sdmunicipalleague.org/

State Laws and Regulations

South Dakota State Legislature

Information on SD state laws can be accessed online at: http://legis.state.sd.us/statutes/index.aspx. An abbreviated summary of State laws relating to alcohol licenses is available on the SD Department of Revenue and Regulation website at: http://www.state.sd.us/drr2/propspectax/alcohol/faq.htm

Alcohol Policy Information System

Additional information on state alcohol policies can be accessed online at the Alcohol Policy Information System at: http://alcoholpolicy.niaaa.nih.gov/

American Lung Association State Legislated Actions on Tobacco Issues

Additional information on state tobacco policies can be accessed online at the American Lung Association's State Legislated Actions on Tobacco Issues website: http://slati.lungusa.org/

Appendix B: Environmental Assessment Tool

Background

ATOD use and abuse is a priority problem for communities throughout the country. While early prevention efforts tended to focus on changing individual behavior, research documents that the environment around us is one of the most powerful forces that shapes human behavior. A multitude of environmental factors contribute to the problems associated with alcohol, tobacco and other drugs (ATODs). These include social norms and permissive attitudes, easy availability of ATODs, missing or insufficient public policies, and lack of law enforcement. There are many strategies that can be used to create an environment that supports safe and healthy behavior, and assessing the current environment in your community is an important first step in beginning that process.

About this Assessment

This environmental assessment was compiled to help you identify which policies and practices are currently in place (and enforced) in your community. It is composed of five parts:

1. An environmental checklist covering:
   - advertising
   - alcohol and tobacco sponsorship
   - retail access of age-restricted products to youth
   - social access to age-restricted products to youth
   - availability of illicit drugs
   - policies for maintaining safe and drug-free neighborhoods
   - school policies
   - workplace policies
   - higher education policies
2. A checklist to identify community problems that occur because of substance abuse
3. A checklist of additional factors that may contribute to substance abuse-related problems in your community
4. An overview of sample State alcohol policies nationally
5. A citations section providing sources for the material contained in this assessment.

How to Use this Assessment

You can use this assessment to compile a list of what policies and practices are currently in place in your community to help prevent substance abuse. In your assessment, be sure to take notes as to what specific policies or practices exist, and whether they are enforced. Answers to many of these questions can be obtained by your local sources such as: municipal planning department, zoning board, or city/town/village administrator; school and higher education officials; State Alcoholic Beverage Control Board; and local health departments. Be sure to refer to the glossary in Appendix A if you come across terms in the assessment with which you are not yet familiar.

Environmental Checklist

Alcohol and Tobacco Advertising

What restrictions, if any, does your community have on alcohol and tobacco advertising? If restrictions exist, are they enforced?

__Banning billboards (e.g., near schools, playgrounds, etc.)
__Restricting the number of billboards in any given neighborhood (especially low-income neighborhoods)
__Banning advertisements on public transportation (e.g., trains, buses)
__Banning advertisements on supermarket shopping carts
__Banning/restricting point-of-purchase displays
__Banning advertising at community events (e.g., concerts, festivals)
__Restricting/banning radio/television advertisements (alcohol only)
__Restricting newspaper advertisements
__Requiring equal air time/print space for counter-advertisements
__Restricting the size/placement of storefront advertisements (e.g., supermarkets, convenience stores, liquor stores)
__Defining a maximum percentage of total alcohol or tobacco advertising space allowed
__Requiring alcohol and tobacco advertisements to include warnings about health/safety risks of consumption
__Banning alcohol and tobacco promotions that appeal to underage users (e.g., cartoon characters, emotional appeal advertising)

Alcohol and Tobacco Sponsorship

What restrictions, if any, does your community have on alcohol and tobacco sponsorship? If restrictions exist, are they enforced?

__Prohibition of alcohol and tobacco sponsorship at family or youth-oriented events (e.g., sporting events, auto racing, concerts, fairs)
__Prohibition against distributing promotional merchandise at events heavily attended by youth
__Prohibition against signage that uses an alcohol producer's/retailer's name at youth-oriented events or events heavily attended by youth

Commercial Access to Alcohol by Youth

What policies does your community have in place for reducing youth access to alcohol and tobacco in a commercial venue? If policies exist, are they enforced?

