SELECTING AND IMPLEMENTING ENVIRONMENTAL PREVENTION STRATEGIES

Prepared for the
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Division of Alcohol and Drug Abuse

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PURPOSE OF THIS DOCUMENT

This document contains detailed information to help prevention providers and communities strategically select environmental prevention strategies that can effectively and significantly reduce substance abuse and related problems and consequences. The information contained in this document includes guidance for selecting strategies that are locally and culturally appropriate, and includes extensive information on those strategies that have been proven to be effective in achieving tergeted outcomes in specific settings.

Over the past decade, a number of publications presenting different types of information on prevention strategies have been produced. This document serves as a compendium of those existing information sources, and incorporates newly collected information for those strategies that have been proven effective at preventing substance abuse and related disorders for persons across the lifespan. The information contained in this document is not intended to promote any one particular strategy over another, but rather to provide the most comprehensive information available in order to help providers and communities select the most appropriate strategies to effectively reduce their own local substance abuse rates. In addition to archival sources, the information in this document includes information gleaned from extensive interviews that were conducted with program developers, the scientific research community, and state and community-level prevention practitioners. When it was available, information and practical considerations regarding lessons learned during actual community implementation have been included.

HOW TO USE THIS DOCUMENT

This document is designed to help providers and communities use assessment and other data to strategically select those environmental strategies that are most closely aligned with community needs, conditions, and desired outcomes and have been documented to have evidence of effectiveness. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed—and the Division of Alcohol and Drug Abuse has adopted—the following definition for evidence-based strategies:

Interventions based on a strong theory or conceptual framework that comprise activities grounded in that theory or framework and that produce empirically verifiable positive outcomes when well implemented. SAMHSA's Strategic Prevention Framework (SPF) and Substance Abuse Prevention and Treatment (SAPT) Block Grant guidance for documenting strategies as evidence based is that they must meet at least one of the three following criteria:

- *Inclusion in a Federal list or registry of evidenced based interventions; or*
- *Being reported (with positive effects on the primary targeted outcome) in a peer–reviewed journal; or*
- *Documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:*
  - *The intervention is based on a theory of change that is documented in a clear logic or conceptual model;*
  - *The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;*
  - *The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and*
  - *The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).*

The strategies included in this document have all demonstrated evidence of effectiveness in accordance with the definition provided above. Because the documented levels of effectiveness vary among the strategies included in this document, however, they have been divided into two tiers: 1) Tier One includes those strategies with the highest documented level of evidence (e.g., existing body of research and/or current NREPP outcome scores of 3 or higher for substance abuse specific outcomes), and 2) Tier Two includes those strategies with somewhat lower documented levels of effectiveness (e.g., evaluative ratings by other Federal agencies and/or current NREPP substance abuse prevention-specific outcome scores lower than a 3).

Prevention providers and communities are encouraged to use this document as a companion piece to other assessment and planning tools, including the Division of Alcohol and Drug Abuse's *"Preventing Alcohol and other Drug Abuse in South Dakota; Needs Assessment Information for Prevention Providers and Community Coalitions,"* and *"Guidance for Substance Abuse Prevention Provider Work Plans."*

Section I: Section I of this document provides an overview of environmental prevention.

Section II: Section II contains contains an overview matrix listing all environmental strategies included in this document, their level of evidence-base, and key outcome areas. Community planners and prevention providers are encouraged to review this matrix first in order to narrow their search to those strategies that are documented to be effective for the outcome areas in which they are most interested.

Sections III and IV: Sections III and IV contain comprehensive matrices and profiles of those environmental prevention strategies that have been proven to be effective in reducing substance abuse across the lifespan. There are two sets of matrices and profiles arranged in alphabetical order according to current documented levels of evidence of effectiveness (i.e, Tier One and Tier Two).

The matrices provide an "at-a-glance" overview of the key features of each listed strategy. Community planners and prevention providers are encouraged to review the matrices first to identify those strategies that: 1) are proven effective at the producing the outcomes desired by the community, 2) address the community's priority intervening variables and other underlying conditions, and 3) are appropriate to the community's target population(s) and resources. The profiles that follow each matrix provide more comprehensive information on the strategies featured in that matrix, and can be used to further refine and narrow the strategy selection process.

BACKGROUND OF THIS DOCUMENT

The material contained in this document represents a newly updated and expanded version of original research conducted in 2006-2007 for Nebraska Partners in Prevention (NPIP), the State Advisory Council for the Nebraska State Incentive Cooperative Agreement (a precursor to SAMHSA's current Strategic Prevention Framework State Incentive Grant (SPF SIG) program). Oversight for the original development of this document was provided by Laurie Barger Sutter, former Nebraska Behavioral Health Prevention Manager and National Prevention Network (NPN) representative, with key assistance from Jeanne Warren Smith, who served as the document's chief technical writer and researcher.   The material represents the work of many contributors who dedicated countless hours of thoughtful discussion and research. Particular acknowledgment is appropriate to the following individuals who made their own key contributions to the development of this document: Mike Lowther, who actively advocated for and supported the creation of this document during his tenure as Director of the SWCAPT; Karen Abrams, formerly of the Southwest Center for the Application of Prevention Technologies (SWCAPT); Dr. Johanna Birckmayer, formerly of the Pacific Institute for Research and Evaluation (PIRE) who provided invaluable expertise in the areas of evidence-based and effective environmental prevention strategies; and the many program developers and state and community prevention practitioners who participated in interviews and other information collecting endeavors related to the practical selection, implementation and evaluation of environmental prevention strategies.

Section I

ENVIRONMENTAL PREVENTION: AN OVERVIEW

Background

Over the past decade, the Federal focus on performance management—combined with new research—has resulted in a number of paradigm shifts in the field of substance abuse prevention. These shifts include a transition to public health approaches that are comprehensive, documented to be effective, and targeted at population-level change. While early substance abuse prevention efforts focused primarily on changing the behavior of individuals, current efforts now require the use of epidemiological data to examine and address the entire range of individual and environmental factors that affect health and compromise collective well-being. Past prevention approaches that placed primary emphasis on programmatic approaches designed to change the attributes or behaviors of individuals have been broadened under this shift to include environmental strategies (e.g., policies and practices) that are designed to change community behavior as well. Research has documented that effective prevention requires comprehensive approaches that address the entire community system and include environmental as well as individual strategies.

Overview of Environmental Prevention

SAMHSA/CSAP has established the following definition of environmental prevention: *"This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population"* (Federal regulations 45 CFR Subtitle A Subpart L-Substance Abuse Prevention and Treatment Block Grant § 96.120 et seq. (10-1-06 Edition)). Environmental prevention is divided into two subcategories in order to distinguish between 1) activities which focus on legal and regulatory initiatives, and 2) those which relate to the service and action-oriented initiatives.

Environmental strategies consist of long-term approaches that focus on changing conditions in the shared social environment that contribute to, or protect against, problems and consequences (e.g., social norms and availability of alcohol, tobacco, and other drugs). For the purposes of environmental prevention, shared social environments include schools, neighborhoods and other collections of universal populations, as well as community settings. Environmental strategies seek population-level change, are nearly always universal in their reach, and frequently take the form of ongoing policies and practices. Policies may be 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 are activities that are based on implementing policies designed to prevent problems and consequences (e.g., Responsible Beverage Service Training, sobriety checkpoints).

Because environmental prevention addresses ATOD problems by changing the underlying social and cultural factors that contribute to them in the first place, it is able to support achievement of positive outcomes for entire populations of people, across all points of the Institutes of Medicines (IOM) model of the continuum of services.

Effective environmental prevention strategies require a number of supportive activities from other strategy classifications, such as education, information dissemination and community-based process. Accordingly, it can sometimes be difficult for community planners and prevention practitioners to accurately determine whether—and which of—their prevention activities are truly environmental in nature. Environmental theory has identified three key focus areas of environmental prevention that provides a useful framework for determining whether a course of action constitutes an environmental approach. Under this framework, environmental strategies constitute a comprehensive, population-focused course of action intended to reduce problems and consequences by:
- changing population-level norms,
- reducing availability of substances and opportunities to engage in negative behaviors, and

- passing and enforcing laws, policies and practices.

Thus, while media campaigns are an important support to effective environmental prevention, they do not generally constitute an environmental prevention effort on their own when they are not connected to an overarching comprehensive attempt to impact norms, access and policy. Similarly, while community-based processes which seek to enhance the ability of communities to more effectively provide prevention and treatment services for ATOD disorders are key to successful environmental prevention efforts, activities such as community mobilization, coalition development and planning also do not constitute environmental prevention on their own.

Section II

MATRIX OF EVIDENCE-BASED ENVIRONMENTAL PREVENTION STRATEGIES

#	Strategy	Outcome Areas									Base of Evidence
		SA	V	JD	CB	G	AA	MH	FM	SEC	
Tier One Evidence-Based Environmental Prevention Strategies										
1	Border Binge-Drinking Reduction Program	X									*NREPP*
2	CASASTART	X	X	X			X			x	*NREPP*
3	Changing the Conditions of Alcohol and Other Drug Availability	X									*Body of research*
4	Communities Mobilizing for Change on Alcohol	X									*NREPP, listed as "Effective" by OJJDP*
5	Community Trials Intervention to Reduce High Risk Drinking	X	X								*NREPP, listed as "Effective" by OJJDP*
6	Counter-Advertising (alcohol)	X									*Body of research*
7	Counter-Advertising (tobacco)	X									*Body of research*
8	Economic Interventions (alcohol/tobacco)	X	X		X						*Body of research*
9	Enforcing the Minimum Purchase Age (alcohol/tobacco)	X									*Body of research*
10	Olweus Bullying Prevention Program		X	X			X			X	*Listed as "Model" under former NREPP criteria, currently undergoing review under new NREPP criteria; listed as "Effective" by OJJDP*
11	Responsible Beverage Service	X									*Body of research*
12	Reward and Reminder	X									*NREPP*
13	Zero-Tolerance Laws (alcohol)	X									*Body of research*
Tier Two Evidence-Based Environmental Prevention Strategies										
14	Advertising Restrictions (alcohol/tobacco)	X									*Body of research*
15	Alcohol Home Delivery Restrictions	X									*Body of research*
16	Beer Keg Registration	X									*Body of research*
17	Caring School Community	X	X				X	X		x	*NREPP*
18	Challenging College Alcohol Abuse	X									*NREPP*
19	Comprehensive Gang Model		X		X	X					*Listed as "Effective" by OJJDP*
20	Legal Blood Alcohol Level	X									*Listed as "Effective" under former NREPP criteria. Not currently listed on NREPP*
21	Massachusetts Tobacco Control Program	X									*Listed as "Promising" under former NREPP criteria. Not currently listed on NREPP*
22	Norms for Behavior and Rule Setting in School	X		X							*Body of research*
23	Oakland Beat Health	X			X						*Listed as "Promising" by OJJDP*
24	Operation Ceasefire		X		X						*Listed as "Promising" by OJJDP*
26	Project ACHIEVE			X			X	X			*NREPP*
27	Project BASIS			X							*Listed as "Promising" under former NREPP criteria. Not currently listed on NREPP*
28	Project PATHE			X			X				*Listed as "Promising" by OJJDP*
29	Saving Lives—A Strategy to Reduce Drinking and Driving	X									*Listed as "Promising" under former NREPP criteria and current OJJDP list. Not currently listed on NREPP*
30	Smoking Prevention Mass Media Intervention	X									*Listed as "Effective" under former NREPP criteria. Not currently listed on NREPP*
31	STEP (School Transitional Environmental Program)	X		X			X	X			*Listed as "Effective" by OJJDP*
32	Stop Teenage Addiction to Tobacco	X									*Listed as "Effective" under former NREPP criteria. Not currently listed on NREPP. Listed as "Effective" by OJJDP*
33	Tobacco Policy and Prevention	X									*Listed as "Effective" under former NREPP criteria. Not currently listed on NREPP.*
34	Weed and Seed	X	X		X	X					*Listed as "Promising" by OJJDP*

KEY to Outcome Areas

SA: Substance Abuse **JD:** Juvenile Delinquency **G:** Gang Involvement **MH:** Mental Health **V:** Violence
CB: Criminal Behavior **AA:** Academic Achievement **FM:** Family Management **SEC:** Social/Emotional Competency

Section III

TIER ONE EVIDENCE-BASED ENVIRONMENTAL PREVENTION STRATEGIES

Research and rigorous studies have proven that the environmental strategies listed below are proven effective in reducing high-risk behaviors, and qualify for evidence-based designation:

- Border Binge-Drinking Reduction Program
- CASASTART
- Changing the Conditions of Alcohol and Other Drug Availability
- Community Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High Risk Drinking
- Counter-Advertising - Alcohol
- Counter-Advertising - Tobacco
- Economic Interventions – Alcohol
- Economic Interventions – Tobacco
- Enforcing the Minimum Purchase Age - Alcohol
- Enforcing the Minimum Purchase Age - Tobacco
- Olweus Bullying Prevention Program
- Responsible Beverage Service
- Reward and Reminder
- Zero-tolerance laws (alcohol)

Many of these strategies require that community coalitions have strong and supportive partnerships with local and state law enforcement officials. A few of the strategies require the development of new local or state policies. Community mobilization and support from as many sectors as possible—including merchants, law enforcement, and other public officials—is key to implementing these strategies. In addition, effective environmental prevention approaches should be comprehensive, address a wide range of environments and high-risk behaviors, and include clear and reasonable consequences that are implemented consistently.

MATRIX OF TIER ONE EVIDENCE-BASED ENVIRONMENTAL STRATEGIES

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
*Border Binge-Drinking Reduction Program	Ages 15-24	M F	Rural Urban Border communities Community	Validated populations: Multiethnic Replicated populations: None noted Cultural adaptations: None	Community	Universal	Community • Availability of alcohol • Community laws and norms favorable toward alcohol use	Community • Bonding to a community that promotes healthy beliefs and clear standards	Community • Inadequate media coverage of social factors contributing to underage and binge drinking • Drinking and driving • Alcohol-related violence	• Data collection • Media advocacy • ID checkpoints • Responsible beverage service training • Formation of a policy council to direct public policy on alcohol	• Reduced number of underage cross-border patrons and patrons returning to the U.S. with a high BAC • Extensive and focused news media coverage of increased in impaired driving enforcement • Requirement of special passes (by military base commanders) for military personnel wishing to cross the border • Increased enforcement of drinking and driving laws • Increased number of responsible beverage service programs • Increased public attention and support for policy changes • Mobilization of community members, key policy makers, and news media	• Substance abuse	**Training/technical assistance:** The estimated annual cost for implementing this program is $25,000 to $300,000 per year, depending on the size of the target community or region and the community's readiness for environmental prevention. This cost includes staffing, implementation training/technical assistance, and $5,000-$75,000 per year for data collection efforts. • On location, 2-day survey training on conducting regular breath test, sidewalk and driver surveys, how to use the data in the community and with the media • Cost of 2-day training—$6,500 plus travel (approximately $3,200 for three trainers) • Follow-up technical assistance over the first year to include: • Two site visits to observe survey operations for quality control and assistance • Regular assistance with the statistical analysis of survey data and interpretation • Use of data in the community and with the media to include an additional site visit • Cost of technical assistance—$8,000 plus travel (approximately $3,200 for three trips by one person) • On-site. 1-day implementation training on contents of Action Kit—environmental prevention, community organizing, media advocacy, applied data, bi-national collaboration, policy—available for up to 20 trainees. Training conducted by one to two trainers. Action kits included. • Cost of 1-day training—$3,000 plus travel **Materials:** • Action kits included with implementation training • Supplemental materials available at: the IPS Web site • Instruction manual, available from PIRE, details how to establish breath-test surveys and use the data to organize and manage a border program or other binge-drinking reduction effort • Breath test devices available at a cost of $900

[1] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
CASASTART	8-13	M F	Rural Suburban Urban Schools Communities	**Replicated populations:** African-American Caucasian Hispanic/Latino Native American Native American populations specifically include Ute Mountain Ute tribe in SW Colorado Hispanic/Latino populations specifically include Puerto Rican, Dominican, Mexican-American, and Salvadoran populations **Cultural adaptations:** No cultural adaptations have been evaluated No materials developed specifically for these cultural adaptations are available through the program developer	Individual/ Peer Family School Community	Selective Indicated This program is designed for students who have both academic performance and school behavior problems	**Individual/Peer** • Alienation and rebelliousness • Early initiation of the problem behavior **Family** • Family conflict • Family management problems • Family history of high-risk behavior • Parental attitudes and involvement in the problem behavior **School** • Academic failure • Low commitment to school **Community** • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **Family** • Bonding to a family with healthy beliefs and clear standards **School** • Bonding to a school that promotes healthy beliefs and clear standards **Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Risk-taking or sensation-seeking behavior • Antisocial behavior • Engagement in pro-social activities • Relationship with significant positive adults **Family** • Communications between parents and children **School** • Truancy • Chronic tardiness • Weapons or substance possession • Relationship between parents and schools **Community** • Residence in communities with few opportunities for positive free time activities • High crime area • Drug dealing • Relationship between police and the CASASTART youth/families • Relationships among CASASTART partner agencies	• Improve youths attachment to pro-social individuals and institutions • Increase youths opportunities to achieve positive goals • Provide parent education and training	• Reduced student reports of using gateway and stronger drugs • Greater academic achievement • Reduced association with delinquent peers and violent offenses • Increased positive peer influence • Less susceptible to negative peer pressure	• Academic achievement • Juvenile delinquency • Social/emotional competence • Substance abuse • Violence	Implementation • CASASTART costs between $2,500 and $4,000 to implement per child/family per year. A typical annual program budget ranges between $100,000 and $150,000. CASA staff provide training and technical assistance for new CASASTART sites at a cost of approximately $3,000 per day. Ideally, CASA works with sites for a minimum of 12 days over the first year, which includes 6 days of training in core program elements and 6 days of on-site assistance; fewer days can be negotiated. In addition, new sites are incorporated into the active, national CASASTART network, are invited to participate on bimonthly conference calls and annual conferences, and regularly receive literature and CASA reports and information. Training/Technical Support: • $1,300 per day plus expenses for 6 days training in core program elements; training is spread out over a 2- to 3-month period • CASA offers a full menu of CASASTART training and technical support services designed to help new sites during their first year of program implementation. Interested agencies and communities should contact the program developer to discuss how CASA's technical assistance service could be tailored to their communities needs and resources. Materials • CASASTART field guide: $50 • CASASTART Mission & History: $4.25 • Final Report II of Impact of the Children at Risk Program (CASASTART was formerly Children at Risk), May 1998: $15 • Final Report of Impact of the Children at Risk Program, Volumes I and II, March 1997: $17.50

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Changing the Conditions of Alcohol and Other Substance Availability	All	M F	Rural Suburban Urban Alcoholic beverage retail outlets	Validated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Community • Availability of alcohol and other substances • Community laws and norms favorable toward drug use	Community • Bonding to a community that promotes healthy beliefs and clear standards	Community • Number of alcohol outlets • Alcohol sales and service to minors at on- and off-premise alcohol outlets • Education and training of alcohol retailers • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol • Increased enforcement of alcohol laws and regulations • Lack of laws or institutional policies that limit alcohol availability • Institutional policies that discourage youth alcohol use • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Increased interaction among diverse community sectors	• Restrict hours and days of alcohol sales • Control alcohol outlet density • Restrict availability of alcohol at public recreational facilities • Educate/train retailers • Restrict access to alcohol and other abusable substances • Compliance checks	• Decreased levels of alcohol consumption • Lower rates of alcohol- and other abusable substance-related problems	• Substance abuse	Negligible: primarily enforcement

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Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Communities Mobilizing for Change on Alcohol	13-20	M F	Rural Suburban Urban Communities	**Validated populations:** CMCA has been used successfully with all ages, both genders, and a diverse ethnic population mix **Cultural adaptations:** Program not specifically adapted for ethnic or cultural populations	Individual/ Peer Community	Universal	**Individual/Peer** • Friends who engage in the problem behavior **Community** • Availability of alcohol • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Peers providing alcohol **Community** • Increased enforcement of alcohol laws and regulations • Lack of laws or institutional policies that limit alcohol availability • Institutional policies that discourage youth alcohol use • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Increased interaction among diverse community sectors	• Environmental strategy • Limit minors access to alcohol through community mobilization • Compliance checks	• Reduction in sales to minors • Increased identification checks by vendors • Community mobilization • 18- to 20-year-olds less likely to provide alcohol to younger minors, to try to buy or consume alcohol, and to be arrested for driving while under the influence of alcohol	• Substance abuse	Implementation costs vary by community and circumstances. A full-time community organizer is required; salary and benefits typically are around $40,000 annually. Other costs include an initial investment in materials and supplies for the community organizer (about $3,000) and about $300-$500 per month for supplies, travel, and project-related expenses. **Training/Technical Support:** • Two levels of training on CMCA can be purchased from the Youth Leadership Institute (http://www.yli.org/prevention/programs/cmca.php). 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. The overview package ($5,000) includes 2 days of training, 8-16 hours of phone or electronic consultation or technical assistance, and the CMCA Foundation Overview Curriculum. The advanced package ($12,000) includes 6 days of advanced training (three 2-day sessions), 16-24 additional hours of phone or electronic consultation or technical assistance, and the CMCA Advanced Training Curriculum. **Materials:** • All CMCA materials and resources are freely available for adaptation by other communities seeking to reduce youth access to alcohol, reduce teen drinking, and reduce the health and social problems associated with underage drinking. Materials on the University of Minnesota Alcohol Epidemiology Program's Web site (http://www.epi.umn.edu/alcohol) include a manual, fact sheets, and topic briefs describing policies, community strategies, and model ordinances that can help reduce teens' access to alcohol.

Strategy	Target Population Age	Target Population Sex	Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
Community Trials Intervention to Reduce High-Risk Drinking	All age groups	M F	Rural Suburban Urban Communities	Validated populations: This program has been used successfully with a diverse ethnic population mix Cultural adaptations: Program not specifically adapted for ethnic or cultural populations Materials available in Spanish	Community	Universal	Family • Parental attitudes and involvement in the problem behavior Community • Laws and norms favorable to underage drinking	Family • Bonding to a family with healthy beliefs and clear standards Community • Bonding to a community that promotes health beliefs and clear standards	Individual/Peer • Perceived risk of arrest for drinking and driving Family • In-home alcohol access to minors Community • Number of alcohol outlets • Alcohol sales and service to minors at on- and off-premise alcohol outlets • RBS training of alcohol establishments and related sales and service policies • Enforcement of drinking and driving laws • Publicity surrounding changes in youth alcohol access and drinking and driving enforcement • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol	• Community mobilization to support prevention interventions • Facilitating responsive beverage service • Training local retailers and increasing enforcement to reduce underage access • Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest • Develop local restrictions on access via zoning and other controls	• Reduced driving when over the legal limit • Reduced amount consumed per drinking occasion • Reduced traffic crashes in which driver had been drinking • Reduced assault injuries	• Substance abuse • Violence	Implementation minimally requires a full-time project manager. Other costs vary by community depending on the specific intervention components to be used (e.g., training for beverage servers, local media awareness campaigns) and plans for evaluation. Training/Technical Support: • Training on program implementation is available from the developer and typically costs less than $10,000, including the cost of the training manual. Materials: • Some materials, including a video describing the program, are available for free on the program Web site: http://www.pire.org/communitytrials/index.htm.
Counter-advertising: alcohol	All, Under age 21	M F	Rural Suburban Urban	Replicated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Individual/Peer • Favorable attitudes toward substance abuse Community • Community laws and norms favorable toward alcohol use	Community • Bonding to a community that supports healthy beliefs and clear standards	Community • Accurate knowledge of alcohol use effects and consequences • Media advocacy in support of alcohol use norm and behavior changes • Drinking and driving behaviors	• Radio and television campaigns • Multilevel media campaigns that include billboards, posters, magazines, radio, and television • A mass media campaign linked to a school-based prevention intervention	• PSAs reduce impaired driving • Warning labels have proven effective in reducing alcohol consumption	• Substance abuse	Significant; associated with the development of new ads and the purchase of air time and/or space

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Counter-advertising: tobacco	All, Under age 18	M F	Rural Suburban Urban	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** The following groups were specifically targeted in culturally adapted mass media efforts advanced as part of California's Proposition 99 campaign African American Hispanic Vietnamese Koreans Japanese Chinese	Community	Universal	**Individual/Peer** • Favorable attitudes toward substance abuse **Community** • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Accurate knowledge of tobacco use effects and consequences • Media advocacy in support of norm and behavior changes related to tobacco use	• Radio and television campaigns • Multilevel media campaigns that include billboards, posters, magazines, radio, and television • A mass media campaign linked to a school-based prevention intervention	• Counter-advertising is effective in changing the attitudes of adolescents about tobacco use • Counter-advertising is effective in reducing adolescent tobacco use	• Substance abuse	Significant; associated with the development of new ads and the purchase of air time and/or space
Economic Interventions: Alcohol	All	M F	Rural Suburban Urban Alcoholic beverage retail outlets	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Community	Universal	**Community** • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Limit access to alcoholic beverages by increasing price	• Public awareness campaign • Increase alcoholic beverage prices by raising taxes • Ban "happy hour" and other lowered price drink specials	• Reduces alcohol consumption • Reduces motor vehicle fatalities • Reduces violence • Reduces property crimes	• Criminal behavior • Substance abuse • Violence	Minimal

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Economic Interventions: Tobacco	All	M F	Rural Suburban Urban Alcoholic beverage retail outlets	Validated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	**Community** • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Limit access to tobacco products by increasing price	• Public awareness campaign • Increase tobacco excise taxes	• Reduces smoking among adults • Reduces underage smoking and smokeless tobacco use	• Substance abuse	Minimal
Enforcing the Minimum Purchase Age for Alcohol	Under 21	M F	Rural Suburban Urban Alcoholic beverage retail outlets Bars Restaurants	Validated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	**Community** • Availability of alcohol • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Poor enforcement of alcohol laws and regulations • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Alcohol sales and service to minors at on- and off-premise alcohol outlets • Publicity surrounding changes in youth alcohol access enforcement • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol	• Controls on alcohol service at private gatherings • Laws against adult provision of alcohol to minors • Media campaign touting enforcement of alcohol sales laws • Prohibiting alcohol sales at specific venues popular with youth • Prohibition of minors from bars • Requiring sellers of alcohol be at least 21 years old • Retail compliance checks • Shoulder tap enforcement	• Reduces underage alcohol consumption • Reduces alcohol-related problems among youth	• Substance abuse	Associated with enforcement of the law

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Enforcing the Minimum Purchase Age for Tobacco	Under age 18 years	M F	Rural Suburban Urban	Validated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Community • Availability of tobacco • Community laws and norms favorable toward drug use	Community • Bonding to a community that supports healthy beliefs and clear standards	Community • Poor enforcement of tobacco laws and regulations • Public and institutional policies that reduce tobacco sales to youth • Civic action against illegal sale and provision of tobacco to youth • Publicity surrounding changes in youth tobacco access enforcement • Media advocacy in support of tobacco policy change • Decreased formal and informal youth access to tobacco • Tobacco sales to underage youth through vending machines	• Retail compliance checks • Laws against adult provision of tobacco to minors • Media campaign touting enforcement of tobacco sales laws • Prohibiting tobacco sales at specific venues popular with youth • Locking devices on vending machines	• Reduces underage smoking and smokeless tobacco use • Reduces levels of morbidity and mortality from tobacco use	• Substance abuse	Associated with enforcement of the law

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Olweus Bullying Prevention Program	Ages 6-15	M F	Rural Suburban Elementary Schools Middle and Junior High Schools	**Validated populations:** African American Asian American/Pacific Islander Caucasian Hispanic/Latino Native American Vietnamese This program was originally evaluated in Norway **Replicated populations:** This program has been replicated successfully in the United States, the United Kingdom, Sweden, Germany, Italy, Spain, Mexico, and South America. **Cultural adaptations:** None	Individual/Peer Family School	Universal Indicated	**Individual/Peer** • Friends who engage in the problem behavior • Favorable attitudes toward the problem behavior **Family** • Family management problems **School** • Lack of commitment to school	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **Family** • Bonding to a family with healthy beliefs and clear standards **School** • Bonding to a school that promotes healthy beliefs and clear standards	**Individual/Peer** • Life skills: problem-solving, anger management, communication • Impulsive, hot-headed, dominant personality • Lack of empathy • Difficulty conforming to rules • Low tolerance for frustration • Positive attitudes toward violence **Family** • Harsh discipline, physical punishment **School** • Indifferent or accepting teacher attitudes toward bullying • School behaviors	• Administration of the Olweus Bully/Victim Questionnaire about bullying • Formation of a Bullying Prevention Coordinating Committee • Staff training • Development of school-wide rules against bullying • Development of a coordinated system of supervision during break periods • Regular classroom meetings about bullying and peer relations • Class parent meetings • Individual meetings with children who bully • Individual meetings with children who are targets of bullying • Meetings with parents of children involved	• Significant reductions in student reports of general antisocial behaviors (e.g., vandalism, fighting, theft, and truancy) • Significant improvements in classroom order and discipline • More positive attitude toward schoolwork and school • Reduction in bullying • Improved peer relations at school	• Academic achievement • Juvenile delinquency • Social/emotional competence • Violence	**Training:** • $1,000 for initial training. Cost is per school, in groups of 12, one certified trainer per school plus training materials (not including products) **Materials:** • $300 for a complete set of products—Teacher's Handbook: Olweus' Core Program Against Bullying and Antisocial Behavior; Bullying at School: What We Know and What We Can Do; Olweus Bully/Victim Questionnaire; computer software for processing student responses to the questionnaire; "Bullying" video; supplemental lesson plans • Information packet for parents: Bullying Among Children and Young People

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Responsible Beverage Server Training	All	M F	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Community** • Availability of alcohol • Community laws and norms favorable to drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Understanding of state-, local-, and establishment-level laws and policies for serving alcohol to underage or intoxicated patrons • Server training • Enforcement of state and local laws covering the sale of alcohol to underage or intoxicated patrons	• Server training • Law enforcement	• Curbs illegal sales to intoxicated or underage individuals • Improves server knowledge of laws concerning responsible alcoholic beverage service • Leads to more responsible service practices and management policies • Reduces underage alcohol consumption	• Substance abuse	Associated with training and enforcement of the law
Reward & Reminder	13-17, 18-25, 26-55, 55+	N/A	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Community** • Availability of tobacco products to underage persons • Community norms favorable to tobacco use by youth	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Understanding of state and local laws and policies for prohibiting sales of tobacco products to underage persons	• Compliance checks • Incentives and disincentives	• Decrease illegal sales of tobacco to minors • Decrease illegal purchase of tobacco by minors • Decrease tobacco use by minors • Decrease social sources of tobacco for minors	• Substance abuse	The cost of the license, materials, and services to be purchased from PAXIS Institute depend on the size of the community, county, or State population and on the period of implementation. For example, the estimated base price for a 2-year implementation with a population of 20,000 to 99,999 is $11,415. This price includes the license to use the trademark ($2,500); phone, e-mail, and Web technical support ($1,800); access to PAXForms, the Reward & Reminder online data management system ($2,400); and Web site setup, access, and management ($600) throughout the 2-year period. This price also includes the fee ($1,500) and travel costs ($750) for one on-site training, 100 window clings ($90), 500 final answer card sheets ($750), 2,000 Thank You for Doing the Right Thing Cards ($300), 500 flyers ($225), and 25 program manuals ($500). Communities may choose Web-based training instead of on-site training at a reduced cost. Communities may also elect to print their own materials, paying a fee of $1,000 to license and customize all available print materials. Additional training and consulting, media planning support, and custom data forms also can be purchased. Other implementation costs are associated with the salaries and supervision of program staff and charges for media placements.