__Merchant compliance checks
__Administrative penalties
__Responsible beverage service training
__Tobacco merchant education
__Checking age identification
__Restricting/banning home delivery of alcohol and tobacco

__Minimum age of seller requirements

__Alcohol and tobacco warning posters

__Restrictions on number of alcohol outlets per size of population

__Restrictions on hours/days of sale of alcohol

__Zoning restrictions (e.g., prohibiting alcohol or tobacco outlets within certain proximity of a school, church, etc.)

__Elimination of special pricing (e.g., happy hours, 2-for-1 drink promotions, etc.)

__Increasing prices through taxation of tobacco or alcohol (e.g., beer, wine, distilled spirits, wine coolers, sparkling wine)

__Distinctive and tamper-proof licenses for minors

Social Availability of Alcohol and Tobacco for Youth

What policies does your community have for reducing youth access to alcohol and tobacco in a social venue? If policies exist, are they enforced?

__Beer keg registration

__Social host liability

__Banning the sale of alcohol or tobacco products at school stadiums or venues hosting school-sponsored events

__Restrictions on the consumption of alcohol at community/school events (e.g., establishing non-drinking areas; restricting youth access to certain areas and prohibiting alcohol from leaving those areas; requiring RBS training for sellers and event coordinators; using visible age identification, such as wrist bands; banning alcohol consumption in parking lots; prohibiting carry-in beverages; limiting cup sizes for alcoholic beverages sold at the event; limiting service to not more than two drinks per purchase; selling food and beverages together, promoting sale of non-alcoholic beverages, etc.)

__Restriction on the use of tobacco products at open air, public events or places (e.g., establishing non-smoking areas)

__Restrictions on the consumption of alcohol in public places (e.g., banning alcohol consumption or limiting it to certain days and times; prohibiting open containers; requiring Responsible Beverage Service (RBS) practices at special events; regular monitoring or public parks, playgrounds, etc.)

Safe and Drug Free Neighborhoods

What other specific policies does your community have in place to keep its neighborhoods safe and drug-free? If policies exist, are they enforced?

__Social order or nuisance abatement ordinances (e.g., against noise, prostitution, drug-related loitering, graffiti, public intoxication, harassment of passersby)

__Neighborhood clean-up campaigns (including public housing districts)

__Recreational activities and sports programs

__Elimination, in conjunction with law enforcement, of drug houses and gang hangouts

__Property maintenance ordinances that establish standards for the upkeep of rental, owner-occupied, and commercial property

__Graffiti paint-outs of residential and business properties

__Job workshops and jobs training programs

__Crime prevention through environment design strategies (e.g., cutting back or eliminating vegetation that provides cover for drug sales, increasing lighting at crime hot spots)

__An ordinance that allows your community to board up vacant drug houses

__An ordinance that allows your community to file suit against a property being used by drug dealers

__An ordinance that allows your community to take possession of an abandoned property and turn it over to a developer of affordable housing

__Merchant awareness programs to restrict the sale of products that could be used in manufacturing illegal substances (e.g., methamphetamine)

School Environment

Which of the following are in place at the elementary and secondary schools in your community? Where policies and practices exist, are they enforced?

__A clear zero-tolerance policy prohibiting the possession/use of alcohol or other drugs on school property

__Smoking bans on school property

__Expanded hours for gymnasium, library, or other settings for after school ATOD-free activities

__Sanctions against students for ATOD-related offenses

__Student Assistance or other programs to identify and provide early intervene for youth identified to be at-risk

__Partnerships with the community (e.g., media campaigns; policy changes focusing on underage drinking, smoking, or other drug use, such as regulations that restrict access to alcohol, tobacco, or other drugs; programs to strengthen families and neighborhoods)

__A health education component that includes a focus on preventing the use of alcohol, tobacco and other drugs (ATODs).

__Media literacy programs

__Policies against loitering on school grounds

__Partnerships with law enforcement and the community to combat gang activities

__Service learning projects (e.g., sanctioned volunteer activities for youth in the community as a part of the academic curriculum)

__Conflict resolution/peer mediation programs

Work Place Environment

Which of the following policies, if any, have been instituted by the major employers in your community?

__Drug-free workplace policy

__Zero-tolerance policy against violence

__ATOD education program for parents

__Health promotion/wellness program

__Regular health screening

__Physical activity program

__Smoking cessation program

__Mentoring opportunities to work with community youth

Higher Education Institution Environment

(For communities that contain community colleges, junior colleges, colleges, universities or other Institutions of Higher Education)

1. What do the colleges/universities in your community do to provide an alcohol-free environment?

   __Create and promote alcohol-free events and activities
   __Create and promote student service learning or volunteer opportunities
   __Offer and publicize student service learning and volunteer opportunities
   __Require service learning as part of the academic curriculum
   __Offer a student center, coffee house, or other alcohol-free settings on campus
   __Provide expanded hours at the student center, gym, or other alcohol-free settings
   __Promote nonalcoholic beverages at events

2. How do the colleges/universities in your community create a social, academic, and residential environment that supports health-promoting norms?

   __College and university admissions procedures and traditions promote a healthy environment
   __The academic schedule offers core classes on Thursdays, Fridays, and Saturdays
   __Exams/projects increasingly require class attendance and academic responsibility
   __Substance-free residence options are available
   __The campus encourages high academic standards
   __Faculty and staff are educated about behavioral indicators, student norms, and cultural attitudes related to high-risk or illegal alcohol and other drug use
   __Faculty are encouraged to engage in a higher level of contact with students
   __Students are educated about misperceptions regarding typical or acceptable drinking norms and behaviors
   __Student leadership promotes positive, healthy norms
   __Students have opportunities to advise and mentor peers
   __Pro-health messages are publicized through campus and community media channels

3. What policies are in place at the colleges/universities in your community to limit alcohol and tobacco availability? If policies are in place, are they enforced?

   __Alcohol or tobacco use is banned or restricted on campus
   __The use of alcohol and/or tobacco in public places is prohibited
   __Kegs and other common containers are banned from functions held on campus
   __Responsible beverage service training is required, and all servers must be registered
   __Students are given university guidelines for off-campus parties
   __Alcohol outlet density around the campus is regulated
   __The cost of beer and liquor licenses are raised on campus
   __Limited days/hours of alcohol sales on/around the campus
   __Reduced alcoholic beverage container size at campus functions
   __Alcohol is regulated by quantity per sale

__Keg registration is required

__State alcohol and tobacco taxes are increased

4. What policies are in place at the colleges/universities in your community to limit alcohol and tobacco marketing and promotion? If policies are in place, are they enforced?

__Alcohol and tobacco advertising on campus is restricted or banned

__Alcohol and tobacco industry sponsorship of on-campus events is restricted or banned

__Alcohol and tobacco advertising and promotion near the campus is restricted or banned

__Alcohol and tobacco promotions that are particularly appealing to underage users are restricted or banned

__Counter-advertising or pro-health messages are required or encouraged

__Cooperative agreements to institute a minimum price for alcoholic beverages are endorsed by area bars, restaurants and taverns

__Cooperative agreements to limit special drink promotions are endorsed by area bars, restaurants and taverns

__Happy hours are eliminated from area bars, restaurants and taverns

__Shot glasses, beer mugs, and wine glasses are banned as sale items in the campus bookstore

__Items promoting any ATOD use are banned as sale items in the campus bookstore

5. What practices are in place to enforce ATOD policies on and around the college/university campuses in your community? If practices are in place, are they enforced?

__On-campus functions must be registered

__On-campus functions have mandatory ID checks

__Undercover compliance checks at campus pubs and at on-campus functions

__Patrols of on- and off-campus parties

__Disciplinary sanctions for violation of campus ATOD policies

__Criminal prosecution of students who commit ATOD-related offenses

__Change driver's licensing procedures and formats

__Revoke/suspend driver's licenses of minors who violate ATOD laws

__Educate alcohol seller/servers about potential legal liability

__Check IDs at bars and liquor stores near campus

__Impose penalties on merchants at bars and liquor stores near campus for underage alcohol and tobacco sales

__Impose penalties on adults for purchasing alcohol or tobacco products for underage drinkers

__Impose penalties on students for use of false identification

__Undercover compliance checks at alcohol and tobacco retailers near campus

__Driving under the Influence (DUI) laws

__Roadside sobriety checks

__Dram shop laws that apply legal action for serving intoxicated drinkers or minors

__Campus coalition or task force to oversee the development/review of campus alcohol policies and their enforcement

Community Problems Checklist

Check the problems that you see in your community as a result of ATOD use and abuse.