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Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[1]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Zero-Tolerance Laws (Alcohol)	Under 21	M F	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Community** • Community laws and norms favorable to drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Enforcement of drinking and driving laws • Publicity surrounding changes in youth alcohol access and drinking and driving enforcement • Media advocacy in support of alcohol policy change	• Laws prohibit underage youth from driving even with very low levels of alcohol • Administrative license revocation of offenders • Roadside sobriety checkpoints	• Reduces drinking and driving accidents, serious injuries, and fatalities	• Substance abuse	Associated with enforcement

PROFILES OF TIER ONE EVIDENCE-BASED ENVIRONMENTAL PREVENTION STRATEGIES

Border Binge-Drinking Reduction Program

Program Description
The Border Binge-Drinking Reduction Program is a coordinated effort focused on reducing cross-border teen and binge drinking through a policy-focused, public health prevention model. This program provides multi-level, community-based interventions proven effective in reducing alcohol-related trauma caused by cross-border binge drinking by young Americans. It is a bi-national effort that employs: environmental management and media advocacy approaches to curb these irresponsible drinking practices; regular surveys of youths returning from a night of drinking, including anonymous blood alcohol concentration (BAC) breath tests; and strong media advocacy programs that use information from the surveys to characterize the problem and mobilize the community to action. The Border Binge-Drinking Reduction Program involves community groups, law enforcement officials, and civic and business leaders in the implementation of the interventions.

Although this program was developed originally for communities along the border of the United States and Mexico, the model is applicable to other rural and urban environments.

Target Population
This strategy targets teenagers and young adults ages 15 to 24. All racial, ethnic, and socioeconomic groups are included. The media advocacy interventions are delivered to the entire community, while the border interventions are delivered to young drinkers of the age limit specified.

Goals and Objectives
The goal of the Border Binge-Drinking Reduction Program is to reduce underage and binge drinking practices among teenagers and young adults, and the consequences of that behavior, including drunk driving, drug use, violence, and vandalism. Specifically, the strategy's objective is to reduce cross-border trips for the purpose of becoming intoxicated.

Outcomes
The Border Binge-Drinking Reduction Program has succeeded in:
- Reducing the number of youthful cross-border bar patrons and the average blood alcohol concentrations (BACs) of returning drinkers
- Increasing public attention and support for policy changes
- Mobilizing community members, key policy makers, and news media
- Increasing enforcement of drinking and driving laws
- Increasing responsible beverage service programs

Strategies
Breath testing
Community involvement
Law enforcement
Media advocacy
Responsible beverage server training
Skills building
Survey

Activities

Law enforcement, public officials, community organizations, youth groups, prevention professionals, schools, and businesses need to assist with a variety of interventions, including:

- Data collection at U.S. border locations, including anonymous BAC breath tests to determine the characteristics of cross-border binge drinkers and monitor the frequency and level of cross-border drinking
- Media advocacy using area news media to give high visibility to law enforcement operations at the border, promote public debate, and generate support for changes in community norms and policies
- Direct interventions such as turning back unaccompanied minors at the border, special boarder sobriety and ID checkpoints, and requiring special permits for military personnel to cross the border
- Indirect interventions including RBS training with bar owners, training for detecting false identifications, banning alcohol promotions on the exterior of bars, and long-range policy changes such as closing bars earlier and restricting alcohol advertising targeted to minors
- Formation of a bi-national policy council to make policy recommendations on alcohol and illegal and pharmaceutical drug issues on both sides of the border

Implementation Process and Plan

This program was created to be readily adapted to individual community resources and needs. The community decides the structure of the group that manages the various interventions. The types of personnel needed to successfully implement this strategy will vary from community to community, depending on how communities structure their groups and manage the variety of interventions. However, certain skills are desirable and, in some cases, necessary to the group, such as individuals skilled in:

- Data collection and analysis
- Media advocacy
- Program management
- Strategic planning
- Community organizing

In border communities, bilingual/bicultural skills and the ability to work with organizations and officials on both sides of the border are critical to successful implementation.

Five survey instruments can be administered according to community needs and resources. Trained interviewers ask respondents about their demographics, drinking, drinking intentions, bad experiences while drinking, modes of transportation, and other questions relevant to the interventions. Responses are recorded on hand-held computers. A voluntary, anonymous breath test is then administered, but the breath tester does not reveal the BAC at that time. Results are downloaded later for analysis using assigned code numbers. Incentives such as candy or discount coupons may be used to encourage cooperation. Most of the surveys take only five minutes to complete.

The strategy's timeline depends on how an individual community organizes its efforts.

Initial implementation training is one-day in duration. Subsequent technical assistance, media advocacy strategies, policy objectives, bi-national collaboration structure, and project timeline will be specific to individual communities.

An instruction manual is available from the Pacific Institute for Research and Evaluation (PIRE), one of the organizations that created the program. It tells how to establish breath-test surveys and use the data to organize and manage a border program or other binge drinking reduction effort.

An action kit that describes how to implement similar projects in border communities and other non-border settings can be obtained from the collaborating development firm, Institute for Public Strategies (IPS). In addition, issue briefings, detailed descriptions of project activities, public opinion polling, and the strategic model are available on the IPS Web site.

Training and technical assistance are available from the two organizations involved in the creation of the Border Binge-Drinking Reduction Program. Instruction is available in:
- Data-based strategies
- Media advocacy, community organizing, and responsible beverage service
- Survey assistance
- Public opinion polling
- Evaluation design

Evaluation
Communities implementing this strategy should:
- Assess the closing time of bars in the target communities
- Assess the requirements by military base commanders that military personnel desiring to cross the border apply for and obtain special passes
- Assess the community laws and norms favorable toward alcohol use and the target communities
- Assess the blood alcohol concentration of youths returning from a night of drinking

Lessons Learned
To achieve the same outcomes cited by the developer, the following components must be included:
- Individuals and community leaders who are skilled in data collection and analysis, media advocacy, program management, strategic planning, and community organizing
- Bilingual/bicultural skills and the ability to work with organizations and officials on both sides of the border
- Bi-national collaboration among law enforcement, local government agencies, and businesses, among others
- Access to program materials

Some of the materials address issues of surveying, community organizing, and media advocacy from a general perspective, but most of the materials specifically address alcohol issues at the U.S.-Mexican border.

Lack of familiarity or experience with environmental prevention within the community can be addressed by building educational elements for key community members and officials into the project plan.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Cohort study
Survey
Interview

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

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Voas, R. B., Wells, J., Lestina, D., Williams, A., and Greene, M. (1998). Drinking and driving in the United States: The 1996 national roadside survey. Accident Analysis and Prevention, 2, 267–275.

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CASASTART

Description

CASASTART, (Striving Together to Achieve Rewarding Tomorrows, formerly known as Children at Risk), is a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old, and participants may remain in the program up to 2 years. CASASTART's intervention model is informed by the research literature on social learning theory, social strain theory, social control theory, and positive youth development.

Target Population

The program serves 8- to 13-year-old children who attend selected schools located within clearly defined geographic boundaries who have a minimum of four identified risk factors. To be eligible for CASASTART, children must demonstrate at least four risk factors—at least two of which must be school-related—known to be strong indicators of later involvement with substance abuse, delinquency, and academic failure. Students who participate in the program must have both academic performance and school behavior problems. Family risk factors may include extreme poverty, family violence, gang involvement, drug use or dealing, or a recent criminal conviction. Personal risk factors may include being the victim of child abuse or neglect, living in a dangerous neighborhood, a history of known or suspected drug use or dealing, past arrest or juvenile delinquency, gang membership, serious emotional disturbance, weapons possession, and pregnancy or parenthood.

On average, most children participate in CASASTART for 14 months, although they may stay involved for up to two years.

Goals and Objectives

CASASTART addresses the individual needs of the participants as well as broader problems in their families and communities. It focuses on:
- Reducing drug and alcohol use
- Reducing involvement in drug trafficking
- Decreasing associations with delinquent peers
- Improving school performance
- Reducing violent offenses , and
- Making neighborhoods safer for children and their families

Outcomes

Children in the CASASTART program are:
- Significantly less likely to use gateway and stronger drugs
- Less likely to report involvement in drug trafficking
- More likely to be promoted to the next grade in school
- Less likely to commit violent offenses
- More likely to be positively influenced by their peers
- Less likely to associate with delinquent peers
- Less susceptible to negative peer pressure

Strategies

Each CASASTART site brings together key stakeholders in schools, law enforcement agencies, and social services and health agencies to develop tailored approaches to the delivery of the core service components consistent with local culture and practice. At all sites, CASASTART is staffed by case managers and requires the cooperation of area police departments and local social service and juvenile crime agencies.

The core CASASTART strategies consist of eight fundamental components:
- Community-enhanced policing
- Intensive case management
- Juvenile justice intervention
- Family services
- After school and summer activities
- Education services
- Mentoring, and
- Use of incentives to encourage youth development activities

Supplemental strategies include community mobilization and community service.

Activities

Case managers are the linchpins of CASASTART. They work closely with teachers and other school personnel, police officers, social service agencies, and neighborhood residents to coordinate, arrange for, and provide needed services and support to prevent or counteract the family, social, educational, and psychological factors that make children vulnerable to substance abuse and juvenile crime.

Each case manager serves 15 families. In addition to seeking out participants, developing case plans, counseling, coordinating services, and making referrals, CASASTART case managers become involved in a range of activities, including:
- Helping parents navigate social, educational, and legal systems to resolve problems.
- Advocating for children and family members in court.
- Running after-school or recreation programs.
- Arranging for or providing transportation to appointments for family members.
- Intervening to prevent eviction from or utility shut-offs in homes.

Each site develops its own approach to designing and delivering the services consistent with local culture and practice. Every child enrolled in the program receives all of the services. The exception may be juvenile justice services, which are only provided if the child is in trouble with the law. In total, there are eight categories of services offered:
- Social support services are provided directly by the case manager or through referral to a more appropriate service provider.
- Family services may include counseling, parenting skills training, stress management and coping skills development, and the identification and treatment of substance abuse and other health or mental health problems.
- Within the scope of the educational services, each site establishes academic goals for its participants and incorporates educational enrichment and skill building into its activities.
- All children are offered after-school and summer cultural and recreational programs, life skills and youth development programs, and training or educational opportunities to ensure that their leisure time is spent in positive and productive activity.
- Local organizations, such as colleges, high schools, police departments, faith organizations, and Big Brothers/Big Sisters programs provide mentors for CASASTART children.
- Police work one-on-one with children and families, and build relationships with community residents. Stepped-up supervision and sanctioning of drug offenders also reduces their influence in the target neighborhoods.
- Case managers work with juvenile court personnel to provide community service opportunities and enhanced supervision of children involved in the juvenile justice system.
- Refreshments, gifts, and special events are among the incentives used to engage children, build morale, and foster attachment to the goals of the program. Stipends also may be provided for goal achievement or community service.

Implementation Process and Plan
Program planning and start-up take six to eight months, including relationship-building, gathering financial support, and developing healthy partnerships. The next phase involves hiring staff and the direct delivery of services to youth and families. Training and technical assistance take place throughout the first year of program implementation.

Given that the program brings together such disparate organizations as schools, law enforcement, and social services, case conferences, administrative meetings, and advisory council meetings are essential to ensuring the smooth and timely delivery of services.

CASA also makes regular site visits, holds in-service training, and holds a national all-site conference and regular all-site conference calls. In addition, CASA offers a field guide to help direct states and localities in the development of CASASTART.

Evaluation
The evaluation tool for this program is not currently being marketed. Communities deciding to implement CASASTART should assess the following areas:
- The level of alcohol, tobacco, and other drug (ATOD) use by program participants
- Participants' attitudes toward ATOD use
- Whether participants graduate to the next grade level in school
- Positive and negative peer pressure that program participants experience

The National Registry of Evidence-based Programs and Practices (NREPP) has provided the following overall ratings for CASASTART outcomes (on a scale of 0.0 to 4.0).
- Decreased use of "gateway drugs" (cigarettes, alcohol, inhalants, marijuana):   3.1
- Decreased use of psychedelics, crack, cocaine, heroin, or nonmedical prescription drugs: 3.1
- Decreased drug trafficking: 2.5
- Decreased violence: 3.0
- Increased school promotion (progression to the next grade):   3.0
- Decreased association with delinquent peers: 3.0

Readiness for Dissemination
NREPP has provided the following overall ratings for CASASTART's rediness for dissemination:
Implementation materials: 3.5
Training and support: 3.5
Quality assurance: 3.5
Overall rating: 3.5

Lessons Learned
There are a few caveats to operating a CASASTART program:
- The CASASTART partnership of community agencies, police departments and schools is complex and can be difficult to manage because of the different cultures, languages, and goals unique to each agency.
- Much of the work of managing CASASTART relates to the work of managing the partnership. Agencies that seek to undertake the CASASTART work should have histories of collaboration, be very well regarded by their community, and be willing to change the way they do business on behalf of young people and families.
- This is a fairly expensive program to operate and maintain, and may not be a good choice for a community that does not already have a case manager position in place.

Contact Information

For more information on developing CASASTART in your community, please contact:

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Changing Conditions of Alcohol and Other Drug Availability

Description
Alcohol consumption levels and the rates of alcohol-related problems tend to increase in association with a greater density of outlets and increased hours of alcohol sale; this is a direct result of increased availability of alcohol. By controlling the physical availability of alcohol, your community can reduce alcohol consumption and related problems such as automobile crashes and crime. Controls can take the form of restrictions on retail outlets' hours of operation, restrictions on outlet locations, and restrictions on outlet density.

Target Population
This strategy targets all individuals in the community.

Goals and Objectives
This strategy aims to:
- Reduce the number of alcohol distribution outlets
- Limit the hours during which alcohol may be sold
- Restrict the availability of alcohol at sporting and recreational events, and at parks and other publicly owned facilities
- Restrict access to abusable legal substances (e.g., products containing volatile inhalants)
- Reduce underage alcohol use

Outcomes
Studies have found alcohol consumption and related problems are reduced when restrictions are placed on the hours that alcohol retail establishments can operate.

Other studies have found that reducing the density of alcohol retail outlets is correlated with a decrease in the number of traffic crashes and assaults.

Strategies
Changing the Conditions of Alcohol and Other Drug Availability involves several distinct strategies, which may include, but are not limited to:
- Restricting hours and days of alcohol sales
- Controlling outlet density
- Restricting availability of alcohol at sporting and recreational facilities
- Restricting access to abusable legal substances at retail outlets
- Actively enforcing laws, regulations, and rules that control access to alcohol and other substances

Activities
Communities interested in implementing this strategy will need to:
- Collect data on outlet density, making sure to include information on police activities, citizen complaints, and state licensing complaints
- Become aware of licensing laws and processes, becoming involved in issues such as outlet density and spacing
- Consider neighborhood compatibility in allowing alcohol outlets

Laws do not change without the involvement of those who are affected. Therefore, communities will need to develop a coalition of local merchants, police officers, and community organizations, and institute a public education campaign—in cooperation with both the hospitality industry and community-based prevention groups—to garner public support to pass ordinances that may include, but are not limited to:

- Decreasing hours during which hospitality establishments and off-sale outlets (e.g., convenience stores, liquor stores, markets) can sell alcohol
- Requiring alcohol sales be stopped within a specified amount of time prior to the closing of an on-sale outlet (e.g., bar, restaurant, nightclub)
- Limiting or prohibiting the sale of alcohol on certain, high-volume days of the week (e.g., Saturdays)
- Restricting the sale of alcohol near schools and college campuses
- Prohibiting the sale of alcohol in grocery stores
- Limiting or prohibiting the sale of alcohol at sporting events
- Prohibiting the use of alcohol at city-owned recreational properties

To restrict access to alcohol and other abusable legal substances, communities need to educate retailers and all store clerks on youth substance use trends and ways to limit access to these substances (e.g., put abusable substances behind the counter so they must be requested by the customer). Clerks should also be trained to ask youth that request certain legally available, but abusable products (e.g., inhalants) why they want to make the purchase.

Implementation Process and Plan
Local communities can rely on land-use zoning to determine where alcohol may be sold or consumed and how it is distributed and marketed. Zoning ordinances can require that any given land use, including alcohol outlets, obtain a permit to conduct business.

Conditional use permits are an essential feature of zoning laws. Zoning ordinances specify which land uses require a conditional use permit and specify the public notice and process that will be conducted to identify potential negative impacts and to decide the specific conditions that will be required to lessen these negative impacts.

Density restrictions can be enacted according to population figures or according to proximity to schools, churches, public parks, and other places where youth congregate.

Evaluation
The extent to which changes in hours of operation result in decreases in consumption is dependent on how long the change remains in effect and whether it is applied to a period associated with high volumes of sales and consumption.

In evaluating this strategy, communities should:
- Assess the number of outlets per capita
- Assess the rates of alcohol consumption and alcohol-related problems
- Assess the number of intoxicated persons and the rate of abusive incidents involving intoxication at sporting arenas and special events

Lessons Learned
The following lessons pertain to the regulation of alcohol availability at special events and locations:
- A wide range of restrictions can be placed on special events, including restrictions on operating hours and noise levels, general location of event, location of alcohol sales or places of consumption, advertising of alcohol, alcohol sponsors, age of servers, quantity of sales, size of containers, and condition of the customers.
- 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. Sales of food and non-alcoholic beverages can be required during and after alcohol sales are cut off.

To implement this approach successfully, communities will need to increase public awareness of existing alcohol-related problems and the need for change. To do that, communities should explore different possibilities for increasing community awareness and readiness to deal with the issue. For example, a community might combine initiatives directed at restricting alcohol availability with a mass media campaign. This could result in increased coverage of, and debate on, alcohol availability issues and proposed changes in local laws, regulations, or policies.

In terms of limiting access to abusable legal substances (other than alcohol and tobacco), public awareness is a particularly effective strategy for smaller communities where there are fewer retailers who will require education and training.

Compatible Programs
Some of these strategies have been used and shown effective in the following programs:
- Communities Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing one or more of these programs as a complementary effort in reaching your prevention goals.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Surveys
Observation
Randomized controlled study

Resources
Here are some resources that can enhance your understanding of the effectiveness of these strategies. In some cases, studies describe locations where these strategies have been implemented successfully.

Controls on who is selling alcohol:

> Gruenewald, P. J., Madden, P., and Janes, K. (1992). Alcohol availability and the formal power and resources of state alcohol beverage control agencies. *Alcoholism: Clinical and Experimental Research, 16*(3): 591-597.

> Holder, H. D., and Wagenaar, A. C. (1990). Effects of the elimination of a state monopoly on distilled spirits' retail sales: a time-series analysis of Iowa. *British Journal of Addiction, 85*(12): 1615-1625.

> Skog, O. J. (2000). An experimental study of a change from over-the-counter to self-service sales of alcoholic beverages in monopoly outlets. *Journal of Studies on Alcohol, 61*(1): 95-100.

Outlet density:

> Gruenewald, P. J., Ponicki, W. R., and Holder, H. D. (1993). The relationship outlet densities of alcohol consumption: A time series cross-sectional analysis. *Alcoholism: Clinical and Experimental Research, 17*(1): 38-47.

> Gruenewald, P. J., Millar, A. B., Treno, A. J., Yang, Z., Ponicki, W. R., and Roeper, P. (1996). The geography of availability and driving after drinking. *Addiction, 91*(7): 967-983.

Lipton, R., and Gruenewald, P. (2002). The spatial dynamics of violence and alcohol outlets. *Journal of Studies on Alcohol, 63*(2): 187-195.

Limits on days and hours of sale:

Ligon, J., Thyer, B. A., Lund, R. (2001). Drinking, eating, and driving: Evaluating the effects of partially removing a Sunday liquor sales ban. *Journal of Alcohol and Drug Education, 42*(1): 15-24.

Smith, D. I. (1988). Effect on traffic accidents of introducing Sunday alcohol sales in Brisbane, Australia. *International Journal of the Addictions, 23*(10): 1091-1099.

Voas, R. B., Lange, J. E., and Johnson, M. B. (2002b). Reducing high-risk drinking by young Americans south of the border: The impact of a partial ban on sales of alcohol. *Journal of Studies on Alcohol, 63*(3): 286-292.

Communities Mobilizing for Change on Alcohol

Description
Communities Mobilizing for Change on Alcohol (CMCA) is an environmental approach to reducing underage access to alcohol by changing community policies and practices. This program can be implemented in virtually any community.

Target Population
Communities implementing CMCA make institutional and policy changes that limit youth access to alcohol to improve the health of the entire population in that community.

Goals and Objectives
CMCA is designed to:
- Decrease the number of peers, merchants, and other adults providing alcohol to underage youth
- Decrease the use of alcohol by adolescents
- Activate communities to change local public policies and the practices of major community institutions to discourage youth alcohol use
- Communicate a clear social norm in the community that underage drinking is inappropriate and unacceptable
- Maintain and enforce institutional and public policies to reduce alcohol sales to youth

Outcomes
As a result of CMCA:
- Alcohol merchants increase age identification checking and reduce their propensity to sell to minors
- 18- to 20-year-olds reduce their propensity to provide alcohol to other teens and are less likely to try to buy alcohol, drink in a bar, or consume alcohol
- 18- to 20-year-olds are significantly less likely to be arrested for the driving under the influence of alcohol

Strategies
The core strategies that are the focus of CMCA include:
- Changing community norms
- Community mobilization
- Law enforcement

Activities
CMCA does not require any formal training. It is a community-based program that can be implemented by a range of groups, from all-volunteer grassroots activists to nonprofit organizations or public agencies of any size. These may include civic groups, faith organizations, schools, community groups, law enforcement, liquor licensing agencies, and advertising outlets. Following are examples of prevention efforts these groups might wish to undertake:
- **Civic Groups** can adopt policies to prevent underage drinking at organization-sponsored events and initiate and participate in community-wide efforts to prevent underage alcohol use.
- **Faith Organizations** can provide a link between prevention organizations, youth, parents, and the community. They can also offer education, develop internal policies to prevent teens from accessing alcohol at their events, and participate in efforts to keep alcohol away from youth.
- **Schools** can teach alcohol refusal skills and create and enforce policies restricting alcohol use and access, both on school property and in the surrounding community.

- **Community Groups** can voluntarily control the availability and use of alcohol at public events such as music concerts, street fairs, and sporting events.
- **Law Enforcement** can mandate compliance checks or encourage voluntary compliance checks by law enforcement or licensing authorities. Police can also encourage and support the use of administrative penalties for failure to comply with State or local laws relating to the sale of alcohol to minors.
- **Liquor Licensing Agencies** can offer and promote mandatory or voluntary programs that train managers, owners, servers, and sellers at alcohol outlets how to avoid selling to underage youth and intoxicated patrons.
- **Advertising Outlets** can be influenced to remove alcohol advertising from public places or wherever youth are exposed to these messages. Communities can also restrict alcohol companies' sponsorship of community events.

Implementation Process and Plan

To successfully replicate CMCA, a qualified community organizer is needed, someone who is familiar with the issues and needs of the community. In addition, organizations involved in this effort need to be able to:

- Assess community norms, public and institutional policies, and resources.
- Identify, from inception, a small group of passionate and committed citizens to lead efforts to advocate for change.
- Create a core leadership group that can build a broad citizen movement to support policy change.
- Develop and implement an action plan.
- Build a mass support base.
- Maintain an organization and institutionalize changes.
- Evaluate changes on an ongoing basis.
- Manage widely variable program costs.

Free program materials available to help in the implementation of CMCA include a procedures manual for enforcing age-of-majority alcoholic beverage sales laws, model ordinances, model public policies, and model institutional policies. Visit www.epi.umn.edu/alcohol to obtain these materials as well as a number of papers that have been written documenting the CMCA project. These papers can assist you in replicating the strategy.

Although there is no official training for the CMCA program, Alexander Wagenaar, the program developer, is willing to present a workshop upon request. See contact information below.

Evaluation

Communities that implement CMCA should assess the following areas as part of their evaluation plan:

- Alcohol consumption and attitudes toward and compliance with alcohol-related policies by high school students and 18- to 20-year-olds
- Merchant compliance, in both off-site consumption and on-site consumption alcohol sales outlets, with alcohol policies and restrictions

Lessons Learned

No special challenges or considerations have been reported for this best practice.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled trial

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Wagenaar, A. C., Murray, D. M., Wolfson, M., Forster, J. L., and Finnegan, J. R. (1994). Communities Mobilizing for Change on Alcohol: Design of a randomized community trial. *Journal of Community Psychology.* 79-101.

Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J. L., Toomey, T. L., Perry, C. L., and Jones-Webb, R. (2000). Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol.* 61(1): 85-94.

Wagenaar, A. C., Gehan, J. P., Jones-Webb. R., Wolfson, M., Toomey, T. L., Forster, J. L., and Murray, D. M. (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., Toomey, T. L. (2000). Communities Mobilizing for Change on Alcohol: Effects of a randomized trial on arrests and traffic crashes. *Addiction.* 95(2): 209-217.