__Emergency room admissions
__Worksite problems (accidents, absenteeism, productivity, etc.)
__Assaults (fights, acquaintance rape, etc.)
__Over-consumption/alcohol overdose
__Property damage/vandalism
__Vehicle crashes
__Domestic violence
__Suicide
__Stealing
__Poor academic achievement
__School dropouts
__Pregnancy/sexually transmitted diseases
__Abuse/neglect
__Addiction
__Treatment issues (need of, demand)
__Drinking and driving
__Teen drinking parties
__Family problems (divorce, fights, etc.)
__Disturbing the peace (public intoxication at parks, beaches, events)
__Accident mortality (motor vehicle or pedestrian alcohol-involved, falls, drowning, alcohol overdose/poisoning)
__Gateway to other drug use
__Poor physical health

Contributing Factors to Substance Abuse

Check any of the following factors that your community assessment data have indicated as contributing to ATOD use and abuse in your community.

__Parental/adult indifference/tolerance of underage drinking
__Parental/adult indifference/tolerance of underage tobacco use
__Community social norms promote or tolerate underage drinking
__Community social norms promote or tolerate underage tobacco use
__Community social norms promote or tolerate other underage drug use
__Community tolerance/denial of underage ATOD use
__Community tolerance/denial of adult ATOD abuse
__Adults provide alcohol, tobacco or other drugs to youth
__Community social norms promote or tolerate adult alcohol abuse
__Community social norms promote or tolerate adult tobacco use
__Community social norms promote or tolerate other adult drug use
__Absence of adequate law enforcement capacity
__Absence of consistent enforcement of alcohol laws (limited consequences)
__Absence of consistent enforcement of tobacco laws (limited consequences)
__Absence of consistent enforcement of other drug laws (limited consequences)
__Judges not following through with sentencing of alcohol violations
__Judges not following through with sentencing of tobacco violations
__Judges not following through with sentencing of other drug offenses
__Judicial plea-bargains
__Media glamorizes alcohol, tobacco or other drug use
__Underage youth are allowed to work in alcohol outlets
__Underage youth are allowed to work in tobacco outlets

__Absence of alcohol-free community events
__Easy availability of alcohol
__Easy availability of tobacco
__Easy availability of other drugs
__School policies not consistently followed
__Workplace policies not consistently followed
__Community policies not consistently followed
__No sense of belonging to a community
__Open shelving of alcohol in stores
__Open shelving of tobacco products in stores
__Ingredients for drug manufacturing are readily available in store
__Business interests are in conflict with public health interests
__Poor role modeling by adults
__Greater acceptance of alcohol use than other drugs
__Limited funding for community prevention coalition and public policy work
__severe economic deprivation
__Significant transitions and mobility in the community
__Community disorganization

Types of State Alcohol Policies

1. Keg registration
2. Restrictions on times/days of alcohol sales
3. “Happy Hour” restrictions
4. Restrictions on alcohol products (e.g., “zippers”) or consumption methods (e.g. alcohol inhalers)
5. Zero tolerance—0.02 g/dL per se Blood Alcohol Content (BA)C limit for motor vehicle operators under age 21
6. BAC limit for underage and adult motor vehicle operators, including recreational vehicles such as boats
7. Minimum age to possess alcohol (and exceptions)
8. Minimum age to consume alcohol (and exceptions)
9. Minimum age to purchase alcohol (and exceptions)
10. Age requirements for on-premise alcohol servers and bartenders.
11. Age requirements for off-premise sales of beer, wine, and distilled spirits
12. Insurers’ liability for health/sickness losses due to intoxication..
13. Mandated health insurance parity for alcohol-related treatment.
14. Requirements that all retail alcohol licensees post in a conspicuous place a warning sign that reads: “Drinking alcoholic beverages during pregnancy can cause birth defects.”
15. State alcoholic beverage sales taxes
16. Alcoholic Beverage Control licensing
17. Responsible Beverage Service Training
18. Social host liability laws
19. Laws Related to Alcohol and Pregnancy
    - Mandatory Warning Signs
    - Limitations on Criminal Prosecution
    - Civil Commitment
    - Priority Treatment
    - Legal Significance for Child Abuse / Child Neglect
    - Reporting requirements
20. Dram shop liability laws
21. Provisions or ban on sobriety checkpoints
22. Administrative or judicial penalties for alcohol law violations
23. Alternative sentencing strategies (e.g., Drug Courts)

Types of State Tobacco Policies

1. Clean Indoor Air
2. Tobacco excise taxes
3. Minimum age to possess tobacco (and exceptions)
4. Minimum age to use tobacco
5. Minimum age to purchase tobacco
6. Restrictions on distribution of tobacco product samples or sales of single cigarettes
7. Restrictions or bans on the sale of tobacco products in vending machines, and on the locations of vending machines
8. Tobacco licensing requirements
9. Smoker protection laws that prohibit employers from discriminating against employees or prospective employees based on their use of tobacco products.
10. Restrictions on tobacco advertising and promotion
11. Tobacco product disclosure laws that specifies what materials, substances and general information (if any) the state requires tobacco companies to make public
12. State tobacco divestment policies that place any restrictions or limit certain financial investments with companies in the tobacco industry
13. Tobacco liability laws that to address the issue of lawsuits against the tobacco industry for tobacco-related health conditions.
14. Legislative allocation of Master Settlement Agreement/ separate tobacco settlement funds per fiscal year on tobacco prevention or other programs
15. Administrative or judicial penalties for tobacco law violations

Types of State Illicit Drug Policies

1. Classification of controlled substances
2. Restrictions on the sales, possession or consumption of licit and illicit drugs
3. Decriminalization of certain drugs (e.g., marijuana)
4. Provisions for the medical use of otherwise illicit drugs (e.g. medical marijuana use)
5. The use of drug tax stamps
6. Mandatory minimum sentences for drug offenses, including enhanced sentencing for subsequent offenses
7. Separate penalties for different types of illicit drug use
8. Sentencing based on quantities of drugs possessed
9. Alternative sentencing strategies (e.g., Drug Courts)
10. Restrictions on the sales and/or placement of products used to manufacture drugs
11. Restrictions on drug paraphernalia

Environmental Assessment Citations

Alcohol Beverage Control Enforcement: Legal Research Report. Division of Legal Analysis and Enforcement, Center for Policy Analysis and Training, Pacific Institute for Research and Evaluation.
www.nllea.org/reports

Alcohol Epidemiology Program—University of Minnesota
www.epi.unm.edu

Alcohol Policy MD.com—American Medical Association
www.alcoholpolicysolutions.net

Alcohol Policy Information System (APIS)—National Institute on Alcohol Abuse and Alcoholism
http://alcoholpolicy.niaaa.nih.gov

American Lung Association
State Legislated Actions on Tobacco Issues (SLATI)
www.slati.lungusa.org

California Gang Investigator's Association
www.cgiaonline.org

Community How To Guides on Underage Drinking Prevention—National Highway Traffic Safety Administration
www.nhtsa.dot.gov

Free to Grow, Head Start Partnerships to Promote Substance-Free Communities
www.freetogrow.org

Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention—U.S. Department of Education
http://www.higheredcenter.org/

JoinTogether
www.jointogether,org

Leadership to Keep Children Alcohol Free
www.alcoholfreechildren.org

The Marin Institute
www.marininstitute.org/alcohol_policy

Appendix C: Glossary

30-Day Use: A measure of the number of individuals who report using alcohol, tobacco, or other drugs at least once in the prior 30 days.

Administrative Penalties: Usually a monetary fine, or the suspension or revocation of an alcohol license if the license holder fails to comply with state laws or local ordinances governing the sale of alcoholic beverages. This penalty targets the license holder rather than the actual seller/server, and is administered by a city council or county board rather than by the court system. Such penalties may be used instead of, or in addition to, criminal prosecution.

Age Identification Checks: Written guidelines should provide instructions for employees at alcohol retail stores, bars, and restaurants on checking age identification of customers attempting to purchase alcohol. In general, identification should be checked for anyone who appears to be under the age of 30.

Age of First Use: A measure of what age, if ever, an individual reports first using alcohol, tobacco, or other drugs.