Contact Information

Websites:
http://www.yli.org/prevention/programs/cmca.php
www.epi.umn.edu/alcohol

For information about implementation:

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Community Trials Intervention to Reduce High-Risk Drinking

Description
Community Trials Intervention to Reduce High-Risk Drinking is a community-based environmental strategy designed to alter alcohol use patterns and related problems in people of all ages.

Target Population
Each of the six interventions and comparison communities in the original research had approximately 100,000 residents. The communities were racially and ethnically diverse and included a mix of urban, suburban, and rural settings.

Goals and Objectives
Community Trials Intervention to Reduce High-Risk Drinking aims to help communities reduce alcohol-related accidents, violence, and resulting injuries.

Outcomes
Outcomes from this program include:
- A decline in self-reported driving when over the legal blood alcohol limit
- A decline in self-reported amount of alcohol consumed per drinking occasion
- A decline in self-reported excessive alcohol consumption
- A reduction in nighttime injury crashes
- A reduction in crashes involving drinking drivers
- A reduction in assault injuries observed in emergency rooms
- A reduction in the number of persons hospitalized for assault injuries

Strategies
The core strategies that are the focus of the Community Trials Intervention to Reduce High-Risk Drinking include:
- Community mobilization
- Law enforcement (including DWI checkpoints and enforcing underage alcohol sales laws)
- Media campaigns
- Regulations and ordinances
- Responsible beverage service training

Activities
This strategy uses a multifaceted approach to:
- Assist communities in using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control.
- Reduce youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors, and through increased enforcement of underage alcoholic beverage sales laws.
- Offer responsible beverage service training and help alcoholic beverage servers and retailers develop policies and procedures to reduce intoxication and driving after drinking.
- Increase the actual and perceived risk of arrest for driving after drinking through increased law enforcement and sobriety checkpoints.
- Provide communities with the tools to form the coalitions needed to implement and support the interventions listed above.

Implementation Process and Plan
To implement this strategy effectively, a community must first understand the local alcohol environment (e.g., norms, attitudes, usage locations, and cultural and socioeconomic dynamics) and its

alcohol distribution systems (e.g., alcoholic beverage sales licensing, alcohol outlet zoning, and alcohol use restrictions). Project staff (generally a director, an assistant director, data managers, and an administrative assistant) are key to gathering the necessary information and working with other members of the community to initiate this program.

Training and consultation target each community's specific needs and problems and are tailored to the individual site. Training manuals for responsible beverage service are available at a minimal cost, and brochures are available (in both English and Spanish) offering strategies and tactics for reducing alcohol use within various areas of the community, such as on college campuses, in neighborhoods, and within the high school population.

Evaluation
This practice does not include an evaluation tool that can be used when implementing this strategy as a whole; however, tools are available from the program developer that can evaluate segments of the program.

Communities implementing this strategy should assess:
- The rate of self-reported driving when over the legal blood alcohol limit, amounts consumed per drinking occasion, and having too much to drink
- The rate of nighttime injury crashes
- The rate of crashes in which the driver had been drinking
- The rate of assault injuries observed in emergency rooms

Lessons Learned
Understanding your community's alcohol environment requires gathering the data needed to determine which interventions to use and adapting them to your individual community.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

A longitudinal, multiple-time series design across three intervention communities. The matched comparison communities served as no-treatment controls.

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Grube, J. W. (1997). Preventing sales of alcohol to minors: Results from a community trial. *Addiction*. 92(Supplement 2): S251-S260.

Grube, J. W. (1997). Monitoring youth behavior in response to structural changes: Alternative approaches for measuring adolescent drinking. *Evaluation Review*. 21(2): 231-245.

Gruenewald, P. J. (1997). Analysis approaches to community evaluation. *Evaluation Review*. 21(2): 209-230.

Holder, H. D., and Treno, A. (1997). Media advocacy in community prevention: News as a means to advance policy change. *Addiction*. 92(Supplement 2): S189-S199.

Holder, H. D., Saltz, R. F., Grube, J. W., Voas, R. B., Gruenewald, P. J., and Treno, A. (1997). A community prevention trial to reduce alcohol-involved accidental injury and death: Overview. *Addiction.* 92(Supplement 2): S155-S171.

Holder, H. D., Saltz, R. F., Treno, A., Grube, J. W., and 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.

Holder, H. D. and Reynolds, R. (1998). Science and alcohol policy at the local level: A respectful partnership. *Addiction.* 93(10): 1467-1473.

Holder, H. D. and Reynolds, R. (1997). Application of local policy to prevent alcohol problems: Experiences from a community trial. *Addiction*. 92(Supplement 2): S285-S292.

Saltz, R. F. (1997). Evaluating specific community structural changes: Examples from the assessment of responsible beverage service, Evaluation Review, 21(2): 246-267.

Saltz, R. F. and Stanghetta, P. (1997). A community-wide responsible beverage service program in three communities: Early findings. *Addiction*. 92(Supplement 2): S237-S249.

Treno, A. and Holder, H. D. (1997). Community mobilization: Evaluation of an environmental approach to local action. *Addiction.* 92(Supplement 2): S173-S187.

Treno, A. and Holder, H. D. (1997). Community mobilization, organizing, and media advocacy: A discussion of methodological issues. *Evaluation Review*. 21(2): 166-190.

Voas, R.B., Lange, J., and Treno, A. (1997). Documenting community-level outcomes: Lessons from drinking and driving. *Evaluation Review.* 21(2): 191-208.

Treno, A. and Lee, J. (2002). Approaching alcohol problems through local environmental interventions. *Alcohol Research and Health*. 26(1): 35-40.

Holder, H. D., Treno, A., Saltz, R. F., and Grube, J. W. (1997). Summing up: Recommendations and experiences for evaluation of community-level prevention programs. *Evaluation Review*. 21(2): 268-277.

Holder, H. D., Gruenewald, P. J., Ponicki, W., Grube, J.W., Saltz, R. F., Voas, R. B., Reynolds, R., Davis, J., Sanchez, L., Gaumont, G., Roeper, P., and Treno, A. (2000). Effect of community-based interventions on high risk drinking and alcohol-related injuries. *Journal of the American Medical Association*. 284(18): 2341-2347.

Contact Information

Website:
http://www.pire.org/communitytrials/index.htm

For information about implementation or studies:

Andrew J. Treno, Ph.D.
Prevention Research Center
1995 University Avenue, Suite 400
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Counter-Advertising - Alcohol

Description
Counter-advertising involves disseminating information about alcohol, its effects, and the advertising that promotes it, to decrease its appeal and use. Counter-advertising strategies directly address alcohol marketing, and includes the placement of health warning labels on product packaging, and media literacy efforts to raise public awareness of the advertising tactics employed in alcohol marketing.

Target Population
Warning labels and other counter-advertising efforts can have an effect on all persons who are exposed to them.

Goals and Objectives
The primary goals and objectives of counter-advertising for youth 12 to 17 years of age are to change perceived norms regarding alcohol consumption in order to reduce underage drinking.

Outcomes
Some studies have demonstrated that youth report increased caution regarding both drinking and driving and drinking during pregnancy as a result of counter-advertising campaigns.

Adolescents report increased awareness, exposure, and recognition about the risks of alcohol consumption as a result of counter-advertising efforts.

Research demonstrates that warning labels affect individuals' intentions to change drinking patterns, increase the number of conversations about drinking issues, and increase the willingness of individuals to intervene with others who are seen as drinking in a hazardous way.

Strategies
Media campaign
Warning labels

Activities
Counter-advertising campaigns should include:
- Paid advertising to promote media messages
- A full range of communication approaches, including public and community relations
- Mass media spots targeting both the general public and specific cultural groups
- Warning labels dealing with the effects of alcohol (e.g., on youth, on activities such as driving, on pregnancy)

Implementation Process and Plan
When possible, mass media campaigns should be comprised of television, radio, billboards, and print media, including leaflets, magazines, and newspapers. It is of greatest importance that campaign messages reach the target audience repeatedly.

Integral to campaign exposure is campaign duration. A counter-advertising campaign that occurs over the course of a month is not as likely to reach as many people as one that lasts a year or several years.

Media messages need to be age-appropriate and designed with the target audience's developmental stage in mind. Messages should be neither too subtle nor too sophisticated.

Evaluation

A counter-advertising campaign can change the social context for drinking and excess alcohol consumption.

In evaluating counter-advertising campaigns focused on alcohol, communities should assess:
- Increased exposure of children and adolescents to negative messages about drinking
- Increases in positive messages about not drinking
- Increases in adolescents' ability to identify hidden messages in alcoholic beverage advertising
- Increases in adolescents' awareness of alcoholic beverage industry marketing tactics
- Increases in negative attitudes towards alcohol consumption
- Decreased underage drinking

Lessons Learned

Counter-advertising efforts are most effective when they are combined with other strategies, such as roadside sobriety checkpoints and random breath testing.

Radio tends to be the most cost-effective media venue.

Compatible Programs

While many communities implement counter-advertising strategies, there are currently there no specific programs known to include counter-advertising as a component.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Longitudinal survey
Logistic regression
Cohort study

Resources

Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where counter-advertising has been used successfully:

DeJong, W. (2002). The role of mass media campaigns in reducing high-risk drinking among college students. *Journal of Studies on Alcohol,* Supplement 14: 182-192.

Greenfield, T. K., and Kaskutas, L. A. (1998). Five years' exposure to alcohol warning label messages and their impacts: Evidence from diffusion. *Applied Behavioral Science Review,* 6(1): 39-69.

Hankin, J. R., Firestone, I. J., Sloan, J. J., Ager, J. W., Sokol, R. J., and Martier, S. S. (1996). Heeding the alcoholic beverage warning label during pregnancy: Multiparae versus nulliparae. *Journal of Studies on Alcohol,* 57(2): 171-177.

Kaskutas, L., and. Greenfield, T. K. (1992). First effects of warning labels on alcoholic beverage containers. *Drug and Alcohol Dependence*, 31(1): 1-14.

MacKinnon, D. P., Pentz, M. A., Stacy, A. W. (1993). The alcohol warning label and adolescents: The first year. *American Journal of Public Health,* 83(4): 585-587.

MacKinnon, D. P., Nohre, L., Cheong, J., Stacy, A. W., Pentz, M. A. (2001). Longitudinal relationship between the alcohol warning label and alcohol consumption. *Journal of Studies on Alcohol,* 62(2): 221-227.

Stacy, A. W., MacKinnon, D. P., Pentz, M. A. (1993). Generality and specificity in health behavior: Application to warning label and social influence expectancies. *Journal of Applied Psychology,* 78(4): 611-627.

Counter-Advertising - Tobacco

Description
Adolescents develop attitudes, beliefs, and behaviors about tobacco use from their peers, family members, television, and other cultural sources, and may frequently think that tobacco use is more widespread and universally accepted than it actually is. Counter-advertising campaigns promote negative images about tobacco use, reveal the number of teenagers who actually smoke or use smokeless tobacco, and address the unacceptable nature of tobacco use to help change these perceived norms.

Target Population
Mass-media spots can target the general public as well as specific cultural groups. Successful media campaigns have specifically targeted African Americans, Hispanics, Vietnamese, Koreans, Japanese, and Chinese.

Goals and Objectives
The primary goal of counter-advertising is to change perceived norms among children and adolescents regarding tobacco use in order to reduce use.

Outcomes
Strong evidence suggests that counter-advertising is effective in changing the attitudes of adolescents about tobacco use.

Studies have also demonstrated that multimedia antismoking campaigns are effective in decreasing adolescent tobacco use.

The enactment of Proposition 99 in California, which included a 25-cent cigarette tax increase and a media campaign, resulted in a tripling of the rate at which cigarette consumption had been falling. Results showed an increase in the awareness of the media campaign among students, a decrease in the percentage of students who were smokers, an increase in the proportion of smokers with an intention to quit, and an increase in health-enhancing attitudes. Campaign-exposed students demonstrated stronger health-enhancing attitudes than their campaign-unexposed counterparts.

Strategies
Media campaign

Activities
Counter-advertising campaigns should include:
- Paid advertising to promote media messages
- A full range of communication approaches, including public and community relations
- Mass-media spots targeting both the general public and specific cultural groups
- Warning labels (e.g., health effects of smoking listed on cigarette packages)

Implementation Process and Plan
When possible, mass media campaigns should be multimedia, comprising television, radio, billboards, and print media, including leaflets, magazines, and newspapers. The goal is for campaign messages to reach the target audience repeatedly.

Integral to campaign exposure is campaign duration. A counter-advertising campaign that occurs over the course of a month is not likely to reach as many people as one that lasts a year or several years.

Media messages need to be age appropriate and designed with the target audience's developmental stage in mind. Messages should be neither too subtle nor too sophisticated.

Counter-advertising campaign content may focus on:
- Harmful health effects of tobacco use
- The effects of secondhand smoke
- Tobacco industry marketing techniques
- Generating popular support for tobacco control legislation

Whenever possible, link your mass media campaign to a school-based prevention intervention, because a comprehensive approach will increase your ability to achieve desired tobacco use outcomes.

Evaluation
In evaluating counter-advertising campaigns focused on tobacco, communities should assess:
- Increased exposure of children and adolescents to negative messages about using tobacco
- Increases in positive messages about not using tobacco
- Increases in adolescents' ability to identify hidden messages in tobacco advertising
- Increases in adolescents' awareness of tobacco industry marketing tactics
- Increases in negative attitudes towards tobacco use
- Decreases in tobacco use

Lessons Learned
Youth can play a valuable role in the planning and development of counter-advertising prevention strategies. They can help adults understand the beliefs, attitudes, perspectives, and opinions of people in their age group. Media approaches, especially counter-advertising, should be evaluated by adolescents prior to implementation, such as through focus groups and surveys.

Providing too much information at one time can weaken a mass media campaign. Media campaigns should have simple and focused messages that can be understood by the target audience.

Because tobacco use norms are changing rapidly and new generations of adolescents will view tobacco use differently, media approaches should constantly be modified and tailored to encourage anti-tobacco attitudes among new generations of youth.

Multi-component prevention efforts are more effective than single-component prevention programs; therefore, effective media campaigns should be linked with other intervention activities.

Radio tends to be the most cost-effective media venue.

Compatible Programs
Project Toward No Tobacco Use (TNT) might be a useful adjunct to implementing a counter-advertising campaign.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Correlational analysis
Logistic regression analysis
Field experiment
Cohort study
Telephone interviews

Questionnaires

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where these strategies have been implemented successfully.

Bauman, K. E., LaPrelle, J., Brown, J. D., Koch, G. G., and Padgett, C. A. (1991). The influence of three mass media campaigns on variables related to adolescent cigarette smoking: Results of a field experiment. *American Journal of Public Health,* 81: 597-604.

Flynn, B. S., Worden, J. K. Secker-Walker, R. H., Badger, G. J., Geller, B. M., and Costanza, M. C. (1992). Prevention of cigarette smoking through mass media intervention and school programs. *American Journal of Public Health,* 82: 827-834.

Flynn, B. S., Worden, J. K., Secker-Walker, R. H., Pirie, P. L., Badger, G. J., Carpenter, J. H., and Geller, B. M. (1994). Mass media and school interventions for cigarette smoking prevention: Effects 2 years after completion. *American Journal of Public Health,* 84: 1148-1150.

McKenna, J. W., and Williams, K. N. (1993). Crafting effective tobacco counter-advertisements: Lessons from a failed campaign directed at teenagers. *Public Health Reports,* 108 (Supp.1): 85-89.

Murray, D. M., Prokhorov, A.V., and Harty, K. C. (1994). Effects of a statewide antismoking campaign on mass media messages and smoking beliefs. *Preventive Medicine,* 23: 54-60.

Popham, W. J., Potter, L. D., Hetrick, M. A., Muthen, L. K., Duerr, J. M., and Johnson, M.D. (1994). Effectiveness of the California 1990-1991 Tobacco Education Media Campaign. *American Journal of Preventive Medicine,* 19(6): 319-326.

Economic Interventions (Alcohol)

Description
The demand for alcohol responds both to price and available income. An increase in alcohol excise taxes increases the price of alcohol. When alcohol becomes more expensive, consumption drops. Since youth have less disposable income, they are particularly responsive to increases in the price of alcoholic beverages.

Target Population
Economic interventions target all individuals in the community. They have been proven to affect the general population, heavy drinkers and youth.

Goals and Objectives
The primary goals of economic interventions are to:
- Prevent youth drinking
- Delay the age of first use of alcohol
- Decrease levels of alcohol consumption among youth

Outcomes
Alcoholic beverage prices go up when alcoholic beverage taxes are increased, and consumption levels fall as a function of the price.

Research has found that increasing alcohol taxes reduces alcohol consumption, motor vehicle deaths, and alcohol-related violence.

One study has shown that raising the cost of beer 10 cents decreases consumption to the same degree as raising the drinking age by a full year.

Strategies
Price controls on alcoholic beverages include the following strategies:
- Enacting legislation to increase taxes on alcoholic beverages
- Banning drink discounts and other price specials

Activities
Communities interested in implementing this strategy may:
- Increase taxes on alcohol
- Ban drink discounts and other price specials by passing local ordinances
- Ban drink discounts and other price specials by voluntary agreements with local merchants

Implementation Process and Plan
Generally, alcoholic beverage prices are established through federal and state excise tax levels. There are some states that have given localities the authority to tax alcohol, but this is not a widespread practice. The higher the tax on alcohol, the higher the price to the consumer. A number of states have increased the tax on alcohol through the legislative process, and some states have attempted to do so through the state referendum process in the form of ballot propositions.

At the local level, communities can have an impact on the price of alcohol though local ordinances that restrict promotional activities such as happy hours and two-for-one-drink specials. Both of these practices are associated with binge drinking and higher blood alcohol levels. Higher blood alcohol

levels are linked to alcohol-related problems that include drinking and driving, domestic violence, sexual abuse, and health-related problems.

An initial step, once you have gathered the facts about the consequences of alcohol use and abuse in your community, is to launch an educational campaign to help put the issue on the public policy agenda.

A broad-based community coalition is an excellent vehicle for getting your message across to a wider range of constituencies. Your coalition should include groups and individuals who represent different facets of your community that have an interest in addressing alcohol- and other drug-related problems. Support for raising alcohol taxes often crosses traditional political lines, and you may be able to attract a wide range of individuals and groups to your coalition on this issue alone.

Your education campaign should remind the public that higher alcohol prices:
- Discourage youth drinking and heavy drinking
- Save lives, especially those of young people
- Help compensate society for harm caused by alcoholic beverage products
- Correct the dramatic decline in the price of alcoholic beverages relative to other consumer goods

Evaluation
In evaluating the outcome of this strategy, communities should:
- Determine the number and type of policies that relate to the price of alcohol
- Determine any decrease in alcohol use by youth

Lessons Learned
Economic measures, such as relative price and taxes, have the greatest potential—as a single intervention—to affect drinking patterns and related problems.

In effect, using tax increases as a prevention strategy is self-monitoring and self-enforcing, making it a cost effective prevention approach. Changes in price involving all beverages in a class, such as excise tax on beer, will potentially affect all beer drinkers and purchases of beer and will therefore indirectly affect all drinking occasions involving beer. However, rallying your community to successfully change state or federal laws may be considerably more difficult than working with your community to change local practices.

Despite the advantages of this policy, its inherent monetary costs can make it unpopular among manufacturers and retailers who might experience reduced revenues, and consumers who might object to paying higher prices for alcohol.

Compatible Programs
Economic intervention strategies have been used and shown effective in the following strategy:
- Communities Mobilizing for Change on Alcohol

You might want to consider reviewing and perhaps implementing this strategy as a complementary effort in reaching your prevention goals.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Cohort study
Observation
Cross-sectional survey

Multiple regression analysis
Literature review
Structural equations

Resources
Here are some resources that can enhance your understanding of the effectiveness of economic intervention strategies. Some studies describe locations where these strategies have been implemented successfully:

Pakoula, R. L., and Chaloupka, F. J. (2001). The effects of macro-level interventions on addictive behavior. *Substance Use and Misuse.* 36(13): 1901-1922.

Chaloupka, F. J., Grossman, M., and Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research and Health,* 26(1): 22-34.

Cook, P. J., and Moore, M. J. (2002). The economics of alcohol abuse and alcohol-control policies. *Health Affairs.*

Grossman, M., Chaloupka, F. J., Saffer, H., and Laixuthai, A. (1994). Effects of alcohol price policy on youth: A summary of economic research. *Journal of Research on Adolescence,* 4(2): 347-364.

Manning, W. G., et al. (1989). The taxes of sin: Do smokers and drinkers pay their way? *Journal of the American Medical Association,* 261(11): 1604-1609.

Markowitz, S. and Grossman, M. (2000). The effects of beer taxes on physical child abuse. *Journal of Health Economics,* 19: 271-282.

Pacula, R. L. (1998). Does increasing the beer tax reduce marijuana consumption? *Journal of Health Economics,* 17: 557-585.

Economic Interventions (Tobacco)

Description
The demand for tobacco responds both to price and available income. An increase in tobacco excise taxes increases the price of tobacco products, including cigarettes and smokeless tobacco. When tobacco becomes more expensive, consumption of these products drops. The lower incomes of younger smokers—and the fact that they are less likely to be addicted to nicotine—appears to make them even more responsive to increases in tobacco pricing.

Target Population
Economic interventions target all individuals in the community. They have been proven to affect both adults and youth.

Goals and Objectives
The primary goals of economic interventions are to:
- Prevent underage smoking and smokeless tobacco use
- Delay the age of first use of tobacco
- Decrease levels of tobacco consumption among youth

Outcomes
When tobacco taxes are increased, the prices of tobacco products go up and consumption levels fall.

Research has found that higher cigarette prices lower smoking rates among both adults and children. Some studies also have found smokeless tobacco use to drop with an increase in taxes on these products.

Strategies
Depending on the state, taxes can be increased through either the initiative or the legislative process.

Activities
Excise taxes may be imposed on cigarettes by the federal government, the state government, and many cities and counties. Therefore, activities for this strategy may include:
- Increasing taxes on cigarettes and other tobacco product through the federal legislative process
- Increasing taxes on cigarettes and other tobacco products though state legislation
- Increasing taxes on cigarettes and other tobacco products through local referendum (depending on local laws)

Implementation Process and Plan
Communities interested in implementing this strategy should:
- Link the tax on tobacco products to inflation (the Consumer Price Index) so that the tax remains in proportion to the overall price of the product
- Use a portion of the revenue generated from the tax to fund tobacco prevention interventions in the community. These may include community health education, adult and adolescent tobacco use prevention and cessation programs, and tobacco-related prevention and disease research. Community members may pose fewer objections to an increase in taxes if they are used in this manner.
- Encourage the highest initial taxation threshold possible.
- Implement an aggressive mass media campaign as an integral component of prevention efforts. Such campaigns include sustained and intense media interaction, and providing the media with information, the names of community partners, and activities that have media interest. Results from adolescent purchase attempts locally and regionally can be provided for media coverage.

Evaluation

When tax increases are implemented, an effort should be made to study the potential effect on youth consumption, including the establishment of baseline evaluations to accurately assess changes after implementation.

In evaluating the outcome of this strategy, communities should:
- Determine the number and type of policies that relate to the taxation of tobacco
- Determine any decrease in tobacco use by youth

Lessons Learned
- Although tobacco tax increases will decrease the prevalence of adolescent tobacco use, other prevention activities must be used to sustain such decreases. Tobacco tax increases are most effective when they are instituted as part of a comprehensive, multi-component prevention program.
- The benefits of increases in tobacco taxes, such as reduction in adolescent cigarette use, will shrink as inflation erodes the real value of the tax increase—unless the excise tax is defaulted so that the nominal tax rate (expressed in cents per pack) rises in step with prices. Defaulting tobacco taxes to the consumer price default or to the wholesale price of cigarettes makes the public health gains of higher taxes permanent.

Compatible Programs

Currently there are no programs known to include increased tobacco taxation as a component. However, Project Toward No Tobacco Use, a school-based tobacco prevention program, could be a useful adjunct to implementing a community campaign aimed at increasing tobacco prices.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Cohort study
Observation
Multiple regression analysis

Resources

The following are some resources that can enhance your understanding of the effectiveness of economic intervention strategies. Some studies describe locations where these strategies have been implemented successfully:

Glantz, S.A. (1993). Changes in cigarette consumption, prices, and tobacco industry revenues associated with California's Proposition 99. *Tobacco Control,* 2: 311-314.

Peterson, D. E.; Sager, S. L.; Remington, P. L.; and Anderson, H. A. (1992). The effect of State cigarette tax increases on cigarette sales, 1955 to 1988. *American Journal of Public Health,* 82: 94-96.

United States General Accounting Office (1989). *Teenage Smoking: Higher Taxes Should Significantly Reduce the Number of Smokers: Report to the Honorable Michael A. Andrews, House of Representatives*. GAO Pub. No. 89-119. Washington, D.C.: U.S. General Accounting Office.

Warner, K. E. (1986). Smoking and health implications of a change in the federal cigarette excise tax. *Journal of the American Medical Association,* 255: 1028-1032.

Enforcing the Minimum Legal Purchase Age Law for Alcohol

Description
The enforcement of minimum purchase age laws seeks to reduce alcohol consumption and related problems by restricting the accessibility of alcohol for purchase by youth. Enforcement of these laws is an effective way to limit youth access to alcohol; however, communities should be aware that some youth will likely choose to obtain alcohol through social avenues (e.g., family or friends) or third-party providers (e.g., unknown adults who will purchase the alcohol for them).

Target Population
This strategy affects all individuals in the jurisdiction who are under the minimum purchase age (21 years).

Goals and Objectives
This strategy is designed to:
- Increase retailer compliance with the minimum purchase age law
- Decrease youth access to alcoholic beverages
- Reduce underage drinking

Outcomes
Effective implementation of this strategy has been shown to reduce alcohol consumption and its associated negative consequences among underage youth.

Strategies
Checking age identification
Compliance checks
Media advocacy
"Shoulder tap" programs (youth-police partnerships in which an underage youth is employed to approach an adult and ask the adult to purchase alcohol for the youth).

Restricting the age of alcohol servers and sellers

Activities
To produce maximum effects, the following are key elements of enforcement efforts directed at retailers:
- Regularly conducted compliance checks using underage youth, issuing citations to retailers for violations
- Use of appropriate sanctions with retailers who supply alcohol to underage youth (e.g., fines, license suspension, license revocation)
- Education that informs retailers about the law and penalties for violations, providing tips and guidance on how to check for identification and refuse sales
- Generation of community support for enforcement efforts (e.g., using media advocacy)
- Laws that allow alcohol outlets to be sued if they sell alcohol to a minor who later causes injury (including dram shop liability)

Implementation Process and Plan
Communities first need to consider how the sale of alcohol to minors is viewed by the community. Once there is some consensus about the likely causes of the problem, communities can begin to identify individuals and agencies that could play a part in addressing these causes in order to solve the

problem. Possible partners in this effort include: law enforcement, alcoholic beverage control agencies, business associations (e.g., convenience store associations), schools, youth-serving organizations, and youth groups.

After determining the scope of the problem and identifying the needed resources, your coalition will need to come up with an action plan that identifies the problem—retail sales to minors—and perceived causes. Your action plan also should include the steps needed to address these causes.

Retailers should be reminded that the presence of an ID-checking policy alone is unlikely to reduce illegal sales to underage youth. The policy must be implemented and enforced. Other establishment policies are needed to improve effectiveness.
- Provide training to all managers and alcohol servers/sellers on how to check IDs and identify fake IDs
- Post signs stating that proper identification is required to purchase alcohol
- Establish compliance checks
- Have owners and managers help each other learn to check IDs by having youthful-looking undercover patrons attempt to buy alcohol with no ID or with a fake ID
- Provide instructions to employees on what they should do if they identify a patron using a fake ID
- Limit alcohol sellers/servers to people of legal age; underage sellers/servers might be tempted to serve their underage friends

Compliance checks may be mandated by a local ordinance that outlines standards for conducting the checks, people or agencies responsible for conducting the compliance checks, and penalties for establishments, servers, and sellers whom illegally sell or serve alcohol to underage youth. These also may be implemented voluntarily by law enforcement or licensing authorities. If either your police department or local alcoholic beverage control agency already conducts compliance checks, obtain the statistics on retailer compliance. A baseline assessment is needed to determine the scope of the problem.