Alcohol Warning Posters: These are notices or signs posted in establishments that sell/serve alcohol, and provide information related to the legal, social, and health consequences associated with alcohol use. This information can include: the establishment's policies on checking age identification and refusal to sell to intoxicated patrons; penalties for providing/selling alcohol to underage or intoxicated persons; penalties for underage possession and consumption of alcohol (separate but related charges); and risks associated with drinking alcohol before driving or operating heavy machinery, during pregnancy, or in combination with certain medications.

Assessment: The formal and objective process of collecting and analyzing valid data to identify patterns that yield meaningful and actionable information. Areas of assessment include *contextual conditions*, needs (i.e., problems), resources, readiness to identify behaviors and conditions as problems and take action, organizational infrastructure and capacity, and gaps in services.

Beer Keg Registration: Beer kegs are uniquely identified and this registration number is recorded with the purchaser's name, contact information, and driver's license number. If underage drinkers are found to have consumed alcohol from a keg, the purchaser is identified and arrested or fined for supply alcohol to a minor.

Benchmark: A point of reference for an *indicator* or other measurement.

Contextual Conditions: Perceptions or realities in the overall environment that have existed, or currently exist, and help explain why things are the way they are. Types of conditions are history, norms, *culture*, traditions and beliefs, socioeconomics, geography, boundaries, demographics, politics, *policies*, prevention infrastructure, relationships, and workforce.

Clean Indoor Air: Summarizes the current law(s) and policies restricting smoking in the state, including laws that prevent local communities from passing local laws stronger than the state law

Counter-Advertising: Counter-advertising is the use of broadcast and print media to promote public health through factual information and persuasive messages that dispel the myths and images popularized by alcohol and tobacco product advertisers (e.g., associating alcohol/tobacco use with glamour, popularity, physical well-being, etc.). It is so named because it is meant to counter the influence alcohol and tobacco product advertising has on youth. Counter-advertising can be in the form of television or radio announcements (e.g., public service announcements), billboard advertisements, newspaper or magazine advertisements, or product warning labels.

Direct Target Population: A group of individuals who are the focus of an *intervention* because they are directly affected by or involved in a problem or consequence (e.g., underage youth who drink alcohol).

Domains: The social environments in which *risk* and *protective factors* are found, in which a course of action has proved to be effective (e.g., individual/peer, family, school, or community).

Dram Shop Laws: Dram shop liability laws hold alcohol servers responsible for harm that intoxicated or underage patrons cause to other people (or, in some cases, to themselves).

Drug Courts: Drug courts are judicially supervised courts that handle the cases of nonviolent substance abusing offenders under the adult, juvenile, family and tribal justice systems. Drug courts divert substance abusing offenders from prison and jail into treatment, operating under a specialized model of partnership between judiciary, prosecution, defense, probation, law enforcement, mental health, social service, and treatment agencies.

Drug-Free Workplace Policy: The purpose of the drug-free workplace policy is to promote employee safety, health, and efficiency by prohibiting the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace.

Drug Tax Stamps: Laws requiring that those who possess marijuana or other illegal drugs to purchase and affix state-issued stamps onto the drug. The total cost of the tax is generally determined by the quantity of drug possessed. Unlike typical criminal statutes prohibiting the possession and sale of controlled substances, drug tax stamp laws primarily assess financial penalties for noncompliance, although criminal sanctions may also be imposed. Instead of collecting state tax revenue at the "point of purchase" such as with alcohol or tobacco, the legislative intent of drug tax laws is to impose an additional penalty – tax evasion – upon drug offenders after they are arrested and criminally charged with a drug violation.

Evidence-Based Strategies: Courses of action based on a strong theory or conceptual framework that include activities grounded in that theory or framework which produce verifiably positive outcomes when well implemented as designed.

High-Risk Behaviors: Types of individual actions—such as substance abuse—that create inordinately high public health, economic, social, and personal costs that include, but may also extend well beyond, the individual(s) engaging in the behavior.

Home Delivery Restrictions: A home delivery policy may ban the delivery of alcohol to residential addresses, or provide the following restrictions: require delivery personnel to be age 21 or older; restrict days/times/amount of delivery; require the purchaser to produce a legal age identification card; and require that the merchant collect the name, address, and driver's license number of the purchaser, date, time, and place of delivery, quantity and brand of alcohol purchased, and the name of the delivery person.