It is important that retailers are regularly provided with information about the law. For instance, alcohol licensees must be informed that compliance checks will occur at various times throughout the year and about the penalties they could face for selling alcohol to underage youth. This information should be translated into all necessary languages.

Once compliance checks begin, be sure to document what occurs in each compliance check, noting whether or not youth were asked for identification, whether or not the identification was checked by the seller, and whether or not the sale was made. Depending on whether or not media advocacy and merchant education are part of the plan, use the results of the compliance checks to design follow-up activity.

Media advocacy can go a long way toward amplifying the effects of the compliance checks. Coverage of the intervention will convey to retailers that enforcement is occurring, and encourage them to comply with the law. Media advocacy also is useful for generating community support for enforcement efforts.

Evaluation
Minimum purchase age law enforcement efforts generate their own numbers. Documenting compliance check results from regularly conducted inspections will provide community organizers with data about the changes brought about in the community as a result of increased enforcement. If compliance rates go up (and remain elevated with regular enforcement), then the program is succeeding in reducing alcohol access for youth. Therefore, in assessing this strategy, communities should assess reduced alcohol consumption among those under age 21.

Other sources of evaluation information might include:
- Community surveys to determine changes in community attitudes regarding youth alcohol use
- School surveys to assess how youth respond to decreased access through retail sources

Lessons Learned

Some retailers and underage youth violate the laws restricting alcohol sales to minors. Some merchants may not establish age identification policies unless pressured to do so by the community. And community members and public officials might perceive that compliance checks require too many resources in terms of time, money, and personnel. Community-based prevention efforts can educate and publicly support merchants who comply with drinking age laws.

If compliance checks are not conducted properly, they may be challenged in court by alcohol licensees or employees who claim illegal entrapment. For example, youth who conduct the checks can request liquor, but they cannot try to pressure or persuade the server or seller into making a sale. Buyers should be instructed to refrain from attempting to look older or lying about their age. Buyers must show their identification when requested by the server/seller.

Compliance checks should be conducted frequently, on an unscheduled basis, and with all alcohol licensees. One-time compliance checks have not resulted in long-lasting compliance with age-of-sale laws.

Administrative penalties, as opposed to penalties imposed through the court system, are less expensive and faster to enforce. Police and other city officials might be more likely to conduct compliance checks under these conditions.

Research has shown that younger employees are more likely to sell to underage youth than are older employees. Minimum age of seller policies might reduce the likelihood that underage people will obtain alcohol from peers working at alcohol establishments.

Compatible Programs

This approach has been used and shown effective in the following strategies:
- Communities Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High-Risk Drinking
- Project Northland

You might want to consider reviewing and perhaps implementing one or more of these strategies as a complementary effort in reaching your prevention goals.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Surveys
Observation
Telephone interviews
Surveillance
Literature review
Multivariate analyses
Multi-community time-series quasi-experimental trial with a nested cohort design

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where these strategies have been implemented successfully:

Forster, J. L., McGovern, P. G., Wagenaar, A. C., Wolfson, M., Perry, C. L., and Anstine, P. S. (1994). The ability of young people to purchase alcohol without age identification in northeastern Minnesota, USA. *Addiction,* 89: 699-705.

Giesbrecht, N., and Greenfield, T. K. (September 2001). Preventing alcohol-related problems in the U.S. through policy: Media campaigns, regulatory approaches and environmental interventions. *Journal of Primary Prevention.*

Hingson, R. (1996). Prevention of drinking and driving. *Alcohol Health and Research World,* 20(4): 219-227.

Lewis, R. K., Paine-Andrews, A., Fawcett, S. B., Francisco, V. T., Richter, K. P. Copple, B., et al. (1996). Evaluating the effects of a community coalition's efforts to reduce illegal sales of alcohol and tobacco products to minors. *Journal of Community Health,* 21(6): 429-436.

National Highway Traffic Safety Administration. General Estimates System 1990. (1991a). A review of information on police-reported traffic crashes in the U.S. DOT HS 807 781. Washington, D.C.: The Administration.

Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Stigler, M. H., Munson, K. A., Farbakhsh, 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.

Scribner, R., Cohen, D. (2001). The effect of enforcement on merchant compliance with the minimum legal drinking age law. *Journal of Drug Issues,* 31(4): 857-866.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., Thompson, R. S., and the Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine,* 21(4S): 66-89.

Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., and Perry, C. L. (2001). Project ARM: Alcohol risk management to prevent sales to underage and intoxicated patrons. *Health Education and Behavior,* 28(2): 186-199.

Wagenaar, A. C., and Toomey, T. L. (2002). Effects of minimum drinking age laws: Review and analysis of the literature from 1960 to 2000. *Journal of Studies on Alcohol,* Supplement 14: 206-223.

Enforcing the Minimum Legal Purchase Age Law for Tobacco

Description
The enforcement of minimum purchase age laws seeks to reduce underage smoking and related problems by restricting the accessibility of tobacco for purchase by youth. Enforcement of these laws is an effective way to limit youth access to tobacco, however communities should be aware that some youth will likely choose to obtain cigarettes or smokeless tobacco through social or third-party providers.

Target Population
This strategy affects all individuals in the jurisdiction who are under the minimum purchase age for tobacco products (18 years).

Goals and Objectives
This strategy is designed to:
- Increase retailer compliance with the minimum purchase age law
- Decrease youth access to tobacco products
- Decrease underage tobacco use

Outcomes
Study results indicate that enforcement of youth access to tobacco laws leads to greater retailer compliance.

Research has shown that consistent enforcement of minors' access laws can lead to sustained reductions in sales to underage youth. In locations where tobacco sales to minors have been reduced, the prevalence of smoking by teenagers—particularly the youngest age groups—has decreased.

Research also shows that combined merchant and community education results in a short-term decrease in over-the-counter tobacco sales to minors.

In small community studies, reductions in regular tobacco use by youth as a result of increased law enforcement have been observed.

Strategies
Checking age identification
Compliance checks
Media advocacy
Retailer/community education

Activities
With the implementation of the Synar amendment in 1996, the federal government mandated that all 50 states and the District of Columbia put in effect and enforce laws that prohibit the sale and distribution of tobacco products to people under 18 years of age, conduct annual random, unannounced inspections of tobacco retail outlets that are accessible to youth, and report their retailer violation rates. The Substance Abuse and Mental Health Services Administration (SAMHSA) required that each state reduce its retailer violation rate to 20 percent or less by fiscal year 2003 or risk losing up to 40 percent of federal block grant funding allocated for prevention and treatment programs. During the spring and summer of 2003, the Nebraska State Patrol conducted 854 unannounced tobacco sales compliance checks. Of these, 135 retailers were found to be non-compliant, a weighted rate of just over 15 percent.

Even though Synar-related outlet inspections continue to be conducted, these affect only a small proportion of the total number of tobacco outlets in Nebraska. The Synar amendment does not require that these inspections be tied with citations and penalties for violations. As a result, there is a need for more youth access law enforcement that includes issuing citations and imposing penalties on violators.

Strong enforcement programs should include:
- Regularly conducted compliance checks using underage youth. Youth inspectors should be representative of typical buyers in the community.
- A training program for inspectors that emphasizes safety and a specific protocol for approaching clerks.
- Inspectors working in teams of two—one youth and one adult escort.
- Coverage of most tobacco retailers in the community, but especially those retail outlets that are frequented by youth. Compliance checks of each retailer should be conducted at least twice a year, and some studies suggest four times a year for compliance to be maintained.
- A graduated penalty structure with increasing fines for each violation and the possibility of license suspension or revocation for retailers who continue to supply tobacco to underage youth.
- Education that informs retailers about the law and penalties for violations, providing tips and guidance on how to check for identification and refuse sales.
- Generation of community support for enforcement efforts using media advocacy.
- Banning self-service displays.
- Banning vending machines or requiring they be placed in locations inaccessible to minors. All cigarette vending machines should be locked so that merchants must unlock them for a purchase to occur.

Implementation Process and Plan
To successfully implement this strategy you should have a strong community partnership that includes support from merchants, law enforcement, and other public officials.

Visit retailers to educate them about the laws prohibiting sales to minors and make sure they understand the consequences of noncompliance with those laws.

Provide retailers with fact sheets, tips on how to refuse sales to minors, and warning signs they can post that explain the law to consumers (i.e., anyone appearing to be under the age of 27 who attempts to purchase tobacco will be asked for photo identification to verify they are of legal purchase age).

Tobacco sales can represent a substantial source of income to retailers, so penalties for illegal tobacco sales need to be substantial, and should include provisions for license suspension and revocation for repeat offenders. While the clerk making the sale may be penalized, the store owner (license holder) must be held accountable for the actions of their employees for this policy to be effective.

Evaluation
Minimum purchase age law enforcement efforts generate good data that can be used in evaluation. By collecting data from regularly conducted inspections, community organizers can document the changes brought about in the community as a result of increased enforcement. If compliance rates go up (and remain elevated with regular enforcement), then the strategy is succeeding in reducing underage tobacco access. Therefore, in assessing this strategy, communities should assess reduced smoking and smokeless tobacco use by those under age 18.

Lessons Learned
The greatest decrease in tobacco sales to underage buyers has been documented in communities that have active surveillance of retailers and substantial penalties for noncompliance.

By themselves, educational interventions directed at vendors have resulted in only slight and temporary reductions in tobacco sales to minors. Enforcement through compliance checks is critical. The more often that compliance checks are conducted, the greater the proportion of merchants who will stop violating the law.

Compatible Programs
While compliance checks are used by many communities, there is no formal program known to employ this strategy.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Surveys
Observation
Surveillance
Legislation review
Multivariate analyses
Quasi-experimental design

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where these strategies have been implemented successfully:

Altman, D. G., et al. (1989). Reducing the illegal sales of cigarettes to minors. *Journal of the American Medical Association,* 261: 80-83.

Altman, D. G., et al. (1991). Sustained effects of an educational program to reduces sales of cigarettes to minors. *American Journal of Public Health,* 81: 891-898.

Di Franza, J. R., Carlson, R. R., and Caisse, R. E. (1992). Reducing youth access to tobacco. *Tobacco Control,* 1-58.

Di Franza, J. R., Sevageau, J. A., and Aisquith, B. F. (1996). Youth access to tobacco: The effects of age, gender, vending machine locks, and "It's the Law" programs. *American Journal of Public Health,* 86: 221-224.

Final Report, Independent Evaluation of the California Tobacco Control Prevention and Education Program: Wave 1 Data, 1996-97. State of California, Department of Health Services, Tobacco Control Section.

Fishman, J. A., et al. (1999). State laws on tobacco control—United States, 1998. *Morbidity and Mortality Weekly Report,* 48(SS03): 21-62.

Feighery, E., Altman, D. G., and Shaffer, G. (1991). The effects of combining education and enforcement to reduce tobacco sales to minors. *JAMA,* 266: 3168-3171.

Jason, L. A., et al. (1996). Reducing the illegal sales of cigarettes to minors: Analysis of alternative enforcement schedules. *Journal of Applied Behavioral Analysis,* 29: 333-344.

Jason, L. A., et al. (1991). Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *JAMA,* 266: 3159-3161.

Olweus Bullying Prevention Program

Program Description

The Olweus Bullying Prevention Program is a multi-level, multi-component, school-based program designed to prevent or reduce bullying in elementary, middle, and junior high schools (students 6 to 15 years of age). The program seeks to restructure the existing school environment to reduce opportunities and rewards for bullying. School staff work to improve peer relations and make the school a safe and positive place for students to learn and develop. The Bullying Prevention Program addresses victims' suffering and, at the same time, counteracts the bullying tendencies of aggressive students who might otherwise expand their antisocial behavior, a risk factor for substance abuse.

Note: This program, which was previously designated as a "model" program by the National Registry of Effective Prevention Programs (NREPP), is currently undergoing review under the new NREP guidelines.

Target Population

This program was developed for elementary, middle school, and junior high school students, 6 to 15 years of age. All students within a school participate in most aspects of the program. Additional interventions are targeted at students who are identified as bullies or victims of bullying.

Goals and Objectives

The Olweus Bullying Prevention Program focuses on reducing bullying behavior.

Outcomes

The Olweus Bullying Prevention Program has been shown to result in:

- A substantial reduction in boys' and girls' reports of bullying and victimization
- A significant reduction in students' reports of general antisocial behavior such as vandalism, fighting, theft, and truancy
- Significant improvements in the social climate of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and a more positive attitude toward school work and school

Strategies

Parent education
School bonding
School policy changes
Skills building

Activities

The Bullying Prevention Program is a universal intervention for the reduction and prevention of bullying and victimization. The core components of the program are implemented at the school level, the class level, and the individual level.

School-wide components include the administration of an anonymous questionnaire to assess the nature and prevalence of bullying at each school, a school conference day to discuss bullying at school and plan interventions, the formation of a Bullying Prevention Coordinating Committee to coordinate all aspects of a school's program, and increased supervision of students at hot spots for bullying.

Classroom components include the establishment and enforcement of class rules against bullying and holding regular class meetings with students. Both video and classroom discussions are used to teach students how to identify bullying and how to mitigate its effects in school.

Individual components include interventions with children identified as bullies and victims, and discussions with parents of involved students. Teachers, counselors, and school-based mental health professionals all may be involved in these components. After a careful period of observation, information gathering, and evaluation by teachers, school counselors may hold individual sessions with victims, children who bully, and their parents.

Parent involvement is an adjunct strategy. Parents are provided an information packet about bullying and attend school-wide and classroom-level meetings where they are taught about bullying from the perspective of both the victim and the bully and what steps the school is taking to combat the behavior.

Implementation Process and Plan
Implementation of the Bullying Prevention Program requires significant and ongoing commitment from school administrators, teachers, and other staff. A first step is to establish a Bullying Prevention Coordinating Committee composed of administrators, teachers, students, parents, and the program's on-site coordinator.

To implement the three levels of interventions, the following additional steps must be taken:

- Administration of the Olweus Bully/Victim Questionnaire about bullying
- Staff training
- Development of school-wide rules against bullying
- Development of a coordinated system of supervision during break periods
- Holding regular classroom meetings about bullying and peer relations
- Holding class parent meetings
- Meeting individually with children who bully
- Meeting individually with children who are targets of bullying
- Meeting with parents of children involved in bullying (as bullies or as victims)

Each teacher is required to have a copy of both the *Teacher's Handbook* and *Bullying at School.* Other required materials include the Olweus Bully/Victim Questionnaire and accompanying computer software for processing and evaluating student responses. One videotape and accompanying guidebook, appropriate for grades three through eight, should be purchased for every six classrooms. Supplemental lesson plans also may be purchased.

The program continues throughout the school year. Teachers hold weekly 20- to 40-minute classroom meetings. Parents participate in school-wide and classroom-level meetings. And teachers and staff participate in regular, ongoing staff discussions in groups of 6 to 12 persons.

The optimal approach to program implementation involves selecting the onsite coordinator and administering the questionnaire survey in the spring, training staff in August, before school opens, and holding a school-wide kickoff at the beginning of the fall semester.

The Bullying Prevention Coordinating Committee should participate in a 1½-day training with a certified trainer and attend one- to two-hour monthly meetings. All school staff should participate in a one-half- to one-day training session and participate in regular teacher discussion groups during the first year of the program.

Technical assistance is available for interested schools, including follow-up telephone consultation provided to the on-site coordinator every three to four weeks during the first year of implementation.

Depending on the size of the school, the program will require a part- or full-time on-site coordinator.

Evaluation

In evaluating this strategy, schools should use the computer program to assess bullying at the school. In addition, schools should assess:

- Reductions in student vandalism, fighting, theft, and truancy
- Improvement in classroom discipline
- Improved social relationships among students
- Improved student attitudes toward school and school work

Lessons Learned

To achieve the outcomes cited by the developer:

- The entire school must participate in training
- Teachers must read all the texts, hold weekly 20- to 40-minute classroom meetings, and participate in regular teacher discussion groups during the first-year of the program
- School personnel on the Bullying Prevention Coordinating Committee must participate in the required training with a certified trainer and attend one- to two-hour monthly meetings

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Questionnaire
Quasi-experimental, cohort-longitudinal design

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Olweus, D., Limber, S., and Mihalic, S. F. (1999). Blueprints for Violence Prevention, Book Nine: Bullying Prevention Program. Boulder, CO: Center for the Study and Prevention of Violence.

Salmivalli, C., Kaukiainen, A., and Voeten, M. (2005). Anti-bullying intervention: Implementation and outcome. British Journal of Educational Psychology. 75(Pt.3): 465-487.

Stevens, V., De Bourdeaudhuij, I., and Van Oost, P. (2001). Anti-bullying interventions at school: Aspects of programme adaptation and critical issues for further programme development. Health Promotion International. 16(2): 155-167.

Stevens, V., De Bourdeaudhuij, I., and Van Oost, P. (2000). Bullying in Flemish schools: An evaluation of anti-bullying intervention in primary and secondary schools. British Journal of Educational Psychology. 70(Pt.2): 195-210.

Olweus, D. (1994). Bullying at school: Basic facts and effects of a school-based intervention program. Journal of Child Psychological Psychiatry. 35(7): 1171-1190.

Contact Information

If you are interested in implementing the Bullying Prevention Program, you can receive more information on this program, including training and consultation, technical assistance, and materials by contacting:

Susan Limber, Ph.D.
Institute on Family and Neighborhood Life

Clemson University
158 Poole Agricultural Center
Clemson, SC 29634
Phone: (864) 656-6320
Fax: (864) 656-6281
Email: slimber@clemson.edu

or

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Email: olweus@online.no

Responsible Beverage Service Training

Description
Responsible beverage service training—also known as server training—involves educating the owners, managers, servers, and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or to intoxicated patrons. Training can be required by local or state law, or a law or ordinance might provide incentives for the owners and staff of businesses that sell and/or serve alcohol to undergo training. In some communities, hospitality establishments have been persuaded to implement training policies voluntarily without legal requirements or incentives.

Target Population
Responsible beverage service is designed to target underage youth and heavy drinkers.

Goals and Objectives
This strategy is designed to:
- Decrease the number of illegal alcohol sales to underage youth and intoxicated patrons
- Decrease underage drinking and drinking by heavy drinkers
- Make managers and servers/sellers aware of state, community, and establishment-level alcohol policies and the potential consequences for failing to comply with such policies

Outcomes
Studies have found that states with tough legal liability laws that hold servers accountable for damages see a higher level of responsible serving practices, including the refusal to serve alcohol to someone who is intoxicated.

An assessment of one state's efforts found that mandated server training resulted in a significant reduction in alcohol-related traffic accidents.

Server training and policy interventions are effective in curbing illegal sales to intoxicated and underage individuals when these interventions are combined with enforcement activities.

Strategies
Law enforcement
Server education

Activities
Server training programs—an important component of this strategy—may address:
- The laws and policies governing underage and intoxicated patron beverage service, including any criminal and civil liabilities for infractions
- The importance of checking identification for anyone who appears to be under the age of 30
- How to identify fake IDs and what to do once a fake ID is confiscated
- How to recognize situations in which adults are buying alcohol for underage youth and how to refuse sales to these individuals
- Signs of intoxication
- Ways to refuse service to underage youth and intoxicated customers

An effective server program will include information, skills training, role-playing, and testing.

Other activities for this strategy may include:
- Establishing a state law requiring responsible server training
- Enforcing county laws prohibiting alcohol service to intoxicated patrons

- Establishing a State Liquor Control Board with comprehensive prevention activities

Your coalition is most likely to be successful in implementing this strategy if members of the hospitality industry, the prevention field, and law enforcement are all represented.

Implementation Process and Plan

Server training programs may differ in type, intensity, length, and focus. No evidence suggests that one kind of program is more or less effective than another. Server training needs to be offered on a continuous basis to make sure that all sellers/servers who come on board after the initial training are properly educated.

For this strategy to be successful, it is important for servers and managers to know that the law will be enforced and to realize that they assume significant liability if they serve intoxicated or underage individuals.

Evaluation

Communities instituting this practice should assess:

- The number of illegal sales to intoxicated and underage individuals
- The change in responsible service practices and management practices

Lessons Learned

Responsible beverage service training is most effective in terms of changing retail practices when this strategy is combined with enforcement efforts such as impaired driving enforcement and minimum purchase age enforcement.

Offering incentives or disincentives can encourage licensed establishments to provide server training and strengthen policies to prevent intoxication and drinking and driving.

Compatible Programs

This strategy has been used and shown effective in the following strategy:

- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing this strategy as a complementary effort in reaching your prevention goals.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Telephone survey
Cohort study
Literature review
Systematic review
Non-randomized controlled study

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where this strategy has been implemented successfully:

Chafetz, M. E. (1995). Front line intervention: A server training program. *The Prevention Researcher,* Spring 1995.

Holder, H., et al. (1993). *Alcoholic Beverage Server Liability and the Reduction of Alcohol-Involved Problems.* Prevention Research Center, University of California at Berkeley.

McKnight, A. J., and Streff, F. M. (1994). The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accident Analysis and Prevention,* 26(1), 79-88.

Responsible Beverage Service Training: A Public Policy to Reduce Access to Alcohol by Underage People. Alcohol Epidemiology Program, School of Public Health, University of Minnesota. Web site: www.epi.umn.edu/alcohol/policy/default.html.

Saltz, R. F., and Stanghetta, P. (1997). A community-wide Responsible Beverage Service program in three communities: Early findings. *Addiction,* 92(Supplement 2): S237-S249.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., Thompson, R. S., and the Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine,* 21(4S): 66-89.

Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., and Perry, C. L. (2001). Project ARM: Alcohol risk management to prevent sales to underage and intoxicated patrons. *Health Education and Behavior,* 28(2): 186-199.

Reward & Reminder

Description

Reward & Reminder is a population-level intervention targeting whole communities, counties, or States. It is designed to promote the community norm of not selling tobacco to minors. By using rapid and public rewards and recognition for clerks and retailers/outlets that do not sell tobacco to minors, Reward & Reminder aims to reduce illegal sales of tobacco, perceived access to tobacco, and tobacco use prevalence rates. The key element of this strategy is the use of "mystery shoppers" that are comprised of teams of youth who--with parental permission and under the supervision of adults--enter stores and attempt to purchase tobacco products. The teams provide immediate recognition and rewards (e.g., gift certificates) to clerks who refuse to sell tobacco products to minors and give reminders to those who fail to refuse the sale. The results of the mystery shopper visits are publicized and communicated to local media to promote the positive norm. The mystery shopper visits are scheduled across the year to maximize the immediate and sustained impact.

Target Population

Reward & Reminder is designed to persons aged 13 to 55+, including target tobacco merchants and their sales clerks.

Goals and Objectives

This strategy is designed to:
- Decrease sales of tobacco products to underage youth
- Decrease illegal purchase of tobacco products by minors
- Decrease tobacco use by minors
- Decrease social access of tobacco products by minors

Outcomes

In one study, the proportion of outlets that were willing to sell tobacco to minors was assessed in two communities once every 3 weeks prior to the intervention. After three baseline assessments, Reward & Reminder was introduced into both communities. Following the intervention phase, seven more assessments were conducted, one every 3 weeks. Across the two communities, the average percentage of outlets willing to sell tobacco to minors across baseline assessments was 57%. This rate declined to 22% across postintervention assessments, representing a 62% reduction in sales.

In another study, the proportion of outlets that were willing to sell tobacco to minors was assessed across several communities in each of two States. The two States reported that outlets were willing to sell tobacco to minors an average of 43% and 35% of the time across baseline assessments. After implementation of Reward & Reminder, these rates declined to an average of 8.1% and 10.8%, respectively, across postintervention assessments

Strategies

Compliance checks of retail tobacco merchants by teams of "mystery shoppers" comprised of underage youth.

Activities

Activities for this strategy may include:
- Recruiting youth "mystery shoppers" and adult supervisors
- Conducting background checks on adult supervisors
- Training adults and youth
- Conducting compliance checks

- Collecting and entering data into a Web-based data entry system to guide implementation and fidelity activities.

Evaluation

Communities instituting this practice should assess:
- Change in the percent of tobacco retail outlets that are willing to sell tobacco products to underage individuals.

The National Registry of Evidence-based Programs and Practices (NREPP) has provided the following overall ratings for Reward & Reminder outcomes (on a scale of 0.0 to 4.0).
- Decrease the number sales of tobacco products to underage youth: 3.3
- Decrease illegal purchase of tobacco products by minors: 3.3
- Decrease tobacco use by minors: 3.2
- Decrease social access of tobacco products by minors: 3.2

Readiness for Dissemination

NREPP has provided the following overall ratings for CASASTART's rediness for dissemination:
Implementation materials: 3.0
Training and support: 2.4
Quality assurance: 3.1
Overall rating: 2.8

Lessons Learned

The mystery shopper visits are scheduled across the year to maximize the immediate and sustained impact.

Research Design/Evaluation Methods

Below is the documented research designs and/or methods used in evaluating this strategy:
- Quasi-experimental

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where this strategy has been implemented successfully:

Biglan, A., Ary, D., Koehn, V., Levings, D., Smith, S., Wright, Z., et al. (1996). Mobilizing positive reinforcement in communities to reduce youth access to tobacco. American Journal of Community Psychology, 24(5), 625-638.

Biglan, A., Henderson, J., Humphrey, D., Yasui, M., Whisman, R., Black, C., et al. (1995). Mobilising positive reinforcement to reduce youth access to tobacco. Tobacco Control, 4, 42-48.

Embry, D. D., Biglan, T., Hankins, M., Dahl, M. J., & Galloway, D. (2008). Evaluation Reward and Reminder visits to reduce tobacco sales to, and tobacco use by, young people: A multiple-baseline across two States. Manuscript in preparation.

Lewis, R. K., Paine-Andrews, A., Fawcett, S. B., Francisco, V. T., Richter, K. P., Copple, B., et al. (1996). Evaluating the effects of a community coalition's efforts to reduce illegal sales of alcohol and tobacco products to minors. Journal of Community Health, 21(6), 429-436.

Contact Information

Website: http://www.rewardandreminder.com

For information about implementation, contact:

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Zero-Tolerance Laws (Alcohol)

Description
Youth have less experience operating motor vehicles, which makes them particularly vulnerable to the effects of alcohol. For youth, traffic crashes pose the most serious and immediate consequences of underage drinking. Zero tolerance laws were established to reduce the number of youth traffic crashes and fatalities, and to serve as a deterrent to drinking and driving among youth.

Zero tolerance laws strictly limit the permissible blood alcohol content (BAC) level for any driver under the age of 21 by setting the limit in the 0.00 to 0.02 range. Zero tolerance may be tied to administrative license revocations so that youth who violate the law will lose their driving privileges for an extensive period.

Target Population
This strategy targets all members of the community under the age of 21.

Goals and Objectives
Zero tolerance laws were established to:
- Reduce the number of youth traffic crashes and fatalities
- Reduce the number of youth who drink and drive
- Limit the permissible BAC level for any driver under the age of 21 to 0.02 or lower

Outcomes
Zero tolerance laws result in a significant reduction of risk for traffic fatalities among youth.

Strategies
Establishing a BAC limit of 0.02 or lower for all those under the age of 21
Enforcement
Media campaign

Activities
Laws against drinking and driving are most effective when they are part of a comprehensive highway safety program that includes plans for law enforcement and public education. For youth, the key elements of zero-tolerance enforcement include:
- Sobriety checkpoints for impaired driving
- Saturation patrols at times and in areas youth tend to drive
- Well-publicized enforcement of zero-tolerance and other traffic enforcement measures, such as speeding and running red lights

Efforts to deter impaired underage driving also might include administrative license revocation. This penalty allows for the immediate confiscation of the driver's license by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested. In most of the states in which this policy has been adopted, this is a 90-day penalty for a first offense, longer for subsequent offenses. Because a driver's license is a prized possession for most young people, license suspension or revocation can have a powerful deterrent effect on underage drinking and impaired driving.

Implementation Process and Plan
A media campaign about the zero-tolerance law, targeting youth, should be used as an integral component of this strategy.

Evaluation

To evaluate the effectiveness of zero-tolerance laws, communities should assess the reduction in single-vehicle night-time fatal crashes among drivers under the age of 21 and the number of youth reporting they drink and drive

Lessons Learned

No special considerations have been reported for implementing this strategy.

Compatible Programs

Zero-tolerance has been used and shown be effective in the following strategy:

- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing this program as a complementary effort in reaching your prevention goals.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Multivariate regression analysis
Interrupted time-series experiments
Cohort study
Cross-sectional survey analysis
Pre-/post- comparison study

Resources

Here are some resources that can enhance your understanding of the effectiveness of this strategy, including a study that describes locations where this strategy has been implemented successfully:

Hingson, R., Herein, T., and Winter, M. (1994). Lower legal blood alcohol limits for young drivers. *Public Health Reports,* 109, 738-744.

Wagenaar, A. C, O'Malley, P. M., and LaFond C. (2001). Lowered legal blood alcohol limits for young drivers: Effects on drinking, driving, and driving-after-drinking behaviors in 30 states. *American Journal of Public Health,* 91(5): 801-804.

SECTION IV

TIER TWO EVIDENCE-BASED
ENVIRONMENTAL PREVENTION STRATEGIES

This section provides matrices and profiles for the following environmental prevention strategies that have been demonstrated to produce positive results in preventing high-risk behaviors:

- Advertising Restrictions (alcohol and tobacco)
- Alcohol Home Delivery Restrictions
- Beer Keg Registration
- Challenging College Alcohol Abuse
- Comprehensive Gang Model
- Legal Blood Alcohol Level
- Massachusetts Tobacco Control Program
- Norms for Behavior and Rule Setting in School
- Oakland Beat Health
- Operation Ceasefire
- Project ACHIEVE
- Project BASIS
- Project PATHE (Positive Action Through Holistic Education)
- Saving Lives; a strategy to reduce drinking and driving
- Smoking Prevention Mass Media Intervention
- STEP (School Transitional Environmental Program)
- Stop Teenage Addiction to Tobacco
- Tobacco Policy and Prevention
- Weed and Seed

MATRIX OF TIER TWO EVIDENCE-BASED ENVIRONMENTAL PREVENTION STRATEGIES

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Advertising Restrictions (Alcohol)	Under age 21	M F	Rural Suburban Urban	Replicated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Community • Community laws and norms favorable toward alcohol use	Community • Bonding to a community that supports healthy beliefs and clear standards	Community • Underage exposure to alcoholic beverage advertisements	• Advertising ban • Advertising restrictions	• Reduced expectations by youth that they will drink • Community norms unfavorable toward underage drinking	• Substance abuse	Minimal
Advertising Restrictions (Tobacco)	Under age 18	M F	Rural Suburban Urban	Replicated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Community • Community laws and norms favorable toward tobacco use	Community • Bonding to a community that supports healthy beliefs and clear standards	Community • Youth exposure to pro-tobacco influences	• Advertising and sponsorship ban • Advertising restrictions • Media advocacy • Retailer education	• Community norms unfavorable toward underage smoking and smokeless tobacco use • Reduced levels of underage smoking, use of chewing tobacco, and intentions to use tobacco	• Substance abuse	Minimal
Alcohol Home Delivery Restrictions	Under age 21	M F	Rural Suburban Urban	Replicated populations: Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	Community • Availability of alcohol • Community laws and norms favorable toward alcohol use	Community • Bonding to a community that supports healthy beliefs and clear standards	Community • Use of false identification for underage purchase of alcohol	• Banning home delivery of alcohol • Restricting home delivery of alcohol to certain times, days, and amounts • Requiring valid identification for home delivery of alcohol • Keeping detailed records of alcohol home deliveries	• Lowered youth access to alcohol • Reduced underage alcohol consumption	• Substance abuse	Minimal

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[2] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Beer Keg Registration	All	M F	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Individual/Peer** • Favorable attitudes toward substance abuse **Community** • Availability of alcohol • Community laws and norms favorable toward alcohol use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Attitudes toward underage drinking • Supplying alcohol to minors	• Community education • Keg registration • Law enforcement	• Reduced youth access to alcohol • Reduced underage drinking	• Substance abuse	Minimal; costs recovery for merchants' tagging kegs could be put in place through licensing fees. Most merchants already collect the identifying information of keg purchasers.
Caring School Community	Youth ages 6 to 12	M F	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	School	Universal		**School** • School bonding **Individual** • Promote prosocial values	**School** • Supportive relationships and collaboration among students, staff, and parents • Students' needs for emotional and physical safety, autonomy, and sense of competence	• Class Meeting Lessons; • Cross-Age Buddies; • Homeside Activities; and • Schoolwide Community-Building Activities.	• Prevent drug use • Prevent violence • Prevent delinquency • Increase academnic motivation and achievement • Promote	• Substance Abuse • Violence • Mental health • Academic achievement • Social emotional competency	CSC materials are offered in a variety of packages. The teacher's package is available for $200 per classroom, and the complete K-6 package can be purchased for $1,350. The principal's package is available for $385. Each principal's package includes a Principal's Leadership Guide, all the materials the K-6 teachers receive, and tools for observation and scheduling. Optional read-aloud libraries are also available and range from $52 to $67 depending on the grade level. These books highlight many of the values taught in the Caring School Community program. Detailed price and ordering information is available at http://www.devstu.org/csc/included.html. Professional development workshops and follow-up support visits are available to provide teachers with tools and strategies to help build caring classroom communities as well as opportunities for teachers to reflect upon and refine their own practice. One-day workshops for school faculty are available for $2,000 plus travel costs. Follow-up visits are provided as needed for $2,000 per day plus travel costs.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Challenging College Alcohol Abuse	Ages 18-24	M F	Colleges	**Validated populations:** African American American Indian Caucasian Hispanic/Latino **Replicated populations:** None noted **Cultural adaptations:** None	Individual/ Peer School Community	Universal	**Individual/Peer** • Favorable attitudes toward alcohol and other drug use **Community** • Availability of alcohol and other drugs • Community laws and norms favorable toward alcohol and other drug use	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **School** • Bonding to a school that promotes healthy beliefs and clear standards **Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Freshman experimentation with alcohol and illegal drugs • High-risk drinking and drug use behavior prior to entering college • Misperception of high levels of alcohol and illegal drug use and sexual activity in college • Combining alcohol and illegal drug use and sexual activities • Social anxiety • Increased availability of alcohol and illegal drugs in fraternity/sorority culture **School** • School climate • Permissive faculty and administration attitudes toward alcohol and illegal drug use • Inconsistent and ineffective alcohol and illegal drug policies and enforcement • High tolerance of alcohol effects and consequences • Each access to and high visibility and use of alcohol and illegal drugs at campus celebration events • Perceived lack of drug- and alcohol-free social and recreational activities **Community** • Easy access to alcohol and illegal drugs • Alcohol advertising targeting college students • Local bars offering alcohol promotions	• Social norms media campaign to alter perceptions of alcohol-related societal norms and expectations • Life and social skills training • Alternative and alcohol- and drug-free recreational activities • Class-based media education to counter alcohol and tobacco advertising • Enforcement of tobacco and alcohol sales laws	• Decreased heavy drinking among undergraduate students • Significantly fewer students using alcohol in the past 30 days and in the past year • Fewer student reports of doing something later regretted • Lower incidence of poor test performance and poor class attendance • Reduced sexual activity after drinking • Fewer alcohol-related fights and arguments • Fewer student altercations with campus police or other school authorities • Greater number of designated drivers • Changes students' alcohol use norms • More students who drink do so in moderation • Fewer negative consequences as a result of alcohol use • Corrects student misperceptions about campus heavy drinking • Increased awareness by students that the majority of their peers are moderate or non-drinkers • Fewer mixed messages about drinking and drug use • More consistent policies and enforcement practices on alcohol and illegal drugs • Greater overall campus health and well-being	• Academic achievement • Substance abuse • Teenage pregnancy/ Sexual activity	**Materials:** Articles and materials including "A Practical Guide to Alcohol Abuse Prevention" can be downloaded free from the program Web site at http://www.socialnorms.campushealth.net. **Program implementation:** • Staff time and materials development for a 1-year implementation—$25,000 • Additional staff time for environmental management, survey development, administration and analysis, and consultation and supplies—$25,000 • Must also consider the need for and costs associated with office space and office machine rental

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Comprehensive Gang Model	Gang members under the age of 22	M F	Rural Urban Community	Validated populations: African American Caucasian Hispanic Replicated populations: None noted Cultural adaptations: None	Individual/ Peer Community	Selective	**Individual/Peer** • Alienation and rebelliousness • Friends who engage in the problem behavior • Favorable attitudes toward the problem behavior **Community** • Transition and mobility • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Life skills: decision-making, problem-solving, conflict resolution • Gang involvement • Economic deprivation **Community** • Opportunities for prosocial involvement • Organized community activities • Institutional racism	• Alternative activities • Community mobilization • Leadership training • Education, training, and employment programs • Outreach programs • Development and implementation of policies and procedures that result in the most effective use of available and potential resources to address gang violence	• Reduced gang crime	• Criminal behavior • Gang involvement • Violence	**Training, technical support, and materials:** • Contact the National Youth Gang Center for information on costs and availability of technical assistance and training • Assessment and implementation guides are available online: www.iir.com/nygc
Lower Legal Blood Alcohol Level for Convicted DWI Offenders	Ages 21 and older	M F	Rural Suburban Urban Community	Validated populations: None noted Replicated populations: None noted Cultural adaptations: None	Community	Indicated	**Community** • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Community** • Drinking and driving	• 0.05 BAC limit for convicted DWI offenders • Zero tolerance law for convicted DWI offenders	• Convicted DWI offenders evidenced a decline in fatal crash involvement • Convicted DWI offenders evidenced a decline in fatal crash involvement with illegal BAC	• Substance abuse	There is no cost associated with this strategy. The proposed legislation can be passed and implemented with essentially no negative effects on a state's DWI control system.

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Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Massachusetts Tobacco Control Program (MTCP)	Grades 7-12 Adults	M F	Community	Provision of culturally relevant educational materials	School Community	Universal	**Individual/Peer** • Early initiation of problem behavior • Favorable attitudes toward the problem behavior • Friends who engage in problem behaviors **Community** • Community laws and norms favorable to drug use • Availability of drugs	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Habituated tobacco use **Community** • Awareness about the health issues related to tobacco use • Awareness about the strategies used by the tobacco industry to promote use • Awareness about the importance of tobacco control laws and regulations • Environmental tobacco smoke	• Use of state cigarette tax revenue for tobacco control • Community mobilization • Regional networks that conduct action planning, information dissemination, provider collaboration, identification of "best practices" and training • Lobbying/ Legislation/ Policy development • Statewide media campaigns • Technical assistance, training, and education to local programs and grassroots efforts • Direct, community-based outreach and services, such as smoking cessation counseling, relapse prevention, and school-based education programs • Paid media regulations • Enforcement of youth–access provisions • Education, promotion, and community relations • Youth leadership	• Decreased lifetime smokeless tobacco use • Decreased cigarette smoking among youth • Decreased cigarette smoking among adults • Reduced illegal tobacco sales to minors • Reduced smoking by women during pregnancy • Reduced exposure to environmental tobacco smoke or secondhand smoke • Increased public support for tobacco control	• Substance abuse	The cost for this program in Massachusetts ran $31 million in 1999 to $52 million 1993-1994 per year at the state level. Individuals and programs that are not part of the Massachusetts Tobacco Control Program may purchase many of the tobacco education materials, along with promotional items, through the Massachusetts Tobacco Education Clearinghouse (www.mteccatalogue.com) Individual items range from .20¢ to $12 apiece. There is a $5 minimum shipping charge.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Norms for Behavior and Rule Setting in School	6-14	M F	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Individual/Peer** • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior • Friends who engage in the problem behavior **School** • Early and persistent antisocial behavior • Low commitment to school **Community** • Community laws and norms favorable toward drug use	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **School** • Bonding to a school that promotes healthy beliefs and clear standards **Community** • Bonding to a community that promotes healthy beliefs and clear standards	**School** • Consistent enforcement of rules • Classroom organization and management • Positive reinforcement of appropriate behavior	• Newsletters • Posters • Computerized behavior tracking system	• Decreased underage alcohol consumption • Decreased marijuana consumption by youth • Decreased delinquent behaviors by participating students	• Juvenile delinquency • Substance abuse	No cost has been calculated for this strategy

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Oakland Beat Health	All ages	M F	Community	Validated populations: None noted Replicated populations: Multiracial Multiethnic Cultural adaptations: None	Community	Universal	Community • Transition and mobility • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	Community • Bonding to a community that promotes healthy beliefs and clear standards	Community • Abandoned or neglected properties and/or neighborhoods • Drug or crack houses • Opportunities for prosocial involvement	• Procedures and sanctions specified by civil statutes and regulations to prevent and reduce criminal problems and incivilities • Persuading non-offending third parties to take responsibility and action to prevent criminal behavior • Use of civil remedies to control drug and disorder problems by teaming police with city agency representatives to coerce landlords to clean up properties, post "No Trespassing" signs, enforce civil law codes and municipal regulatory rules, and initiate court proceedings against property owners who fail to comply with civil law citations • Neighborhood Watch • Vehicle abatement • Development of neighborhood associations • Community clean-up • Landlord/tenant training • Fire prevention programs • Graffiti clean-up	• Significant decline in the number of drug houses in a neighborhood • Significantly fewer drug-related police calls in a neighborhood	• Criminal behavior • Substance abuse	Costs are associated with the number of law enforcement personnel dedicated to this strategy and how much time personnel commit to this strategy

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Operation Ceasefire	High-risk youth	M F	Community	**Validated populations:** None noted **Replicated populations:** African American Asian American Indian Caucasian Hispanic/Latino Native Hawaiin or Pacific Islander **Cultural adaptations:** None	Community	Selective	**Community** • Availability of weapons • Community laws and norms favorable toward use of weapons • Low neighborhood attachment and community disorganization	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Community** • Illegal gun possession • Street gangs	• Law enforcement attack on illicit firearms traffickers supplying youths with guns • Law enforcement measures to deter gang violence	• Significant decrease in youth homicides	• Criminal behavior • Violence	Costs for this strategy are associated with the number of law enforcement personnel dedicated to its implementation and how much time personnel commit to Operation Ceasefire

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Project ACHIEVE	Youth ages 3-18	M F	Frontier Rural Suburban Urban	Validated populations: None noted Replicated populations: African American Caucasian Hispanic/Latino Cultural adaptations: Adapted for implementation in Shoshone and Arapaho, Chippewa, Apache, Navajo, and Kenaitze tribal schools. It also has been adapted for use in State schools with students who have special needs (e.g., deafness, blindness, learning disabilities, behavioral disorders) and in Head Starts.	School Home	Selective Universal			Resilience Self-management Effective instruction Classroom management	• Strategic planning and organizational analysis and development • Problem-solving, response-to-intervention, teaming, and consultation processes • Effective school, schooling, and professional development • Academic instruction linked to academic assessment, intervention, and achievement (i.e., Positive Academic Supports and Services) • Age-appropriate social skills instruction (i.e., Stop & Think Social Skills Program) linked to behavioral assessment, intervention, and self-management (i.e., Positive Behavioral Support System) • Parent and community training, support, and outreach • Data management, evaluation, and accountability	• School staff perceptions of staff interactions and school cohesion • School staff perceptions of school discipline and safety • Office discipline referrals • Administrative actions in response to office discipline referrals • Academic achievement	• Academic Achievement • Juvenile Delinquency	The costs of implementing Project ACHIEVE depend on the school's existing resources and support systems. Most of Project ACHIEVE is implemented through on-site professional development, consultation, and technical assistance conducted by Project ACHIEVE Incorporated throughout the school year and during the summer. Estimates for a typical school with 500 students and 50 instructional staff are as follows: $55,000 in year 1 (for 13 days of on-site training and consultation across 6 trips and $10,000 in program materials); $42,000 in year 2 (for 12 days of on-site training and consultation across 5 trips and $2,000 in program materials); and $30,000 in year 3 (for 8 days of on-site training and consultation across 3 trips and $2,000 in program materials). Other costs may be associated with professional development days (and any participant stipends) and substitute teachers. School districts may obtain training for staff who will then be qualified to facilitate implementation without Project ACHIEVE Incorporated. This training of facilitators is typically provided in a series of three summer institutes. The first institute involves a 5-day training costing $31,000, and each of the second and third involves a 3-day training costing $19,500. These prices include materials and the fees for two consultants.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Project BASIS	Grades 4-6	M F	Rural Suburban Urban Middle Schools/Junior High Schools	Validated populations: African American Caucasian Hispanic/Latino Replicated populations: None noted Cultural adaptations: None	School	Universal	School • Early and persistent antisocial behavior	School • Bonding to a school that promotes healthy beliefs and clear standards	School • Conduct disorder problems • School climate • School behaviors	• Teacher training • Teacher-parent communication • School policy changes • Positive behavior reinforcement strategies	• Increased classroom orderliness • Better classroom organization • Increased clarity of classroom rules • Increased student reports of rewards and fewer student reports of punishments • Increased teacher support • Increased perception by students that school rules were fair • Fewer teacher reports of classroom disruption	• Juvenile delinquency	• This program was a research project and is not a package being disseminated or marketed • The program developers request that only those persons who have read the research reports and who are seriously interested in replication contact the Gottfredsons • The BASIS training materials manual is available at a cost of $45 by contacting: Ellen Czeh **Gottfredson Associates, Inc. Behavioral Science Research and Development** 3239 B Corporate Court Ellicott City, Maryland 21042 E-mail: ellenczeh@gottfredson.com Phone: (888) 733-9805 (410) 461-5530 Fax: 410-461-5529
Project PATHE	Grades 6-12	M F	Rural Urban Elementary Schools	Validated populations: African American Replicated populations: Caucasian Cultural adaptations: None	School	Universal Selective	School • Early and persistent antisocial behavior • Low commitment to school	School • Bonding to a school that promotes healthy beliefs and clear standards	School • Academic achievement • School climate • School behaviors	• Staff, student, and community participation in revising school policies and designing and managing school change • School-wide organizational changes aimed at increasing academic performance • School-wide organizational changes aimed at enhancing school climate • Programs to prepare students for careers • Academic and affective services for high-risk youth	• Decreased self-reported delinquency • Decreased school alienation • Increased school attachment • Improved school climate and discipline • Higher rates of graduation for high school seniors • Higher scores on standardized tests of achievement • Increased school attendance	• Academic achievement • Juvenile delinquency	Training: • 2 days' initial training for project director and on-site evaluator • 2 days' training for all project staff • Periodic follow-up training over the life of the project • Cost of training to be negotiated

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Saving Lives Program	All persons of driving age	M F	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	**Individual/Peer** • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Friends who engage in the problem behavior **Community** • Community laws and norms favorable toward drug use	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Community** • Underage alcohol use • Seatbelt law compliance • Compliance with other traffic safety laws • Drinking and driving	• Law enforcement • Media campaign • Alcohol education program	• Reduction in underaged drinking drivers • Decreased incidence of motor vehicle fatalities and alcohol-related motor vehicle crash fatalities • Decreased visible injuries from motor vehicle accidents • Increased compliance with traffic safety laws	• Substance abuse	Associated with the development of new ads and the purchase of air time and/or space, choice of supplemental school-based or community-based education programming, and law enforcement
Smoking Prevention Mass Media Intervention	Ages 9-18	M F	Rural Suburban Urban Elementary schools Middle schools High schools Community	**Validated populations:** Multiethnic **Replicated populations:** Multiethnic **Cultural adaptations:** None	Individual/ Peer Community	Universal	**Individual/Peer** • Favorable attitudes towards smoking • Early initiation of tobacco use **Community** • Community laws and norms favorable to tobacco use	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Individual/Peer** • Perceptions of smoking prevalence, especially among peers • Perceptions of risks of smoking **Community** • Public awareness of youth smoking	• Broadcast media • School-based intervention	• 41 percent reduction in number of cigarettes smoked per week • 34 percent reduction in youth who smoked yesterday • 34 percent reduction in youth who smoked in the past week	• Substance abuse	This program was conducted under grants from the National Cancer Institute and the National Heart, Lung, and Blood Institute. Contact the principal investigators for more information on strategy development and implementation.

Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
STEP (School Transitional Environmental Program)	Grades 6-12	M F	Urban Junior High Schools High Schools	**Validated populations:** Non-white **Replicated populations:** None noted **Cultural adaptations:** None	Individual Peer School	Universal Selective	**Individual/Peer** • Alienation and rebelliousness • Friends who engage in the problem behavior **School** • Academic failure beginning in elementary school • Low commitment to school	**Individual/Peer** • Bonding to peers with healthy beliefs and clear standards **School** • Bonding to a school that promotes healthy beliefs and clear standards	**Individual/Peer** • Behavioral and emotional problems **School** • Academic achievement • Classroom behaviors • Student absenteeism • School dropout	• Redefined role of homeroom teacher • Restructured school physical setting	• Decreased student absenteeism • Increased student GPA • Stable self-concept • Increased school bonding • Decreased school dropout rate • Lower levels of substance abuse, delinquency, and depression	• Academic achievement • Juvenile delinquency • Mental health • Substance abuse	No costs associated with implementing this strategy
Stop Teenage Addiction to Tobacco (STAT)	Junior high and high school students Vendors Police/ licensing agents	M F	Community	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Community	Universal	**Community** • Availability of tobacco • Community laws and norms favorable to drug use	**Community** • Bonding to a community that supports healthy beliefs and clear standards	**Community** • Enforcement of state and local laws covering the sale of tobacco to minors • Merchant compliance with underage tobacco access laws	• Law enforcement • Compliance checks • Lockout devices on vending machines	• Reduced youth access to tobacco • Improved merchant compliance • Reduced underage tobacco use	• Substance abuse	Associated with enforcement of the law
Tobacco Policy and Prevention	11-14	M F	Rural Suburban Urban School	**Replicated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	School	Universal	**Individual/Peer** • Attitudes favorable toward smoking	**School** • Bonding to a school that promotes healthy beliefs and clear standards	**Individual/Peer** • Awareness of school tobacco policy **School** • Exposure of students to tobacco smoke	• Development of tobacco-free environmental policies at school • Enforcement of policies • Tobacco education	• Lower lifetime smoking rates • Decreasing perceived social norms and favorable attitudes toward smoking • Increasing student support of policy, beliefs about the helpfulness of policy, observations about teacher guidance to students about tobacco use, and perceived personal consequences of violation • Decreased monthly smoking (significant at 6 months; marginal at 18 months)	• Substance abuse	Minimal

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Strategy	Target Population		Target Setting	Cultural Adaptations (Validated or Replicated)[2]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Documented Outcomes Area(s)	Cost Estimates
	Age	Sex											
Weed and Seed	Ages 5-35	M F	Rural Suburban Urban Community	**Validated populations:** None noted **Replicated populations:** Multiethnic **Cultural adaptations:** None	Community	Selective Indicated	**Community** • Availability of drugs • Community laws and norms favorable toward drug use • Transition and mobility • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	**Community** • Bonding to a community that promotes healthy beliefs and clear standards	**Community** • Availability of firearms • High crime rates • Opportunities for prosocial involvement	• Community awareness and mobilization • Community and problem-oriented policing	• Decreased criminal activity • Lower drug arrest rates • Improved perception by residents of lower rates of drug-related, violent, and gang-related crime	• Criminal behavior • Gang involvement • Substance abuse • Violence	Communities interested in becoming Weed and Seed sites must first apply for Official Recognition of their Weed and Seed strategies. With Official Recognition status comes eligibility to apply for Weed and Seed funds, priority in participating in federally sponsored training and technical assistance opportunities, and preference in receive discretionary resources form participating federal agencies. All Weed and Seed sites must prove their capacity to obtain financial and in-kind resources from a variety of public and private sources.

PROFILES OF
EFFECTIVE ENVIRONMENTAL PREVENTION STRATEGIES

Advertising Restrictions (Alcohol)

Description
Images and associations about alcohol are frequently conveyed to youth via television advertising, billboards, signs in stores, sponsors' logos, magazine and print messages, television and radio programming, and drinking events depicted in movies, books, and comics. Entertainment and sports that are popular among youth—including rock music concerts, automobile racing, skiing, baseball, football, and hockey—can be strongly associated with sponsorships and advertising by alcohol manufacturers. The portrayals of alcohol use in advertising are typically positive. Alcohol advertising links drinking with a highly valued lifestyle that is successful, relaxed, romantic, and adventurous.

Research demonstrates that adolescents exposed to television commercials have more positive attitudes about the consequences of drinking. Furthermore, the intentions of preadolescents to drink are predicted by their perceptions of alcohol-related behaviors in the home environment, their interpretations of television messages, their desire to be like the television characters who drink, and their expectancies that drinking brings rewards. Research has also shown that fifth- and sixth-grade students' awareness of beer advertising on television is related to more favorable beliefs about drinking, greater knowledge of beer brands and slogans, and increased intentions to drink as an adult.

Alcohol advertising conveys the message that alcohol consumption is widely practiced and socially appropriate in a variety of situations. Overall, advertising and programming that shows positive images of drinkers and drinking leads the viewer to develop favorable attitudes toward alcohol and drinking practices. Therefore, a number of measures have been developed to control alcohol advertising. Restrictions on alcohol advertising include any policies that limit the advertising of alcoholic beverages, particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance or state law, or can be implemented voluntarily by a business, event, or organization.

Target Population
This strategy targets all individuals under the age of 21.

Goals and Objectives
Alcohol advertising restrictions are put in place to:
- Limit the exposure of young people to unrealistic positive messages about alcohol and set more realistic expectations about alcohol's effects
- Change individual and societal norms and behaviors concerning alcohol use
- Reduce underage drinking and the expectation of youth that they will drink

Outcomes
Research suggests that restrictions on alcohol advertising in public areas may help change community norms regarding alcohol use. However, few of the alcohol advertising control strategies that have been implemented have been rigorously evaluated. Research findings that have examined the effects of advertising restrictions have been largely inconclusive for two reasons: (1) the substitution of alternative sources of advertising for those that have been banned, and (2) the ability of advertising from outside jurisdictions to penetrate communities undertaking these strategies.

However, given other research findings on the effect of youth exposure to alcohol advertising, restricting advertising may be useful when combined with other alcohol control policies. For example, research

examining the relationship between fatality rates and alcohol advertising in 75 media markets found that alcohol advertising was significantly related to both total vehicle fatalities and nighttime vehicle fatalities. Consequently, a ban on alcoholic beverage advertising has the potential to save several thousand lives annually, and may help change community norms regarding alcohol use.

Strategies
Advertising ban
Advertising restrictions
Legislation and law enforcement

Activities
Activities under this strategy can include, but are not limited to:
- Banning ads on buses, trains, kiosks, billboards, and supermarket carts, and in bus shelters, schools, and theme parks
- Banning or limiting advertising and sponsorship at community events such as festivals, parties, rodeos, concerts, and sporting events
- Banning advertising in areas surrounding schools, residential areas, and faith organizations
- Restricting or banning alcoholic beverage commercials on television and radio
- Restricting alcohol advertising in newspapers and on the Internet
- Countering alcohol advertisements with public service announcements
- Restricting the size and placement of window advertisements in liquor and convenience stores
- Requiring all alcoholic beverage advertisements in the local media to include warnings about the health risks of alcohol consumption
- Setting a maximum percentage of total advertising space that alcoholic beverage advertisements can cover
- Reducing the disproportionately high number of billboards advertising alcoholic beverages in low-income neighborhoods
- Enforcing existing restrictions on alcoholic beverage advertising
- Working with script writers to give more balanced portrayals of drinking in television programming and movies
- Campaigning to reduce specific advertisements, such as those perceived to be sexist or oriented to violence or risk taking

Implementation Process and Plan
Communities should become acquainted with local and state laws before attempting to restrict alcoholic beverage advertising.

Ordinances that ban or restrict alcohol advertising might help reduce young people's exposure to alcoholic beverage advertising, but this policy alone is not enough to reduce a community's underage drinking problems. Alcohol control policies aimed at reducing underage *access* to alcohol are also needed, such as compliance checks, keg registration policies, and the restricted use of alcohol in public places.

Evaluation
Researchers have found that alcohol advertising has the most significant effects on the social acceptability of alcohol use. Alcohol advertising communicates societal approval of drinking and, in turn, reduces the likelihood that public policies related to alcohol will be implemented. While there is a lack of direct, causal evidence linking alcohol advertising to increased underage drinking, the rationale for restricting alcohol advertising is based on the fact that alcohol advertising creates social norms permissive of drinking.

Communities should assess the following in evaluating this practice:
- The establishment of policies restricting or prohibiting alcoholic beverage advertising
- Social norms (e.g., acceptability) of alcohol use
- The rates of underage drinking

Lessons Learned
No special considerations have been reported for implementing this strategy.