Hours/Days of Sale: Communities may reduce both the days and hours of sale as a means of decreasing overall alcohol availability and rates of alcohol-related problems. Among these policies are: reducing the hours that both off-premise outlets (e.g., liquor stores, supermarkets, convenience stores) and on-premise alcohol outlets (e.g., bars, restaurants, clubs) may sell alcoholic beverages; making the sale of alcohol illegal on certain days; and requiring that alcohol sales be discontinued within a specific amount of time prior to the closing of an on-premise establishment.

Incidence: A measure of the number of new cases of a condition over a period of time (i.e., the rate at which the problem is growing).

Indicated Populations: Groups of individuals who have been identified as exhibiting early warning signs of problems, such as experimentation with substance abuse or instances of intense use (e.g., binge drinking). SAMHSA's SAPT Block Grant defines indicated populations as "individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels." Strategies for indicated populations address the specific *risk factors* and other underlying causal conditions experienced by the individuals in an attempt to delay the onset and reduce the severity of problems.

Indicator: A formal measure of a behavior or condition for which a baseline has been established and which is regularly monitored and reassessed to determine progress toward desired goals, objectives, and outcomes.

Indirect Target Population: A group of individuals who are the focus of an intervention because they play an important role in the conditions that promote or prevent the problem.

Interventions: Courses of action that include programs, practices, policies, and other strategies that affect individuals, groups of individuals, or entire communities.

Lifetime Use: A measure of experimentation (i.e., use on at least one occasion) with alcohol, tobacco, or other drugs.

Merchant Compliance Checks: Compliance checks can identify those sellers/servers of alcohol who are providing alcohol to underage youth. Local ordinances should outline standards for conducting the checks, identify the people or agencies responsible for this activity, and define the penalties to retail establishments, servers, and sellers who violate the law by selling/serving alcohol to minors. This information should be given to all alcohol licensees in the area.

Actual compliance checks involve sending a minor (preferably a person aged 18 or 19) into an establishment while a law enforcement officer or other authorized person waits outside the premises. The minor will attempt to purchase alcohol. If s/he is successful, the server/seller may be charged with the violation, and/or the alcohol licensee may be cited. Using multiple buyers provides a more accurate check of the business and allows the business a greater opportunity to have at least partial success. If no ordinances exist that mandate merchant compliance checks, local law enforcement officials or licensing authorities may implement this policy voluntarily.

Minimum Age of Seller: Requires that bartenders, servers, and retail clerks at alcoholic beverage outlets are a minimum age to serve or sell alcohol.

Needs Assessment: Identification of the patterns of alcohol, tobacco, and other drug consumption; the social, economic, and public health consequences of consumption; and the underlying conditions that give rise to problems and consequences in order to guide the identification of prevention priorities and the development of an effective response.

Needs-Driven Planning: Thoughtful, data-driven planning that comprehensively identifies priority needs and then strategically seeks resources that align with those specific needs. Needs-driven plans are visionary and future oriented, unconstrained by the availability of any single funding source, and not limited by any one set of grant timelines.

Number of Outlets: Communities can control the number of alcohol outlets based on the size of the population (see also Zoning). Large numbers of alcohol outlets make alcohol both easier to buy alcohol and a more visible part of the community. Reducing the numbers of outlets can also make it easier for law enforcement agencies to enforce minimum age laws.

Past Year Use: A measure of the percentage of individuals who report using alcohol, tobacco, or other drugs at least once within the previous 12 months.

Period Prevalence: The sum of *point prevalence* and *incidence*; that is, the number of existing and new cases that occurred within a designated time period.

Point-of-Purchase: Point-of-purchase refers to any number of advertising and promotional pieces that are placed in a retail outlet (the point of sale), such as signs, cardboard displays with product, racks with flyers/coupons, displays sporting contest entry forms for product purchasers, counter mats or shopping carts imprinted with tobacco or alcohol brands, etc.

Point Prevalence: The number of cases of a condition at a specific point in time.

Policies: Formally codified rules, regulations, standards, or laws that are designed to prevent problems (e.g., minimum-age purchase laws for alcohol and tobacco); or informal and unwritten standards and norms (e.g., decisions to prioritize prosecution of certain offenses, such as sales of age-restricted products to minors).

Practices: Activities that are based on implementing policies designed to prevent problems and consequences (e.g., Responsible Beverage Server Training and sobriety checkpoints).