Compatible Programs
While this strategy is implemented in many communities, there are currently no specific programs known to include alcoholic beverage advertising restriction as a component.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Theoretical framework
Longitudinal study

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Saffer, H., and Dave, D. (2006) Alcohol advertising and alcohol consumption by adolescents. *Health Economics,* 2006 Feb 13.

Saffer, H. (2002). Alcohol advertising and youth. *Journal of Studies on Alcohol,* Supplement 14: 173-181.

Advertising Restrictions (Tobacco)

Description
Tobacco is one of the most heavily promoted and advertised products in the United States. The tobacco industry spends more than any other industry on point-of-purchase advertising. Tobacco impulse purchases have been shown to increase by as much as 28 percent when promotional displays are present. A substantial amount of tobacco advertising appears to be directed at young people—through cartoon characters, displays near candy, and colorful posters often hung at children's eye level. The tobacco industry also sponsors athletic and cultural events, further exposing children and adolescents to tobacco advertising and promotional campaigns. In one research study, young people cited advertising as a major reason people started to smoke. Backing this finding, the most heavily advertised brands of cigarettes are the most popular among teenage smokers.

Advertising can be restricted or banned altogether. Restricting advertising and sponsorship by tobacco companies can lead to a reduction in smoking and chewing tobacco initiation among youth.

Target Population
This strategy targets all exposed youth under the age of 18.

Goals and Objectives
The primary goals and objectives of this prevention approach are to decrease child and adolescent exposure to tobacco promotion and pro-tobacco influences in order to reduce underage smoking and lower the age of initiation.

Outcomes
Prevention research has established links between the exposure of children to tobacco advertising and their later attitudes toward smoking or using smokeless tobacco, their intentions to smoke or use tobacco, and their actual use of cigarettes or chewing tobacco.

Strategies
Restrict tobacco product advertising
Ban tobacco industry sponsorship of athletic and cultural events

Activities
Coalition members should:
- Use the media to build support for this issue
- Approach retailers and ask them to reduce the amount or restrict the placement of point-of-purchase advertising in places that have high volume youth access
- Use existing laws to reduce certain types of promotional displays, either through enforcement or the threat of enforcement

To eliminate tobacco industry sponsorship of cultural and sporting events, communities might consider:
- Providing media advocacy to limit tobacco-sponsored community events
- Identifying alternative, non-tobacco funding for events
- Developing policies that ban tobacco industry sponsorship of sporting and cultural events
- Advertising and promoting tobacco-free events
- Developing tobacco-free messages and embedding them in sports education
- Including tobacco-free messages in promotional materials for cultural events

Implementation Process and Plan

The 1996 Master Settlement Agreement between State Attorneys General (including Nebraska's Attorney General) and tobacco companies restricts point-of-purchase ads to a certain size. This legislation also prohibits outdoor tobacco advertising within 1,000 feet of schools and public playgrounds, and limits tobacco advertising, in general, to a black-and-white, text-only format.

Many communities have some version of a sign law or ordinance limiting the amount of a store's window space that can be covered legally by signs, posters, and fliers. This law, if present, includes tobacco ads. Active enforcement of these laws can be encouraged. Coalitions can send information on the signage law to all residents in the community to provide them with information on how to identify violations, as well as help enforce the laws.

When using the sign law, it is important to educate retailers about the reasons for the campaign, and show them how violating the sign law can help encourage young people to smoke. Retailer education is most effective when it is conducted by code enforcement staff, law enforcement officials, or members of the local chamber of commerce.

Coalitions can work with local law enforcement to arrange mass mailings to retailers that provide an explanation of the importance of the sign law and urge all businesses to comply. Coalitions should work with code enforcement staff and request periodic sweeps checking for compliance with the sign law.

Because research has shown that stores near schools often serve as a primary site for adolescent tobacco acquisition and experimentation, coalitions should focus their efforts on reducing advertising in these locations.

Evaluation

In evaluating this strategy, communities should:
- Monitor how much of retailers' store window space is covered–a decrease in the total number of ads allowed on store windows will reduce the amount of tobacco advertising as well.
- Monitor any increase or decrease in the number of cultural and sporting events underwritten by the tobacco industry.
- Evaluate social norms (e.g., acceptability) of tobacco use
- Monitor the rates of underage tobacco use

Lessons Learned

Communities interested in restricting tobacco industry sponsorship of community events should assist event organizers in securing alternative funding and sponsorship. In particular, communities can develop lists of potential alternative sponsors to provide to event promoters, and they should be willing to actively support promoters in seeking alternative sponsorship. For example, local businesses that are not currently involved in sponsoring the event can be approached.

Through the establishment of working relationships with potential local sponsors, businesses may begin to view sponsorship of events as part of their civic responsibility and community partnership process. In addition, non-tobacco event sponsors may be willing to increase their level of sponsorship if there is no tobacco industry sponsorship. In addition, they may be able to recommend other potential sponsors, such as their industrial partners.

Compatible Programs

Project Toward No Tobacco Use (TNT) might be a useful adjunct to implementing a strategy that restricts tobacco advertising.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Longitudinal study

Resources

Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Barowich, M., et al. (1991). Availability of tobacco products at stores located near public schools. *The International Journal of Addictions,* 26: 837-850.

Jensen, P., and Kole, S. (1996). Reducing tobacco product marketing in retail stores: Challenges and opportunities. *Stanford Center for Research in Disease Prevention,* December, 1996.

Rogers, T., et al. (1995). Community mobilization to reduce point-of-purchase advertising of tobacco products. *Health Education Quarterly,* 22(4): 427-442.

Alcohol Home Delivery Restrictions

Description
Home delivery restrictions regulate liquor stores that offer delivery of alcoholic beverages to personal residences.

Target Population
This strategy targets all persons in the affected area who are under the age of 21.

Goals and Objectives
The goals and objectives of restricting alcohol home delivery are to reduce underage access to alcohol in order to reduce underage drinking.

Outcomes
Restricting alcohol home delivery helps reduce underage drinking when combined with other alcohol control policies, including responsible beverage service training, age identification policies, the use of warning posters indicating alcohol sellers and servers check the age identification of all customers, and beer keg registration.

Strategies
Legislation and law enforcement

Activities
A home delivery policy may:
- Prohibit or ban the delivery of alcohol to residential addresses
- Place restrictions on home deliveries

Implementation Process and Plan
Banning or restricting home deliveries may be part of a local ordinance or a state law. Communities that do not want to completely ban home deliveries can impose the following restrictions:
- Require that delivery personnel be at least 21 years of age.
- Restrict the days of the week and times of the day during which alcohol can be delivered to residential addresses.
- Restrict the amount of alcohol that may be delivered.
- Require delivery people to verify, via a legal age photo identification card, that the buyer is 21 or older, and also require the delivery person to document the name of the purchaser, his or her address and driver's license or state identification card number, the time, date, and place of delivery, the quantity and brand of alcohol delivered, and the delivery person's own name. Alcohol outlets should be required to keep these invoices for a period of time and be required to make them available to law enforcement authorities upon request.
- Prohibit sales of alcohol via the Internet by banning direct shipments of alcohol to personal residences.

Evaluation
Communities should assess the following in evaluating this practice:
- The establishment of policies restricting alcoholic beverage delivery
- The rates of underage drinking

Lessons Learned
If home delivery restrictions apply to only one particular community, people might order alcohol from establishments located in nearby communities that don't have such regulations. A state- or county-level policy regulating home deliveries would help eliminate this problem.

Delivery personnel should be trained on how to check IDs and on other responsible service practices. Policies that regulate the home delivery of alcohol should be covered in a responsible beverage service training program.

Regulations will be more successful if the process of monitoring and enforcing policies is conducted by police or other authorized personnel.

Compatible Programs

While this strategy is implemented in many communities, there are no specific programs known to include restricted alcoholic beverage home delivery as a component.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Cross-sectional survey
Randomized design
Cohort study

Resources

Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Fletcher, L. A., Toomey, T. L., Wagenaar, A. C., Short, B. Willenbring, M. L. (2000). Alcohol home delivery services: A source of alcohol for underage drinkers. *Journal of Studies on Alcohol,* 61(1): 81-84.

Spaeti, A. (2001). City Council passes keg ordinance. *The Badger Herald,* Madison, WI. December 4, 2001.

Wagenaar, A. C., Harwood, E. M., Toomey, T. L., Denk, C. E., Zander, K. M. (2000). Pubic opinion on alcohol policies in the United States: Results from a national survey. *Journal of Public Health Policy,* 21(3): 303-327.

Fletcher, L. A., Nugent, S. M., Ahern, S. M., and Willenbring, M. L. (1996). The use of alcohol home delivery services by male problem drinkers: A preliminary report. *Journal of Substance Abuse.* 8(2): 251-261.

Beer Keg Registration

Description
Beer kegs are marked with a unique identification number that alcoholic beverage retailers register along with information about the keg's purchaser. This process enables police officers to identify the keg purchaser at parties where underage individuals are drinking beer from kegs. Although Nebraska has a beer keg registration law, community coalitions may be interested in working to enhance the effectively and enforcement of this law within their own communities.

Target Population
This strategy targets adults who supply alcohol to minors.

Goals and Objectives
The goal of beer keg registration is to keep adults from supplying alcohol to minors by providing police with a means of tracing who supplied beer kegs to parties where underage youth are present and found to be drinking. Keg beer tends to be one of the cheapest available forms of alcohol and so is frequently sought out by youth.

Outcomes
Reduced youth access to alcohol and reduced consumption.

Strategies
Legislation and law enforcement

Activities
Beer keg registration and enforcement are tools to identify and prosecute adults who buy beer kegs and allow underage youth to consume beer from these kegs. Keg registration can be implemented voluntarily by a store, or required by a local ordinance or state law. Keg registration policies stipulate that:
- Beer kegs be marked with unique identification numbers, using metal or plastic tags, stickers, invisible ink, or engraving.
- When a store sells a keg, the keg identification number is recorded along with the purchaser's name, address, telephone number, and driver's license number. These records must be kept for a specified length of time, usually six months to a year.
- When a beer keg from which underage youth drink alcohol is confiscated by police, the purchaser of the keg is identified and arrested or fined for supplying alcohol to underage persons.
- The keg deposit fee is forfeited if a keg is returned with an identification tag that is defaced or missing.

Implementation Process and Plan
Communities are strongly urged to consult with a local attorney to learn about state law requirements before attempting to pass a local ordinance on beer keg registration.

Communities can pay for keg tagging through a variety of methods, including licensing fees. Keg registration is not likely to be time consuming because most retailers already record the name and address of keg purchasers.

To discourage purchasers from deciding to forfeit the deposit fee and remove the keg identification tag, retailers might want to increase keg deposits. Keg identification markers should be either difficult to detect, such as invisible ink, or hard to remove.

Communities might want to encourage retailers to require keg purchasers to sign a statement promising not to serve alcohol to underage youth. This statement can be used as a tool to educate purchasers about their potential liability if they serve alcohol to underage youth.

Keg registration works best if it covers a wide geographic area. Otherwise, customers who want to buy a keg for underage youth could go to a neighboring community that does not have keg registration.

Keg registration holds liable the adults who buy beer kegs for underage youth. Establishments who sell beer kegs should be made aware that they may legally sell alcohol to adults, and that as long as they following the correct keg registration procedures, they are not breaking the law and will not be held liable.

Evaluation
In evaluating this practice, communities should assess:
- The number of participating alcohol beverage retailers
- The rate of enforcement of the keg registration law
- The enforceability of the law due to the ease with which tags may be removed
- The rates of underage drinking.

Lessons Learned
Nebraska does currently have a Keg Registration Law (§53-167-02 and 53-167-03). Community coalitions interested in increasing effectiveness of keg registration practices in their communities are encouraged to learn more about local enforcement of keg registration laws, as well as the ease with which registration tags used by alcohol outlets within their communities may be removed.

Beer kegs are often a main source of alcohol at teenage parties. Research shows that youth tend to drink less as alcohol prices increase. Since alcohol in cans and bottles is generally not as cheap as beer from a keg, the potential for underage drinking declines as the opportunity for underage keg parties declines. Keg registration encourages adults to think twice before purchasing kegs and allowing underage youth to drink from them.

Compatible Programs
While many communities implement and enforce keg registration laws, there are currently no specific programs known to include keg registration as a component.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Survey
Multivariate regression analyses
Quasi-experimental trial

Resources

Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Grossman, M., Chaloupka, F. J., Saffer, H., Laixuthai, A. (1994). Alcohol price policy and youths: A summary of economic research. *Journal of Research on Adolescence,* 4(2): 347-364.

Hammond, R. L. (1991). Capping keggers: New tracking system aims at curbing illegal sales. *The Bottom Line on Alcohol in Society,* 11(4): 36-38.

Spaeti, A. (2001). City Council passes keg ordinance. *The Badger Herald,* Madison, WI. December 4, 2001.

Wagenaar, A. C., Finnegan, J. R., Wolfson, M., Anstine, P. S., Williams, C. L., Perry, C. L. (1993). Where and how adolescents obtain alcoholic beverages. *Public Health Reports,* 108(4): 459-464.

Wagenaar, A. C., Harwood, E. M., Toomey, T. L., Denk, C. E., Zander, K. M. (2000). Pubic opinion on alcohol policies in the United States: Results from a national survey. *Journal of Public Health Policy,* 21(3): 303-327.

Webb, J. (2002) Local leaders win community support cracking down on kegs. *The Billings Gazette,* Billings, MT. July 8, 2002.

Caring School Community

Program Description
Caring School Community (CSC), formerly called the Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. By creating a caring school community, the program seeks to promote prosocial values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency.

Target Population
Youth ages 6 to 12; school staff, parents

Goals and Objectives
The goals and objectives of Caring School Community include:
- Prevent drug use
- Prevent violence
- Prevent delinquency
- Increase academic motivation and achievement
- Promote prosocial values

Outcomes
Reported use of alcohol and marijuana declined significantly over time among students in schools that demonstrated high program implementation, while it increased slightly among students in matched comparison schools.

Over 4 academic years, students in high-implementation schools across six school districts showed a small increase from baseline in their self-reported concern for others, while students in matched comparison schools showed a decrease in their concern for others. Another evaluation conducted in a single school district found that students in program schools reported greater concern for others 1 year following program implementation compared with students in matched comparison schools.

An evaluation conducted in a single school district demonstrated a program effect on reading scores, with students in program schools achieving higher scores than students in matched comparison schools 1 year following implementation. This difference represents a very small effect size. A second evaluation conducted in the same schools 2 years later showed that high-implementation schools outperformed comparison schools in reading gains. Specifically, the high-implementation schools reduced the percentage of students reading at the novice level from 29% to 16%, while the comparison schools reduced the percentage of students reading at the novice level from 26% to 21%. A third evaluation conducted in another school district found program effects for both math and reading achievement. Based on State performance categories, approximately 45% of students in the program schools were categorized as proficient or advanced in math, compared with 37% of students in control schools. This difference represents a medium effect size. Effects were even more pronounced for reading achievement, with longer duration of implementation associated with greater performance: 56% of students in schools with 3 years of implementation were categorized as proficient or advanced, compared with 50% in schools with 2 years of implementation, 46% in schools with 1 year of implementation, and 38% in control schools. This difference reflects a large effect size.

An evaluation conducted in a single school district demonstrated a program effect on student discipline referrals. The number of referrals across program schools decreased from 214 to 142 over 1 school year. All but one program school showed a decrease in the annual number of referrals. A second evaluation conducted in another school district also found a program effect on referrals. Over a 2-year period, a significant 24% decline was found in student discipline referrals in 20 program schools, while referrals increased 42% in 4 control schools.

Strategies

CSC has four components designed to be implemented over the course of the school year:

- Class Meeting Lessons, which provide teachers and students with a forum to get to know one another and make decisions that affect classroom climate;
- Cross-Age Buddies, which help build caring cross-age relationships;
- Homeside Activities, which foster communication at home and link school learning with home experiences and perspectives; and
- Schoolwide Community-Building Activities, which link students, parents, teachers, and other adults in the school.

Evaluation

In evaluating this strategy, implementers should assess changes in:

- Lifetime use of alcohol among youth
- Lifetime use of marijuana among youth
- Self-reported concern for others by youth
- Academic achievement
- School discipline referrals

The National Registry of Evidence-based Programs and Practices (NREPP) has provided the following overall ratings for Reward & Reminder outcomes (on a scale of 0.0 to 4.0).

- Decrease lifetime use of alcohol among youth: 2.5
- Decrease lifetime use of marijuana among youth: 2.5
- Increase concern for others by youth: 3.1
- Increase academic achievement: 3.0
- Decrease school discipline referrals: 2.3

Readiness for Dissemination

NREPP has provided the following overall ratings for CASASTART's rediness for dissemination:

- Implementation materials: 4.0
- Training and support: 4.0
- Quality assurance: 4.0
- Overall rating: 4.0

Lessons Learned

Schoolwide implementation of CSC is recommended because the program builds connections beyond the classroom.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

- Experimental
- Quasi-experimental

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the Child Development Project on students' drug use and other problem behaviors. Journal of Primary Prevention, 21(1), 75-99. Solomon, D., Battistich, V., Watson, M., Schaps, E., & Lewis, C. (2000). A six-district study of educational change: Direct and mediated effects of the Child Development Project. Social Psychology of Education, 4, 3-51.

Munoz, M. A., & Vanderhaar, J. E. (2006). Literacy-embedded character education in a large urban district: Effects of the Child Development Project on elementary school students and teachers. Journal of Research in Character Education, 4(1-2), 27-44.

Chang, F., & Munoz, M. A. (2006). School personnel educating the whole child: Impact of character education on teachers' self-assessment and student development. Journal of Personnel Evaluation in Education, 19(1-2), 35-49.

Marshall, J., & Caldwell, S. (2007). Caring School Community implementation study four-year evaluation report. Rapid City, SD: Marshall Consulting.

Contact Information

Website: http://www.devstu.org/csc/videos/index.shtml

For information about implementation:

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Challenging College Alcohol Abuse

Program Description
Challenging College Alcohol Abuse is a social norms and environmental management program that focuses on reducing high-risk drinking and its related negative consequences among college students 18 to 24 years of age, particularly underage drinkers (ages 18 to 20). The program adjusts students' perceptions of peers' attitudes toward and use of alcohol, and other beliefs that drive heavy drinking and high-risk behavior. It also encourages the development of policies that establish and maintain a healthy and safe environment for all students, and seeks to develop community and civic partnerships and collaborations that campus substance abuse policies and State and local laws.

Specifically, the Campus Health Service uses social marketing to communicate public health information to students, the campus community, and the surrounding community to correct the misperceptions discussed above, increase knowledge, and change attitudes about alcohol and drug use behaviors among undergraduate students. Social marketing strategies also are used to: change policies and practices related to substance use and abuse among campus fraternity and sorority chapters; change faculty, administration, parental, community, and policy maker perceptions to prevent perpetuation of substance abuse myths; and increase restrictions on alcohol availability and monitor on- and off-campus distribution and consumption.

Target Population
Challenging College Alcohol Abuse targets college students 18 to 24 years of age. Although this program was developed for use with the entire college student body, it also includes components designed for use with students who have been referred for diversion due to alcohol- or substance-related incidents.

Goals and Objectives
The goals and objectives of Challenging College Alcohol Abuse include:
- Reducing levels of undergraduate alcohol consumption
- Reducing negative consequences related to excessive alcohol consumption
- Correcting misperceptions about peer alcohol consumption
- Improving campus safety

Outcomes
Challenging College Alcohol Abuse:
- Decreases the rate of heavy drinking among undergraduate students
- Reduces heavy drinking among frequent heavy drinkers
- Significantly reduces the number of students who use alcohol (both in the past 30 days and in the past year)
- Reduces student reports of doing something later regretted
- Reduces poor test performance and poor class attendance
- Reduces sexual activity after drinking
- Reduces alcohol-related fights and arguments
- Reduces student altercations with campus police or other school authorities
- Increases abstinence so more students can serve as designated drivers
- Changes students' alcohol use norms
- Increases moderation in student drinking and reduces alcohol-related negative consequences
- Corrects student misperceptions about campus heavy drinking
- Increases awareness by students that the majority of their peers drink moderately or abstain
- Eliminates mixed messages about drinking and drug use
- Eliminates ineffective and confusing alcohol and illegal drug policies and enforcement practices
- Positively affects the overall health and well-being of the campus and greater community

Strategies

Among the strategies employed by Challenging College Alcohol Abuse are:

- A social norms media campaign
- Campus community collaborations directed at alcohol-related policies and practices, including alcohol promotions, accessibility, athletic events, illegal neighborhood parties, and other celebration events

Activities

Challenging College Alcohol Abuse uses social norms and environmental management strategies to prevent alcohol abuse among college-aged students.

The purpose of the Social Norms Media Marketing Campaign is to correct the misperception that most college students are heavy and high-risk drinkers. Campus community collaborations are directed at alcohol-related policies and practices including alcohol promotions, accessibility, athletic events, illegal neighborhood parties, and other celebration events.

The Social Norms Media Marketing Campaign is the strategy used to broadcast the positive campus norms related to alcohol and other drug use, and attitudes toward school and other student responsibilities. Ads, feature stories, and inserts in the daily campus newspaper, posters, fliers, cable television messages, and other media are used to provide students and other key stakeholders with accurate information about campus alcohol use, attitudes, and protective behaviors. The goal of the campaign is to provide each student with a clearer picture of health- and responsibility-related issues that are the norm for the campus. This helps students make healthier choices related to substance use.

Environmental strategies focus on policy and enforcement changes within the rules that govern substance use on campus. The goal is to change the environment so that access and availability of alcohol and other substances is more closely regulated, especially for those who drink to intoxication, for youth, and for young adult but underage consumers.

The environmental management component helps senior administrators and other key stakeholders develop a consistent alcohol policy (event standards and enforcement practices) for all campus activities, including the use of sports facilities and campus grounds, based on actual norms. Frequent and consistent exposure to accurate information helps change the public conversation about substance use and informs campus substance use policy and enforcement strategies. Other strategies related to standardizing campus alcohol and other drug policy include removing alcohol advertisements on campus and redefining alcohol sponsorship for campus events.

Campus and community partnerships are key to the success of the Challenging College Alcohol Abuse model.

Implementation Process and Plan

To provide accurate information about alcohol use, a survey first must be administered to serve as a credible data source for each campus. This campus-wide survey is conducted in a random selection of undergraduate classes. Survey items must capture information about frequency, quantity, level of intoxication, protective factors, and injunctive and attitudinal norms.

Student workers, interns, and volunteers conduct market research to test material credibility, believability, and visibility. Market testing—brief intercepts, focus groups, interviews, classroom polls, and key informant interviews—is key to campaign success. All materials must be positive, inclusive, and empowering. In addition, the information must broadcast norms representative of all undergraduates.

To successfully implement Challenging College Alcohol Abuse on a college campus, organizers must focus on the environment, not the individual. Implementation also requires a team expert in evaluation, program materials design, and target market analysis to:

- Survey student behaviors, attitudes, and perceptions about alcohol and illegal drug use, including protective factors before and throughout the program's implementation
- Identify misperceptions that influence alcohol and illegal drug use and abuse
- Produce media and saturate the campus with correct alcohol and illegal drug information
- Incorporate social norms information in diversion classes, freshman orientations, and presentations to high-risk and other groups
- Further change the public conversation about alcohol and illegal drugs through faculty, advisors, senior administrators, and campus leadership
- Eliminate mixed messages, policies, and practices for campus sporting and celebration events

Typically, more than 10 different newspaper ads are prepared and published in the campus daily newspaper each year—two per week—forming the core of the media campaign. In addition, a series of four normative posters are created and distributed in freshman halls. Normative data also are included in feature articles, newsletters, shuttle bus ads, fliers, cable television, and orientation materials and presentations. Special memoranda to faculty, special edition supplements and brochures directed at parents, frequent reports, and presentations to key stakeholders, and information included in other health-related posters for the Campus Health Service building also serve to expose students and key stakeholders to accurate information that will correct misperceptions.

Evaluation
Outcomes of Challenging College Alcohol Abuse have been evaluated using measures from the Core Alcohol and Drug Survey and the Health and Wellness Survey.

In evaluating this program, colleges should:
- Assess student drinking norms, including rate, frequency of consumption, consequences, and blood alcohol levels
- Assess students' perceptions of campus alcohol use
- Assess environmental influences that affect misperceptions and safety

Lessons Learned
Asking the right questions, administering a survey, and properly analyzing the data so that moderate norms can be uncovered are frequently the first set of problems experienced. In addition, finding an outlet for mass and frequent distribution of the information can be formidable. And training in social marketing techniques, including message development, design, production, and placement is important to project fidelity.

Maintaining fidelity to the social norms model can be difficult. Colleges must ensure that messages do not focus on the alcohol attitudes, beliefs, and behaviors of the minority, imply value judgments about alcohol use, or provide inaccurate or outdated information about college consumption, attitudes, and behaviors.

Hiring program staff and contracting or collaborating with evaluation and research staff skilled in survey design, administration, and analysis are critical to the success of Challenging College Alcohol Abuse.

Typical cost issues include materials development, market testing, design, photography, production, and placement costs. In addition, survey design, administration, and analysis can be expensive. Using a standardized national instrument can cut costs. Talented student volunteers and student workers can, with some training, assist with design and materials development and dissemination.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Random survey
One-on-one interviews

Observation

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Wechsler, H. and Wuethrich, B. (2002). *Dying to Drink: Confronting Binge Drinking on College Campuses.* Rodale, Inc.

Perkins, H. W. and Wechsler, H. (1996). Variations in perceived college drinking norms and its impact on alcohol abuse: A nationwide study. *Journal of Drug Issues.* 26(4): 961-974.

Wechsler, H. and Kuo, M. (2000). College students define binge drinking and estimate its prevalence: Results of a national survey. *Journal of American College Health*. 49(2): 57.

Hoover, E. (2002). Binge Drinking: Henry Wechsler has Defined the Student Drinking Problem, for Better or Worse. *The Chronicle of Higher Education.* 49 (11): 11.

Perkins, H.W. et al. (2001). Estimated blood alcohol levels reached by "binge" and "nonbinge" drinkers. *Psychology of Addictive Behaviors.* 15(4): 317- 320.

Contact Information

Websites:
http://www.socialnorms.campushealth.net
http://www.health.arizona.edu

For information about implementation or studies:

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Comprehensive Gang Model

Program Description
The Comprehensive Gang Model integrates five core strategies using a team-oriented, problem-solving approach. These include: community mobilization; academic, economic, and social opportunities, offering special school training and job programs to encourage gang members to desist or at least decrease participation in criminal gang activity; social intervention using street outreach workers to engage gang-involved youths; gang suppression activities that include formal and informal social control procedures of the juvenile and criminal justice systems and community agencies and groups; and organizational change and development of the involved agencies.

Target Population
The Comprehensive Gang Model focuses primarily on youth gang members who are under 22 years of age.

Goals and Objectives
The goals and objectives of the Comprehensive Gang Model are to reduce the number of youth involved in gangs and gang violence by providing them with alternative educational, employment, and social opportunities.

Outcomes
The Comprehensive Gang Model reduces gang crime.

Strategies
Alternative activities
Community mobilization
Law enforcement
Leadership training
Policy development
Social intervention

Activities
The Comprehensive Gang Model holds that youth gangs are the result of a lack of social opportunities available to youth and young adults, who then congregate in street-based groups, and a high degree of social disorganization present in a community. The model also suggests there are other contributing factors, including poverty, institutional racism, deficiencies in social policies, and a lack of or misdirected social controls. Drawing principally on social disorganization theory, the model promotes the transition of gang-involved youth from an adolescence involving high-risk activities to an adulthood as productive members of society. With this in mind, law enforcement and other agency personnel in 65 cities reporting problems with gangs were surveyed. Analysis of that information, in conjunction with site visits and focus groups, led to a mix of the model's five strategies:

- **Community Mobilization:** Involvement of local citizens (including former gang youth and community groups and agencies) and the coordination of programs and staff functions within and across agencies.

- **Provision of Opportunities:** The development of a variety of specific education, training, and employment programs targeted at gang-involved youth.

- **Social Intervention:** Youth-serving agencies, schools, grassroots groups, faith-based organizations, police, and other criminal justice organizations reaching out and acting as links between gang-involved youth (and their families) and the conventional world and its needed services.

- **Suppression:** Formal and informal social control procedures, including close supervision or monitoring of gang youth by agencies of the criminal justice system and also by community-based agencies, schools, and grassroots groups.

- **Organizational Change and Development:** Development and implementation of policies and procedures that result in the most effective use of available and potential resources within and across agencies to better address the gang problem.

Implementation Process and Plan

The presence of a youth gang problem must be recognized before anything meaningful can be done to address it. Representatives of police, schools, probation, youth agencies, grassroots organizations, government, and others must participate in identifying the nature and causes of this problem and in recommending appropriate responses to it. This assessment will help them develop an understanding of who is involved in gang crime and where in the community it is concentrated. Records from criminal justice agencies—courts, probation, parole, and law enforcement—might have to be individually searched for this information. Those familiar with gang-related crime incidents or information can usually identify them as gang-related. Collecting this information is key to identifying the targets for suppression, intervention, and prevention, and the areas where gang violence is most prevalent. This, in conjunction with other data and information, enables targeting of gang-involved youth, the most violent gangs, and the areas where gang crime occurs most often.

Once the problem is described, goals and objectives based on the assessment findings are established. These should emphasize changes the Steering Committee wants to bring about in the target area.

Rationales for services, tactics, and policies and procedures that involve each of the key agencies must be articulated and then implemented for each of the five core strategies. These activities must be integrated or closely coordinated to ensure that the work of collaborating agencies is complementary. Representatives of those organizations that will have the most direct contact with the target youth, such as police, probation, schools, and youth workers, should form an intervention team and have regular meetings to share critical information, plan, and act collaboratively on individual youth and gang activity in the target area. This focuses the resources of collaborating agencies on a group of young people who are involved in gangs and are most likely to be involved in gang-related violence.

Although youth gang members must be held accountable for their criminal acts, they also must be provided with services for their academic, economic, and social needs. They must be encouraged to control their behavior and to participate in legitimate, mainstream activities. For this approach to be effective, it also is important to understand how a youth's family, peers, and others are involved.

Evaluation

The incorporation of a strong evaluation component as the initiative is taking form and throughout the life of the program is critical to assessing the impact of the program. In evaluating this program, communities should assess:
- Increase or decrease in number of street gangs/gang membership
- Increase or decrease in gang-related offenses

Lessons Learned

While all five strategies are needed to effectively address a community's gang problem, which strategies receive greater emphasis will vary just as a community's needs and available resources vary.

Extensive input from expert practitioners and gang researchers has made it clear that a community's gang violence problem requires that attention be paid to both gang-involved youth and gangs themselves. Long-term change cannot be achieved without also addressing the institutions that support and control youth and their families.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Quasi-experimental controlled research design with comparison group

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Illinois Criminal Justice Information Authority. (1999). Reducing Youth Gang Violence in Urban Areas: One Community's Effort. *On Good Authority.* 2(5): 1–4.

Illinois Criminal Justice Information Authority. (2000). Outcomes of the Gang Violence Reduction Project. *On Good Authority.* 4(3): 1–4.

Spergel, I., and Grossman, s. F. (1997). The Little Village Project: A Community Approach to the Gang Problem. *Social Work.* 42: 456–470.

Spergel, I., Wa, K. W., Choi, S. E., Grossman, S., Jacob, A., Spergel, A., and Barrios, E. M. (2003). *Evaluation of the Gang Violence Reduction Project in Little Village: Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Spergel, I., Wa, K. W., and Sosa, R. V. (2005). *Evaluation of the Bloomington-Normal Comprehensive Community-Wide Approach to Gang Prevention, Intervention and Suppression Program. Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Spergel, I., Wa, K. W., and Sosa, R. V. (2005). *Evaluation of the Mesa Gang Intervention Program. Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Spergel, I., Wa, K. W., and Sosa, R. V. (2005). *Evaluation of the Riverside Comprehensive Community-Wide Approach to Gang Prevention, Intervention and Suppression Program. Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Spergel, I., Wa, K. W., and Sosa, R. V. (2005). *Evaluation of the San Antonio Comprehensive Community-Wide Approach to Gang Prevention, Intervention and Suppression Program. Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Spergel, I., Wa, K. W., and Sosa, R. V. (2005). *Evaluation of the Tucson Comprehensive Community-Wide Approach to Gang Prevention, Intervention and Suppression Program. Final Report Summary.* Chicago, IL: University of Chicago, School of Social Service Administration.

Contact Information
If you are interested in implementing the Comprehensive Gang Model, you can receive more information on this program by contacting:

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Program Developer:
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Lower Legal Blood Alcohol Level for Convicted DWI Offenders

Program Description
Repeat drunk driving offenders account for about one-third of DWI arrests annually and 10 to 20 percent of drinking drivers involved in fatal crashes. It is estimated that DWI offenders drove drunk 200 to 2,000 times before they were arrested the first time. A Maine law has lowered the legal blood alcohol concentration (BAC) from 0.10 percent* to 0.05 percent for people already convicted of driving while intoxicated (DWI).

*This state's legal BAC is currently 0.08 percent for the general adult population.

Target Population
Convicted DWI offenders

Goals and Objectives
The goal of Maine's 0.05 percent BAC law is to reduce the involvement of convicted DWI offenders in fatal vehicle crashes.

Outcomes
Data were collected and analyzed on fatal crashes involving drivers with prior DWI convictions for six-year periods before and after enactment of the lower BAC law. Compared to convicted DWI offenders in five other New England states:
- Maine drivers with prior DWI convictions evidenced a 48 percent decline in fatal crash involvement
- Maine drivers with DWI convictions and illegally elevated blood alcohol levels evidenced a 51 percent decline in fatal crash involvement

Maine also experienced a moderate decline in the proportion of non-alcohol-involved fatal crashes, while throughout the rest of New England these crashes increased by 60 percent.

Strategies
Law enforcement
Legislation

Activities
In 1988, Maine adopted a 0.05 BAC limit for convicted DWI offenders. Under the law, drivers with a previous drunk driving conviction who are subsequently arrested for violating the lower BAC limit will have their licenses suspended immediately.

With the 0.05 BAC law producing great results, in 1995 Maine became the first state to pass a zero tolerance law for convicted offenders, making it illegal for them to drive after drinking any alcohol.

Implementation Process and Plan
MADD and other advocacy groups should lobby lawmakers to pass progressive sanctions to stop people who continually drink and drive. Legislation should target specific populations—such as convicted and repeat offenders—with specific deterrent legislation, while also focusing on general deterrent measures such as 0.08 BAC.

Evaluation
States implementing a lower BAC limit law for convicted DWI offenders should assess:
- Reductions in fatal crash involvement among convicted DWI offenders

- Reductions in fatal crash involvement among convicted DWI offenders with BAC levels at 0.05 percent and above

Lessons Learned

Other states implementing a similar law should ensure that their driver licensing agencies include information on a person's driver's license of the existence of restriction prohibiting the person from driving with any amount of alcohol in his or her blood.

Driver licensing agencies in implementing states should modify their driver records systems to include records of any violations of the state's lower BAC law.

Increased knowledge of what constitutes moderate drinking and the amount of alcohol a person can reasonably consume before becoming impaired would help raise people's sense of responsibility, both as drinkers and as drivers, ultimately saving thousands of lives.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Statistical analyses

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Hingson, R., Heeren, T., Winter, M. (1998). Effects of Maine's 0.05% legal blood alcohol level for drivers with DWI convictions *Public Health Reports.* 113(5): 440-446.

Hingson, R., Heeren, T., Winter, M. (1996). Lowering state legal blood alcohol limits to 0.08%: the effect on fatal motor vehicle crashes. *American Journal of Public Health.* 86(9): 1297-1299.

Contact Information

If you are interested in pursuing legislation lowering your state's legal blood alcohol limit for convicted DWI offenders, you can receive more information on this strategy by contacting:

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Massachusetts Tobacco Control Program

Description

In 1992, Massachusetts passed a referendum that raised the cigarette tax 25 cents per pack and mandated that the resulting revenue be used for tobacco control and other health promotion efforts. As a result, the Massachusetts Tobacco Control Program (MTCP) was created in 1993 with the goal of reducing "both the number of people who smoke and the amount of tobacco smoked."

MTCP funds local communities to help pass ordinances restricting tobacco marketing to youth, and the Department of Education funds school-based comprehensive health that includes tobacco education. Among the services MTCP has provided to local communities are smoking cessation counseling, school-based education programs, paid media, and tobacco product regulations.

Target Population

MTCP targets students in Massachusetts's public schools in grades 7 through 12.

Goals and Objectives

MTCP's goals and objectives are to:
- Prevent young people from starting to use tobacco
- Reducing young people's access to tobacco
- Helping adult smokers stop smoking
- Protect non-smokers by reducing their exposure to environmental tobacco smoke

Outcomes

As a result of the Massachusetts Tobacco Control Program:
- Middle school students significantly decreased their lifetime smokeless tobacco use from 1993 to 1996. Males, females, Whites, and students with college plans all exhibited significant declines.
- Youth cigarette smoking significantly declined in Massachusetts from 1995 to 1999. This decline was significantly greater in the younger grades.
- Lifetime smoking declined among Massachusetts high school students during the period 1995 to 1999.
- Smokeless tobacco use declined significantly from 1995 to 1999 for high school students exposed to education funded by the MTCP.
- Cigarette consumption for those aged 18 years and older has fallen 41 percent since 1992.
- Youth smoking has decreased significantly from 1995 to 2001, a change that represents a 27 percent decline in the smoking rate among adolescents in the past six years.
- Illegal tobacco sales to minors have fallen from 39 percent in 1994 to just 10 percent in 2001.
- The number of women who smoked during pregnancy declined 58 percent from 1990 to 1999.
- Exposure to environmental tobacco smoke or secondhand smoke in the workplace, restaurants, and private homes has been significantly reduced since MTCP began.

Strategies

Community mobilization
Lobbying/Legislation/Policy development
Media campaign

Activities

The MTCP fostered youth prevention through:
- Community efforts to increase enforcement of youth–access provisions, including banning free samples, requiring permits for tobacco retailers, restricting access to vending machines or banning them entirely, staging buy attempts by minors, and funding community-based tobacco prevention programs.

- The Massachusetts Tobacco Media Education Campaign, which includes television, radio, newspaper, and billboard advertising, as well as grassroots education, promotion, and community relations efforts throughout the state.

Implementation Process and Plan
The Massachusetts Tobacco Control Program coordinates local and statewide initiatives promoting smoking prevention and intervention. Within each region, MTCP funds local tobacco control programs to provide direct, community-based services. It also funds a number of statewide agencies to offer technical training and assistance and education materials to these local programs and other grassroots efforts. Local and statewide activities are supported by an extensive statewide media campaign.

Below are some of the activities and services implemented as part of the Massachusetts Tobacco Control Program:
- Boards of Health/Health Departments raise public awareness of the need for tobacco control public policy initiatives. They are primarily funded to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines and to protect the public from environmental tobacco smoke. Boards of Health also provide important community services to the general public, such as smoking cessation services.
- Community Mobilization Networks engage in grassroots community education and mobilize to raise public awareness about the health issues related to tobacco use and the strategies used by the tobacco industry to promote use. They play an important role in assisting local tobacco control programs to plan and coordinate activities.
- The Try to Stop Tobacco Resource Center includes the Smoker's helpline (1-800-TRY-TO-STOP), a telephone hotline that provides cessation counseling, self-help materials and referrals for smokers who want to quit. It also includes the Tobacco Education Clearinghouse (617-482-9485), which develops and distributes educational materials.
- The Smoking Cessation Training and Technical Assistance Project (SCTTAP) provides training and technical assistance to tobacco treatment specialists.
- The Community Action Statewide Team (CAST) helps local communities draft and enact regulations. It is a statewide committee made up of representatives from the Massachusetts Municipal Association, Massachusetts Association of Health Boards, and MTCP.

Some of the advertisements created in Massachusetts, as well as advertisements from other state tobacco control programs, are available for use by other public health organizations through the Centers for Disease Control and Prevention (CDC). Copies of the Massachusetts television advertisements are also available through the Cygnus Corporation at (301) 231-7537. In addition to advertisements, the media education campaign has produced education kits that are made available to health educators at (888) NO-DRAG. Currently these include:
- SmokeScreeners (educating youth on smoking seen in movies and on television)
- Pam Laffin Series (based on a documentary of a Massachusetts woman who had a lung removed due to emphysema at the age of 24)

Evaluation
In evaluating this practice, communities should assess:
- Rates of underage smoking and smokeless tobacco use
- Rates of retailer compliance with underage purchase laws

To gauge smoking attitudes and behaviors, the Massachusetts Department of Education administered surveys to a representative sample of students from 1993 to 1999. The actual survey takes approximately 40 minutes to complete.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Compatible Programs

Both Project Toward No Tobacco Use and Project SHOUT, school-based tobacco prevention programs, might be useful adjuncts to implementing a multi-strategy tobacco control campaign in your community.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Literature review
Survey
Cohort study

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding of what is involved in implementation:

Hamilton, N., Norton, G. D., Weintraub, J. (2001). *Independent Evaluation of the Massachusetts Tobacco Control Program. Seventh Annual Report. January 1994 to June 2000.* Cambridge, MA: ABT Associates, Inc.

Harris, J. E., Connolly, G. N., Brooks, D., Davis, B. (1996). Cigarette smoking before and after an excise tax increase and an antismoking campaign—Massachusetts, 1990-1996. *MMWR,* 45(44): 996-970.

Heiser, P. F., and Begay, M. E. (1997). The campaign to raise the tobacco tax in Massachusetts. *American Journal of Public Health,* 87(6): 968-973.

Koh, H. K. (1996). An analysis of the successful 1992 Massachusetts tobacco tax initiative. *Tobacco Control,* 5: 220-225.

Koh, H. K., Judge, C. M., Robbins, H., Celebucki, C. C., Walker, D. K., and Connolly, G. N. (2005). The first decade of the Massachusetts Tobacco Control Program. *Public Health Reports.* 120(5): 482-495.

Contact Information

Website:
www.state.ma.us/dph/mtcp

If you are interested in implementing a practice similar to the Massachusetts Tobacco Control Program, you can receive more information by contacting:

Massachusetts Tobacco Control Program
250 Washington Street, 4th Floor
Boston, MA 02108-4619
Telephone: (617) 624-5900

Norms for Behavior and Rule Setting in School

Description
Norms for behavior and rule setting in school is a strategy that focuses on school-wide efforts to redefine norms for behavior and signal appropriate behavior through the use of rules.

Target Population
This strategy has been used successfully with both elementary and middle school students.

Goals and Objectives
The goals and objectives of this strategy are to establish or clarify school rules or discipline codes, as well as mechanisms for the enforcement of school rules, in order to change student norms, and thus have a positive effect on risk behaviors.

Outcomes
Reduces youth alcohol and marijuana use and delinquency

Strategies
School-based alcohol and other drug education
School policy changes
Enforcement

Activities
This strategy includes work by school personnel to develop and successfully enforce effective policies. Other activities include the development of newsletters, posters, ceremonies during which students declare their intention to remain drug-free, and the display of symbols of appropriate behavior.

Implementation Process and Plan
Program components necessary for the effective implementation of this strategy include:
- Increasing clarity of rules and consistency of rule enforcement through revisions to school rules and a computerized behavior tracking system
- Improving classroom organization and management through teacher training
- Increasing the frequency of communication with parents regarding student behavior through systems to identify good student behavior and a computerized system to generate letters to parents regarding both positive and negative behaviors
- Replacing punitive disciplinary strategies with positive reinforcement of appropriate behavior through a variety of school and classroom level positive reinforcement strategies

Evaluation
Communities should assess the following in evaluating this practice:
- The rates of marijuana use by participating students both before and after implementation
- The rates of drinking by participating students both before and after implementation
- Teacher reporting of classroom disturbances both before and after implementation
- Incidences of disciplinary action for problem behavior (e.g., alcohol/drug use, vandalism, bullying) both before and after implementation
- Increases or decreases in the number of delinquent acts committed by participating students after implementation

The evaluation should include measures of:
- The clarity of rules and consistency of rule enforcement
- Changes in classroom organization and management

- Changes in the frequency of communication with parents regarding student behavior
- Changes in disciplinary strategies

Lessons Learned

While research evaluating the effects of this strategy have shown reduced rates of alcohol and marijuana use and juvenile delinquency, the schools in which the rules were manipulated also used school teams to plan and implement the programs. Consequently, it is not possible to separate the specific effects of school rules and discipline strategies from the more general effects of encouraging teams of school personnel to solve their schools' problems.

Compatible Programs

This strategy has been tested and shown to be effective as a component in other projects:

Resources

For more information on this strategy, community coalitions can order a free copy of *Preventing Crime: What Works, What Doesn't, and What's Promising,* a 1997 Office of Justice Programs' Research Report by the University of Maryland, Department of Criminology and Criminal Justice, from the Justice Information Center: (800) 851-3420 or e-mail askncjrs@ncjrs.org.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Meta-analyses
Experimental design
Quasi-experimental design

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Gottfredson, D. C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology.* 24: 705-731.

Gottfredson, D. C. (1987). An evaluation of an organization development approach to reducing school disorder. *Evaluation Review.* 11: 739-763.

Gottfredson, D. C. (1990). Changing school structures to benefit high-risk youths. In P. E. Leone (ed.), *Understanding Troubled and Troubling Youth.* Newbury Park, CA: Sage Publications.

Gottfredson, D. C., Fink, C. M., Skroban, S., and Gottfredson, G. D. Making prevention work. In R. P. Weissberg (ed.), Issues in Children's and Families' Lives (Volume 4): *Healthy Children 2010: School- and Community-based Strategies to Enhance Social, Emotional, and Physical Wellness.*

Gottfredson, D. C., Gottfredson, G. D., and Hybl, L. G. (1993). Managing adolescent behavior: A multiyear, multischool study. *American Educational Research Journal.* 30:179-215.

Gottfredson, D. C., Gottfredson, G. D., and Skroban, S. (1996). A multimodal school-based prevention demonstration. *Journal of Adolescent Research.* 11: 97-115.

Gottfredson, D. C., Sealock, M. D., and Koper, C. S. (1996). Delinquency. In R. DiClemente, W. Hansen, and L. Ponton (eds.), *Handbook of Adolescent Health Risk Behavior.* New York, NY: Plenum Publishing Corp.

Contact Information:

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Oakland Beat Health

Program Description
Beat Health operates as a unit of the Police Department and is designed to supplement traditional law enforcement approaches to drug- and gang-related problems. The Beat Health Unit combines the efforts of as many city, county, state, private agencies, and neighborhood groups as possible to bring a property or an area up to standard.

Target Population
Beat Health targets properties that invite crime due to their neglected appearance.

Goals and Objectives
Beat Health aims to reduce crime in neighborhoods by cleaning up neglected properties and drug houses.

Outcomes
Communities that have implemented Beat Health note a significant drop in the number of drug houses and drug-related police calls in their neighborhoods.

Strategies
Community-based intervention
Community involvement
Community mobilization
Law enforcement
Policy development

Activities
The Beat Health Program uses procedures and sanctions specified by civil statutes and regulations to prevent and reduce criminal problems and incivilities. Civil remedies generally involve persuading non-offending third parties to take responsibility and action to prevent criminal behavior. The Beat Health program teams up police with city agency representatives to coerce landlords to clean up properties, post "No Trespassing" signs, enforce civil law codes and municipal regulatory rules, and initiate court proceedings against property owners who fail to comply with civil law citations.

Beat Health also offers the following programs:
- Neighborhood watch
- Vehicle abatement
- Forming neighborhood associations
- Community clean up
- Landlord/tenant training
- Fire prevention programs
- Graffiti clean-up

Implementation Process and Plan
Beat Health may incorporate resources from the police department, code enforcement, fire department, housing, and flood and sanitation, among others. Beat Health personnel meet and work with residents, businesses, neighborhoods, and business groups to enhance, promote, and maintain the quality of life in the community. The program works best when the police force dedicates officers to work with residents and the business community, including a Beat Health Commander, who is dedicated to combine all resources and provide guidance for the maximum effectiveness and continuous improvement of the Beat Health program.

Evaluation

Communities implementing the Beat Health program should assess:
- Increases or decreases in community drug problems
- Increases or decreases in vandalism
- Increases or decreases in neighborhood street crimes

Lessons Learned
N/A

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled trial

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Mazerolle, L. G., Price, J., and Roehl, J. (2000). Civil Remedies and Drug Control: A Randomized Field Trial in Oakland, California. *Evaluation Review.* 24(2): 212–241.

Mazerolle, L. G., and Roehl, J. (1999). *Controlling Drug and Disorder Problems: A Focus on Oakland's Beat Health Problems.* National Criminal Justice Reference Service, National Institute of Justice. U.S. Department of Justice: Washington, D.C.

Contact Information
If you are interested in implementing a Beat Health Program, you can receive more information on this program by contacting:

Bob Crawford
Oakland Police Department
Beat Health Program
455 Seventh Street
Oakland, CA 94607
Phone: (510) 777-8638

Operation Ceasefire

Program Description
Operation Ceasefire is a problem-solving strategy used by police to reduce illegal gun possession and gun violence in communities. It combines several elements: aggressive law enforcement and prosecution efforts aimed at recovering illegal handguns; the prosecution of dangerous felons; a public awareness campaign; and the promotion of public safety and anti-violence campaigns.

Target Population
Operation Ceasefire targets high-risk youths and serious and violent juvenile offenders.

Goals and Objectives
The goals of Operation Ceasefire are to:
- Decrease the supply of firearms available to youth
- Apprehend and prosecute offenders who carry firearms
- Make the public aware that offenders face certain and serious punishment for carrying illegal firearms

Outcomes
Operation Ceasefire has resulted in a statistically significant decrease in the number of youth homicides.

Strategies
Law enforcement

Activities
Operation Ceasefire includes two main elements:
- A direct law enforcement attack on illicit firearms traffickers supplying youths with guns
- Activities to deter gang violence

Operation Ceasefire operates as a system, its interventions a coordinated effort of all community law enforcement and criminal justice agencies. The system communicates warnings to gangs that, if violence occurs, there will be a swift, predictable response with severe consequences.

Implementation Process and Plan
Operation Ceasefire begins with targeted communications. Probation and gang unit police officers who know the youth, street workers, clergy, and community-based organizations meet informally and formally with gang youth in schools, homes, neighborhoods, courthouses, and other locations. Probationers are required to attend these meetings.

When gang members ignore the message provided by Operation Ceasefire, immediate and intensive enforcement tactics should be used to suppress flare-ups of firearm violence in emerging gang hotspots.

Gang members who remain noncompliant can be targeted with aggressive enforcement of public drinking and motor vehicle violations, outstanding warrants, and probation surrenders.

Evaluation
Communities that implement Operation Ceasefire should assess:
- The number of gang-related arrests for firearms crimes

Lessons Learned
N/A

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

One-group, time-series design and a nonrandomized quasi-experiment with comparison groups

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Braga, A., Kennedy, D., Waring, E., and Morrison, P. A. Problem-Oriented Policing, Deterrence, and Youth Violence: An Evaluation of Boston's Operation Ceasefire. *Journal of Research in Crime and Delinquency.* 28(3): 195–225.

Contact Information
If you are interested in implementing Operation Ceasefire, you can receive more information on this program by contacting:

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Fax: (617) 343-4481
Email: JordanJ.bpd@ci.boston.ma.us

Project ACHIEVE

Program Description

Project ACHIEVE is a comprehensive school reform and improvement program for preschool through high school (students ages 3-18 years) that focuses on students' academic, social-emotional/behavioral, and social skills outcomes; schoolwide positive behavioral support systems and school safety; positive classroom and school climates; and community and parent outreach and involvement. Based on social learning theory and effective approaches to school reform and improvement, this schoolwide program uses professional development and ongoing technical consultation to target and reinforce critical staff skills and intervention approaches.

Target Population

Project ACHIEVE targets youth ages 3 to 18 in pre-school through high school.

Goals and Objectives

The goals and objectives of Project ACHIVE to:

- Improve resilience, protective factors, and effective self-management skills so youth are better able to resist unhealthy and maladaptive behaviors.
- Ensure effective instruction and classroom management as well as supports and services to students not responding with academic and behavioral success
- Help schools to be successful for all students

Outcomes

In schools that participated in cohort 1 of Project ACHIEVE, staff completed the Scale of Staff Interactions and School Cohesion (SSISC) prior to implementation and after 1 and 2 years of implementation. From baseline to 1-year follow-up, schools had statistically significant improvement on all four scales of the SSISC. From 1- to 2-year follow-up, no statistically significant differences were found. In schools that participated in cohort 2 of Project ACHIEVE, staff completed the SSISC prior to implementation and after 1 year of implementation. From baseline to 1-year follow-up, schools had a statistically significant improvement on Scale 1, with no significant differences on the three other scales.

In schools that participated in cohort 1 of Project ACHIEVE, staff completed the Scale of Effective School Discipline and Safety (SESDS) prior to implementation and after 1 and 2 years of implementation. From baseline to 1-year follow-up, no statistically significant differences on any of the five factors were found. From baseline to 2-year follow-up, four of five factors showed significant improvement. In schools that participated in cohort 2 of Project ACHIEVE, staff completed the SESDS prior to implementation and after 1 year of implementation. From baseline to 1-year follow-up, no statistically significant differences on any of the five factors were found.

In six Project ACHIEVE schools that demonstrated high implementation fidelity, the average number of annual office discipline referrals per 100 students decreased from 65.50 at baseline to 42.14 after 1 year of implementation and 38.14 after 2 years of implementation. In contrast, the 17 comparison schools, which were demographically matched to intervention schools but did not implement Project ACHIEVE, averaged 43.31 office discipline referrals at baseline, 47.68 at 1-year follow-up, and 37.83 at 2-year follow-up.

In six Project ACHIEVE schools that demonstrated high implementation fidelity, the administrative actions per 100 students decreased from baseline to 1-year follow-up (mean change score of 83.36). In contrast, the administrative actions for the 17 comparison schools, which were demographically matched to intervention schools but did not implement Project ACHIEVE, increased from baseline to 1-year follow-up (mean change score of 171.93). From baseline to 2-year follow-up, the number of administrative actions per 100 students decreased in the Project ACHIEVE schools (mean change score of 69.70) and the comparison schools (mean

change score of 120.49), with no significant difference in the change between intervention and comparison schools.

In six Project ACHIEVE schools that demonstrated high implementation fidelity, scores on 2 literacy tests (Arkansas State Benchmark Test and ITBS Reading Comprehension test) were tracked over time for 11 groups of students: 3rd-graders from 5 schools, 4th-graders from 4 schools, and 5th- and 6th-graders from 1 school. With 11 groups of students and 2 tests, there were 22 possible student group-by-test combinations. In 12 of the 22 combinations (55%), students increased their scores from baseline to the 2-year follow-up:

- On the Arkansas State Benchmark Test, scores improved for 4 groups of the 3rd graders, 3 groups of the 4th graders, and the group of 5th graders.
- On the ITBS, scores improved for 2 groups of the 3rd graders and 2 groups of the 4th graders.

Eight of these 12 increases reached statistical significance. Further, four groups of students increased their scores on the ITBS from baseline to 2-year follow-up more than their comparison school counterparts. Scores on 3 mathematics tests (Arkansas State Benchmark Test, ITBS Math Concepts and Estimation test, and ITBS Math Problem Solving and Data Interpretation test) were tracked over time with the same 11 groups of students. With 11 groups of students and 3 tests, there were 33 possible student group-by-test combinations. In 26 of the 33 combinations (79%), students increased their scores from baseline to the 2-year follow-up:

- On the Arkansas State Benchmark Test, scores improved for all 5 groups of 3rd graders, all 4 groups of 4th graders, the group of 5th graders, and the group of 6th graders.
- On the ITBS Math Concepts and Estimation test, scores improved for 4 groups of the 3rd graders and 3 groups of the 4th graders.
- On the ITBS Math Problem Solving and Data Interpretation test, scores improved for 4 groups of the 3rd graders, 3 groups of the 4th graders, and the group of 5th graders.

Twelve of these 26 increases reached statistical significance. Further, five groups of students increased their average math score on the ITBS from baseline to 2-year follow-up more than their comparison school counterparts.