Preemption: Restrictions that prohibit local municipalities to adopt or enforce any ordinance, regulation or resolution which is in conflict with, or stricter than, State law.

Prevalence: A measure of the existing cases of a condition at a point in time (i.e., the number of people that have the problem at that point), which indicates the size or magnitude of the problem.

Programs: Structured interventions that are designed to change attributes or conditions within a defined area or population. Programs are usually individual in focus but may also address environmental issues.

Protective Factors: Conditions for an individual, group, or community that decrease the likelihood of substance abuse problems and buffer the risks of substance abuse.

Responsible Beverage Service Training: Educating owners, managers, sellers, and/over at retail establishments that sell alcohol in ways to avoid selling alcohol to underage or intoxicated patrons. Training may include: instruction in the importance of checking IDs, how to identify fake IDs and what to do when a fake ID is confiscated, how to recognize when adults are buying alcohol for underage youth and how to refuse sales to these individuals, how to identify intoxicated customers, how to refuse service to intoxicated or underage customers, and seller/employer liability when minors or intoxicated persons are served, Even if State laws do not mandate this training, local ordinances may be able to make it a condition of an establishment doing business.

Risk Factors: Conditions for an individual, group, or community that increase the likelihood of a substance abuse problem.

Selected Population: A subset of the total population that is considered to be at higher-than-average risk because of certain characteristics or inclusion in higher risk categories, such as children of alcoholics or adjudicated youth. SAMHSA's SAPT Block Grant defines selective populations as "individuals or a subgroup of the population whose risk of developing a disorder is significantly higher that average." Like universal populations, members of selective populations are not screened or assessed for individual risk, but are selected based on shared risks (e.g., biological, psychological, social, or environmental) or other factors, such as age, gender, or place of residence. When selective populations are targeted, strategies will focus on all members of the group.

Service Learning: Service-learning engages students in thoughtfully organized service activities that enhance learning outcomes while also strengthening communities.

Smoker Protection Laws: Laws that prohibit employers in the state from discriminating against employees or prospective employees based on their use of tobacco products.

Social Host Liability: Laws that establish criminal and/or civil liability for hosting underage drinking parties, and provide a legal basis for holding adults responsible for parties that occur on their property whether or not they provided alcohol to minors. Criminal sanctions may include fines or imprisonment. Civil liability involves an action by a private party seeking monetary damages for injuries that result from permitting underage drinking on the host's premises.

Social Norms: Beliefs about the attitudes and behaviors that are normal, acceptable, or even expected in a particular social context, such as underage drinking, can influence people to drink or abuse other drugs more than they otherwise would. Correcting this misperception is important to decreasing ATOD abuse.

Strategy: A course of action based on a *theory of change* that is undertaken to achieve a vision.

Target Population: Those individuals and groups who are affected by the problems and consequences—or who are involved in the occurrence of the problems and consequences—upon whom interventions must be focused to be effective.

Tobacco Divestment: State-mandated restrictions or limitations on certain financial investments with companies in the tobacco industry.

Tobacco Warning Posters: These are notices or signs posted in establishments that sell tobacco, and provide information related to the legal, social, and health consequences associated with tobacco use. This information can include: the establishment's policies on checking age identification and refusal to sell to underage persons; penalties for providing/selling tobacco to persons; penalties for underage possession and consumption of tobacco products (separate but related charges); and risks associated with using tobacco, particularly during pregnancy.

Universal Populations: Entire groups (e.g., a classroom, grade or grades of students, school, neighborhood, or community) that are targeted by interventions without regard to individual risk, on the premise that all share the same general risk for being affected by or involved in the problems and

consequences. SAMHSA's SAPT Block Grant defines universal populations as "the general public or a whole population group that has not been identified on the basis of individual risk."

Zoning: Community zoning ordinances identify the type of development that is permitted within a geographical area. Zoning most commonly refers to the number of outlets allowed in a geographic area, or restrictions on hours and days of sale. Conditional use permits often are a central feature in zoning laws as well. Zoning ordinances can require that any given land use, including retail alcohol outlets, obtain a conditional use permit to conduct business. If the conditions set out are violated, the conditional use permit may be revoked. This allows communities to monitor the continuing operation of alcohol outlets.