Strategies
The program incorporates a continuum of student services, including prevention, strategic intervention, and crisis management, and consists of seven interdependent components implemented over 3 years:

- Strategic planning and organizational analysis and development
- Problem-solving, response-to-intervention, teaming, and consultation processes
- Effective school, schooling, and professional development
- Academic instruction linked to academic assessment, intervention, and achievement (i.e., Positive Academic Supports and Services)
- Age-appropriate social skills instruction (i.e., Stop & Think Social Skills Program) linked to behavioral assessment, intervention, and self-management (i.e., Positive Behavioral Support System)
- Parent and community training, support, and outreach
- Data management, evaluation, and accountability

Evaluation
Communities that implement Project ACHIEVE must be able to assess:

- Perceptions of staff interactions and school cohesion
- Perceptions of school discipline and safety
- Office discipline referrals
- Administrative actions of school principals (e.g., suspension, expulsion) in response to students' office discipline referrals
- Academic achievement

Research Design/Evaluation Methods

Quasi-experimental

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Harding, M., Knoff, H. M., Glenn, R., Johnson, L., Schrag, H., & Schrag, J. (2008). The Arkansas State Improvement Grant evaluation and outcome report to the U.S. Department of Education's Office of Special Education Programs: Improving student outcomes through the school-wide implementation of Project ACHIEVE's Positive Behavioral Support Systems. Little Rock, AR: Arkansas Department of Education, Special Education.

Kilian, J. M., Fish, M. C., & Maniago, E. B. (2006). Making school safe: A system-wide school intervention to increase student prosocial behaviors and enhance school climate. Journal of Applied School Psychology, 23(1), 1-30.

Knoff, H. M. (2005). Project ACHIEVE technical report on longitudinal outcomes from national implementation sites: Results from Florida, Texas, and Maryland. Little Rock, AR: Project ACHIEVE Press.

Knoff, H. M., & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. School Psychology Review, 24(4), 579-603.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What Works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Contact Information

Website: http://www. http://www.projectachieve.info

For information about implementation or studies, contact:
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Project BASIS

Program Description
Project BASIS is a school-wide discipline management program that includes clarifying and enforcing rules, improving classroom organization, and replacing punitive strategies with positive reinforcement. A school improvement team, consisting of teachers and administrators appointed by the principal, leads and coordinates program preparation and implementation by reviewing and revising discipline policies, orienting faculty members to the program, developing strategies for implementation, recruiting additional teachers to join the team, monitoring implementation of the new strategies, and providing constructive feedback and technical assistance to both teachers and staff.

Target Population
Project BASIS targets middle and junior high school students.

Goals and Objectives
The objectives of Project BASIS are to:
- Increase the frequency of communication with the home regarding student behavior
- Replace punitive disciplinary strategies with positive reinforcement of appropriate behavior

The ultimate goal of the program is to redefine norms for behavior and signal appropriate behavior through the use of rules.

Outcomes
An evaluation involving six implementing middle schools and two comparison schools demonstrated that Project BASIS had positive effects on:
- Classroom orderliness
- Classroom organization
- Classroom rule clarity
- Student reports of more rewards and fewer punishments

Implementation data showed that the components of the program were implemented with high fidelity to the original design in only three of the six program schools. In these three schools, the positive changes mentioned above were more marked. Also in these schools:
- Teacher support increased
- Student perceptions of the fairness of school rules increased
- Teacher reports of student attention to academic work increased significantly
- Teacher ratings of student classroom disruption decreased significantly

Strategies
School policy changes

Activities
Project BASIS includes the following components:
- Revisions to the school rules and a computerized behavior tracking system to increase clarity of school rules and consistency of rule enforcement
- Teacher training to improve classroom organization and management
- Systems to identify good student behavior and a computerized system to generate letters to the home regarding both positive and negative behavior
- Replacement of punitive disciplinary strategies with a variety of school- and classroom-level positive reinforcement strategies to reinforce appropriate behavior

Implementation Process and Plan
School teams of administrators, teachers, and other school personnel are responsible for implementing the program. Researchers working with the schools provide quarterly feedback to the teams on the quality of program implementation and on changes in the behaviors targeted by the program.

Specific information on strategy implementation is available from the program developer.

Evaluation
Schools implementing this environmental change strategy should assess:
- Classroom orderliness, classroom organization, and classroom rule clarity
- The number of student reports of rewards and punishments
- The number of student classroom disruptions

Lessons Learned
N/A

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled study

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Gottfredson, D. C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology.* 24: 705-731.

Gottfredson, D. C. (1987). An evaluation of an organization development approach to reducing school disorder. *Evaluation Review.* 11: 739-763.

Gottfredson, D. C., Gottfredson, G. D., and Hybl, L. G. (1993). Managing adolescent behavior: A multiyear, multischool study. *American Educational Research Journal.* 30:179-215.

Gottfredson, D. C., Gottfredson, G. D., and Skroban, S. (1996). A multimodal school-based prevention demonstration. *Journal of Adolescent Research.* 11: 97-115.

Gottfredson, G. D. (1984). A theory-ridden approach to program evaluation: A method for stimulating researcher-implementer collaboration. *American Psychologist.* 39: 1101-1112.

Gottfredson, G. D. (1987). Peer group interventions to reduce the risk of delinquent behavior: A selective review and a new evaluation. *Criminology.* 25: 671-714.

Gottfredson, G. D., and Gottfredson, D. C. (1985). *Victimization in Schools.* New York, NY: Plenum.

Contact Information
This was a research project and is not a product being offered. The program developers request that only those persons who have read the research reports and who are seriously interested in replication contact them.

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Project PATHE (Positive Action Through Holistic Education)

Program Description
Problem behavior is affected by a number of elements in the school environment. Project PATHE is a structure and process for managing broad school improvement that takes into account each school's strengths and needs. Meaningful changes must occur at the individual school level, with support from the school district. Project PATHE works to change student characteristics, including self-efficacy and social bonding, as well as the social organization of the school itself, including building a sense of community and developing an appropriate management structure. Project PATHE's goals are to produce academic gains and to improve behavior.

Target Population
Project PATHE targets all middle and high schools that serve high numbers of minority students in both inner-city and rural, impoverished areas, and offers additional assistance for low-achieving and disruptive students.

Goals and Objectives
The goals of Project PATHE are to:
- Increase educational attainment
- Reduce delinquent behavior and student misconduct
- Increase post-secondary educational and career development

Outcomes
Evaluations conducted after one year for high schools and two years for middle schools demonstrated significant improvement for schools participating in Project PATHE compared to non-participating schools. Specifically, these improvements included:
- A decline in self-reported delinquency
- A decrease in school alienation
- An increase in school attachment
- An improvement in school climate and discipline
- Higher rates of graduation for high school seniors
- Higher scores on standardized tests of achievement
- Increased school attendance

Strategies
School bonding
School policy changes

Activities
Project PATHE aims to reduce school disorder and improve the school environment to enhance students' experiences and attitudes about school. The program's five major components include:
- Staff, student, and community participation in revising school policies and designing and managing school change
- School-wide organizational changes aimed at increasing academic performance
- School-wide organizational changes aimed at enhancing school climate
- Programs to prepare students for careers
- Academic and affective services for high-risk youth

The program is comprehensive and simultaneously focuses on organizational and individual-level change.

Project PATHE has the ability to effect school change in a number of ways:
- Staff, students, parents, and community members work together to design and implement improvement programs

- School-wide academic weaknesses and discipline problems are diagnosed and strengthened through innovative teaching techniques and student team learning, as well as the development of clear, fair rules
- Both the school climate and career attainment are enhanced by adding job-seeking skills programs and career exploration programs
- At-risk students receive additional monitoring, tutoring, and counseling aimed at improving their self-concept, academic success, and bonds to the social order

Implementation Process and Plan

School-based change is central to the PATHE approach. School staff must be involved in the development and implementation of locally created plans.

To implement this strategy with fidelity, schools must have:
- Project director
- On-site evaluator
- Full-time student concern specialist
- Full-time academic achievement specialist
- Outside evaluator or evaluation team
- Training for project director, on-site evaluator, and project staff

Two days' initial training is required for the project director and the on-site evaluator, plus two days for all project staff. Periodic follow-up training will be needed over the life of the project.

Evaluation

Project PATHE comes with an evaluation tool that can be used when implementing this strategy. The cost of the tool includes assessment of schools with the Effective School Battery. Implementers also should arrange to measure their own implementation and to provide monthly implementation summaries.

When evaluating this strategy, schools should assess:
- Decrease in school suspensions
- Decrease in delinquent behavior
- Decrease in drug use
- Change in school climate in terms of safety, staff morale, and clarity of rules

Lessons Learned

Because Project PATHE is a school change program, not a curriculum that is simply installed in schools, replication of this project requires very talented persons, including administrative, research, and organization development talent. Local educational leaders must invest heavily in a program development and evaluation process to design location-specific programs.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled study

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Catalano, R. F., Loeber, R., and McKinney, K. (1999). *School and Community Interventions to Prevent Serious and Violent Offending.* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Gottfredson, D. C. (1986). An Empirical Test of School-Based Environmental and Individual Interventions to Reduce the Risk of Delinquent Behavior. *Criminology.* 24(4): 705–731.

Gottfredson, D. C. (1987). An Evaluation of an Organization Development Approach to Reducing School Disorder. *Evaluation Review.* 11: 739–763.

Gottfredson, D. C. (1990). *Changing School Structures to Benefit High-Risk Youths: Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives.* Newbury Park, CA: Sage.

Contact Information
Project PATHE was a research project and is not an actual product offering. The program developers request that only those persons who have read the research reports and who are seriously interested in replication contact them.

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Saving Lives Program

Description
The Saving Lives Program is a community mobilization effort to reduce alcohol-impaired driving and related problems such as speeding, other moving violations and failure to wear seatbelts.

Target Population
This strategy targets all drivers in the affected geographic area.

Goals and Objectives
The goals and objectives of the Saving Lives Program are to reduce alcohol-impaired driving and related problems—such as speeding, other moving violations, and failure to wear safety seatbelts—in order to prevent death and injury.

Outcomes
The Saving Lives Program was implemented in six communities in Massachusetts in 1988. Data was collected for five years preceding implementation of the program and for five years following the start of the program. The communities participating in the program were demographically similar to the rest of the communities in the state of Massachusetts, except for socio-economic status.

Outcomes for the participating communities included the following:
- Fatal crashes declined 25 percent relative to the rest of Massachusetts
- Fatal crashes involving alcohol declined 42 percent relative to the rest of Massachusetts
- Visible injuries per 100 crashes declined 5 percent
- Proportion of vehicles observed speeding decreased by half
- Number of teenagers who drove after drinking decreased by half

Strategies
Beer keg registration
Law enforcement
Media campaign
Peer education programs

Activities
Communities may choose to include the following initiatives:
- Reducing drunk driving and speeding by introducing media campaigns, business information programs, speeding and drunk driving awareness days, speed watch telephone hotlines, police training, high school peer-led education, Students Against Drunk Driving chapters, college prevention programs, alcohol-free prom nights, beer keg registration, and increasing liquor outlet surveillance.
- Increasing pedestrian safety and seatbelt use through media campaigns and police checkpoints, posting crosswalk signs displaying the fines for failure to yield to pedestrians, more crosswalk guards, and preschool education programs and training for hospital and prenatal clinic staff.

Implementation Process and Plan
Concerned citizens, organizations, and officials in the community are brought together to form a task force. The task force develops the program initiatives according to each community's needs.

Evaluation
Communities implementing this strategy should assess:
- Decreases in drinking and driving violations
- Decreases in underage drinking and driving violations

- Motor vehicle fatality rates, particularly those involving alcohol
- Decreases in other moving traffic violations
- Compliance with seatbelt laws

Lessons Learned
No special considerations have been reported for implementing this strategy.

Compatible Programs
Community Trials Intervention to Reduce High-Risk Drinking might be a useful adjunct to implementing this strategy in your community.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Telephone surveys
Self-report
Randomized design
Cohort study

Resources
Here is a study that can enhance your understanding of the effectiveness of this strategy:

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., and R. Zakocs (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives Program. *American Journal of Public Health*, 86: 791-797.

Smoking Prevention Mass Media Intervention

Program Description
The Smoking Prevention Mass Media Intervention studied the effects of long-term cigarette smoking prevention campaigns that used mass media and school-based interventions. Adolescents in one community per each participating state received both mass media and schools interventions, while those in a matching community in the state received only school interventions with no mass media component.

Target Population
This strategy targets children in grades 4 to 12.

Goals and Objectives
The goal of the Smoking Prevention Mass Media Intervention is to reduce youth smoking.

Outcomes
Students exposed to the mass media plus school interventions were found to be at lower risk for daily and weekly smoking than were those students who received only school interventions without the mass media component.

Strategies
Mass media
School-based curriculum

Activities
The Smoking Prevention Mass Media Intervention used methods of design and delivery of comprehensive, theory-based media campaigns to reduce the prevalence of cigarette smoking among ethnically diverse adolescents, and assessed the effects of these methods on the prevention and cessation of tobacco use among these targeted populations. This was accomplished through the close integration of three research projects:

- Project 1, Message Development Using Audience Research, applied diagnostic and formative research methods with ethnically and racially diverse populations of adolescents to inform the development of theory-based smoking prevention and cessation messages for media campaigns. Message content was tested with studies according to grade, gender, racial/ethnic identity, and smoking risk to help define audience segments for targeting smoking prevention and cessation interventions.
- Project 2, Reducing Youth Smoking Using Mass Media, developed media messages in four-year campaigns designed to prevent smoking among adolescents evaluated their effectiveness in four intervention mass media markets versus four comparison areas.
- Project 3, Youth Smoking Cessation Using Mass Media, will develop mass media messages in a three-year campaign designed to help adolescents stop smoking and will evaluate their effectiveness with a cohort of weekly smokers established at baseline in four intervention mass media markets and in four comparison areas.

Implementation Process and Plan
One of the first steps in the research involved interviewing youth in three disparate cities to get ideas for tailoring the media spots to suit each of four audiences: non-smoking youth in grades 4 to 6, 7 to 8, and 9 to 12, and youth smokers in grades 9 to 12. The mass media messages developed consisted of 40 television and radio spots in the first year—10 spots for each of the four audience segments, with some geared for boys and some geared for girls. To keep the messages from appearing as though they were from the same source, no common tagline, music, or theme was used. The only common thread was the use of youth actors.

The message content for the spots was delivered in different ways to appeal to the various audience segments; however, collectively the group of messages communicated common objectives drawn from social cognitive theory, a well-tested strategy for designing effective health behavior change interventions. The theory-based objectives for the three prevention campaigns used to create the spots emphasized:

- It helps to be a non-smoker (e.g., it is more socially acceptable, non-smokers are more successful in sports
- Smoking causes problems (e.g., bad breath, smelly clothing)
- Most kids do not smoke
- How to refuse a cigarette

Once the spots had been developed, they were tested in four geographically dispersed states, with a pair of cities in each state serving as study sites. One city from each pair was randomly chosen to be the media intervention city, where the spots actually aired. The other became the comparison (control) city where the media did not air. In communities receiving the media interventions, an annual average of 540 television and 350 radio broadcasts were purchased in media programs popular with the intended student populations, each year for four years. The television spots began at the start of the school year and ran through mid-October, and again from January through April. Each year the researchers conducted a monitoring survey to help them refresh the pool of spots. Some spots stayed in the rotation for the whole study, while less appealing spots were removed each year and others were updated. Five to ten new spots were introduced each year. A light radio schedule was used during the summer when the target population tended to be outdoors and not watching as much television.

The school-based intervention consisted of three or four lessons per year delivered over the same period as the television spots.

At the outset of the study, researchers measured the percentage of youth in grades 7 to 12 in all eight cities who were smokers. Two years after the end of the four-year intervention, youth in grades 10 to 12 were again surveyed to determine how many were smokers. The broadcast messages reduced the percent of youth smoking in the media cities as compared to that of the control cities.

This segment of the project is being followed with an intervention aimed at youth smokers. Specific youth smokers have been identified. With their parents' permission, researchers will survey them periodically by telephone to determine how many have stopped smoking in the media cities versus the control cities.

Evaluation
Communities wishing to implement a mass media smoking prevention campaign should assess the target age group for:
- Daily smoking
- Weekly smoking

Lessons Learned
N/A

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled trial
Non-randomized controlled trial

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

McAfee, T., Ludman, E., Grothaus, L., Zbikowski, S. M., Bush, T., Hollis, J., Polen, M., Curry, S. J. (2005). Physician tobacco advice to preteens in a smoking-prevention randomized trial: steering clear. *Journal of Pediatric Psychology.* 30(4): 371-376.

Edwards, C. A., Harris, W. C., Cook, D. R., Bedford, K. F., and Zuo, Y. (2004). Out of the smokescreen: Does an anti-smoking advertisement affect young women's perception of smoking in movies and their intention to smoke? *Tobacco Control.* 13(3): 277-282.

Meschack, A. F., Hu, S., Pallonen, U. E., McAlister, A. L., Gottlieb, N., and Huang, P. (2004). Texas tobacco prevention pilot initiative: Processes and effects. *Health Education Research.* 19(6): 657-668.

Sowden, A., Arblaster, L., Stead, L. (2003). Community interventions for preventing smoking in young people. *Cochrane Database System Review.* (1): CD001291.

Contact Information

If you are interested in implementing a strategy to reduce youth smoking using mass media, you can receive more information by contacting the program developer:

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STEP (School Transitional Environmental Program)

Program Description
The School Transitional Environmental Program (STEP) is based on the Transitional Life Events model, which theorizes that stressful life events—such as making transitions between schools—places children at risk for maladaptive behavior. Research has shown that, for many students, changing schools leads to poor academic achievement, classroom behavior problems, heightened anxiety, and increases in school absenteeism, all of which can lead to dropping out of school and other behavioral and social problems. By reducing school disorganization and restructuring the role of the homeroom teacher, STEP aims to reduce the complexity of the school environment, increase peer and teacher support, and decrease students' vulnerability to academic and emotional difficulties.

Target Population
STEP targets students at large and urban junior high and high schools with multiple feeders serving predominantly non-white lower income youths.

Goals and Objectives
The objectives of STEP are to reduce school disorganization and to restructure the homeroom environment to:
- Decrease student anonymity
- Increase student accountability
- Enhance students' abilities to learn school rules and exceptions

Outcomes
Evaluations performed at the end of ninth grade demonstrate that STEP students, compared to control students, display:
- Decreases in absenteeism and increases in GPA
- Stability of self-concept (compared to decreases for control students)
- More positive feelings toward the school environment, perceiving the school as more stable, understandable, well-organized, involving, and supportive

Other follow-up indicates that STEP students have:
- Lower dropout rates
- Higher grades
- Fewer increases in substance abuse, delinquent acts, and depression

Strategies
School bonding
School policy changes

Activities
The School Transitional Environmental Program's success is achieved through redefining the role of homeroom teachers and restructuring schools' physical settings. Together, these changes increase students' beliefs that school is stable, well-organized, and cohesive.

This school organizational change initiative seeks to decrease student anonymity, increase student accountability, and enhance students' abilities to learn school rules and exceptions.

Project students are assigned to homerooms in which all classmates are STEP participants, and they are enrolled in the same core classes to help develop stable peer groups and enhance participants' familiarity with the school.

Implementation Process and Plan
Teachers act as administrators and guidance counselors, providing class schedule assistance, academic counseling in school, and counseling in school for personal problems. Teachers also explain the project to parents and notify them of student absences.

This increased attention reduces student anonymity, increases student accountability, and enhances students' abilities to learn school rules and exceptions.

Evaluation
Schools implementing STEP should assess:
- Decrease in students' absenteeism
- Increase in students' GPAs
- Decrease in school dropout rate
- Decrease in student substance abuse
- Decrease in juvenile delinquency
- Decrease in students' depression

Lessons Learned
N/A

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Quasi-experimental research design with comparison groups
Longitudinal quasi-experimental study

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Felner, R. D., and Adan. A. M. (1988). The School Transitional Environment Project: An Ecological Intervention and Evaluation. In Richard H. Price and Raymond P. Lorion (eds.). *14 Ounces of Prevention: A Casebook for Practitioners*. Washington, D.C.: American Psychology Association.

Felner, R. D., Brand, S., Adan, A. M., Mulhall, P. F., Flowers, N., Sartain, B., and DuBois, D. L. (1993). Restructuring the Ecology of the School as an Approach to Prevention During School Transitions: Longitudinal Follow-Ups and Extensions of the School Transitional Environment Project. *Prevention in Human Services*. 10(2): 103–136.

Felner, R. D., Ginter, M., and Primavera, J. (1982). Primary Prevention During School Transition: Social Support and Environmental Structure. *American Journal of Community Psychology*. 10(3): 277–290.

Reyes, O., and Jason, L. A. (1991). An Evaluation of a High School Dropout Prevention Program. *Journal of Community Psychology*. 19: 221–230.

Contact Information
If you are interested in implementing STEP, you can receive more information on this program by contacting:

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Stop Teenage Addiction to Tobacco (STAT)

Description

The Stop Teenage Addiction to Tobacco (STAT) initiative is an environmental campaign to 1) enforce laws against tobacco use by minors; and, 2) to stimulate communities to implement other strategies, such as banning vending machines or installing lockout devices on vending machines, to curtail youth access to tobacco. Where traditional youth smoking prevention initiatives have focused on reducing the demand or desire for tobacco among youth, the STAT effort focuses on cutting off the supply of tobacco to minors.

Note: This program, which was previously designated as an "effective" program by the National Registry of Effective Prevention Programs (NREPP), has not been reviewed under the new NREP guidelines.

Target Population

STAT is an effort targeting law enforcement, vendors, and other community groups concerned with reducing the ability of minors to purchase tobacco.

STAT targets tobacco use by junior high and high school students.

Goals and Objectives

The aim of the STAT program is to convince tobacco merchants and vendors to obey laws that prohibit tobacco sales to minors, thereby reducing underage tobacco use.

Outcomes

Restriction of access to tobacco seems to curb the development of regular smoking, although no differences were found in the overall number of cigarettes smoked among smokers. Teenagers living in regular enforcement communities used significantly less smokeless tobacco compared with those living in communities with no-regular-enforcement areas.

The town of Woodridge, Illinois, was the first in the nation to put a tough enforcement program in place. As a result of this enforcement program, Woodridge's rate of tobacco use among teenagers was reduced by half.

There has been a measurable improvement in merchant compliance in Massachusetts over the past several years. Each of the communities in a Massachusetts study reached 90 percent (or above) vendor compliance rate, showing that enforcement programs were effective. Three months after a local law requiring lockout devices on all machines went into effect, a minor was able to purchase tobacco from 19 percent of vending machines equipped with locks in comparison to 65 percent of machines without locks.

Strategies

Law enforcement

Activities

STAT activities include compliance checks on tobacco sales to minors and vending machine restrictions in order to cut off the supply of tobacco to minors by enforcing laws that prohibit the sale of tobacco to this underage group.

Implementation Process and Plan

A key component of improved enforcement is compliance tests. Six communities in Massachusetts undertook the following approach to effective compliance testing:

- Underage youth enter a place of business to purchase tobacco while an adult supervisor waits outside. Youth involved in compliance testing are instructed to be honest when asked their age and not to carry proof of identification.

- Youth involved in compliance testing must have parental consent and must sign a statement outlining their responsibilities. In addition, they receive one to two hours of group training to prepare for the compliance tests.
- The adult supervisor waits in the car while the youth enters the store. When the youth returns, he or she reports what transpired. Any purchased tobacco is immediately labeled with the date of sale; name of the adult supervisor; and the name, address, and permit number of the vendor.
- Violation notices are written for violators. These notices are delivered either by mail or in person at the end of the day, but never at the time of the inspection. To do so might launch a merchant phone tree action, reducing the number of effective compliance inspections possible that day.
- In cases of vending machines without locking devices, youth are instructed to approach the vending machine and attempt to make a purchase. If the vending machine is locked, the youth are instructed to ask an employee to unlock the machine.
- Over-the-counter vendors included in the compliance testing in Massachusetts were convenience stores, pharmacies, liquor stores, and gasoline stations. All of the vending machines were located in restaurants.
- It is important to re-inspect violators frequently to determine whether the penalty has had the desired effect of eliminating a source of illegal sales.

Evaluation
In evaluating this program, communities and schools should assess:
- Merchant compliance and vendor compliance rate with tobacco purchase laws
- Underage tobacco use

Lessons Learned
For this strategy to be effective, it is critical to have a strong commitment from law enforcement officials and licensing entities.

Self-service displays should be banned. They contribute to youth access, providing the temptation and opportunity for younger adolescents to shoplift tobacco products.

Compatible Programs
Both Project Toward No Tobacco Use and Project SHOUT, school-based tobacco prevention programs, might be useful adjuncts to implementing a multi-strategy tobacco control campaign in your community.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Randomized controlled community trial
Cohort study

Resources
Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding of what is involved in implementation:

Chaloupka, F., Grossman, M. (1996). Price, tobacco control policies, and youth smoking. Cambridge, MA: *National Bureau of Economic Research*.

DiFranza, J. R., Carlson, R. R., Caisse, R. E. J. (1992). Reducing youth access to tobacco. *Tobacco Control*, 1: 58.

Forster, J. L., Murray, D. M., Wolfson, M., Blaine, T. M., Wagenaar, A. C., Hennrikus, D. J. (1998). The effects of community policies to reduce youth access to tobacco. *Tobacco Control,* 38: 1193-1197.

Hinds, M. W. (1992). Impact of a local ordinance banning tobacco sales to minors. *Public Health Reports,* 107: 356-358.

Jason, L. A., Berk, M., Schnopp-Wyatt, D. L., Talbot B. (1999). Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology,* 27(2): 143-160.

Jason, L., Ji, P. Y., Anes, M. D., Birkhead, S. H. (1991). Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *Journal of the American Medical Association* 1991; 266: 3159-3161.

Jason, L. A., Katz, R., Vavra, J., Schnopp–Wyatt, D. L., and Talbot, B. (1999). Long-Term Follow-Up of Youth Access to Tobacco Laws' Impact on Smoking Prevalence. *Journal of Human Behavior in the Social Environment.* 2(3): 1–13.

Katz, R. and Jason, L. A. (2000). Youth access to tobacco laws: A survey of municipality government officials' attitudes about youth access to tobacco laws. *Journal of Rural Community Psychology,* E3(1).

Lewit, E. M., Hyland, A., Kerrebrock, N., Cummings, K. M. (1997). Price, public policy, and smoking in young people. *Tobacco Control,* 6 (Supplement 2): S17-S24.

Rigotti, N., DiFranza, J., Chang, Y., Tisdale, T., Kemp, B., Singer, D. (1997). The effect of enforcing tobacco sales laws on adolescents' access to tobacco and smoking behavior. *The New England Journal of Medicine,* 337: 1044-1051.

Tutt, D., Bauer, L., Edwards, C., and Cook, D. (2000). Reducing Adolescent Smoking Rates: Maintaining High Retail Compliance Results in Substantial Improvements. *Health Promotion Journal of Australia.* 10(1): 20–24.

Contact Information

No technical assistance, training, or manuals are available for this strategy. However, for questions related to STAT, contact:

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Community Intervention
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Tobacco Policy and Prevention

Program Description
The primary purpose of the Tobacco Policy and Prevention (TPP) project was to compare the effects of a multi-component school tobacco policy intervention with existing school policies on preventing tobacco use among middle school adolescents.

Target Population
This program targets middle school students.

Goals and Objectives
The primary goal of tobacco-free environmental policies is to create environments that do not expose youth to the use and possession of tobacco.

Outcomes
At 6-months and 18-months after program initiation, the following results were noted:
- Increasing student support of policy, beliefs about the helpfulness of policy, observations about teacher guidance to students about tobacco use, and perceived personal consequences of violation
- Decreasing perceived social norms and favorable attitudes toward smoking
- Lower lifetime smoking rates

Decreased monthly smoking was significant at 6 months but marginal at 18 months.

Strategies
School-based tobacco education
School tobacco policy

Activities
The Tobacco Policy and Prevention program consists of four components:
- Three 50-minute student sessions in tobacco prevention education
- A faculty presentation
- A PTA presentation
- A faculty/administrative policy workshop

Implementation Process and Plan
The three program hypotheses behind this program are:
- Policy enforcement, awareness, support, consequences, and norms predict and mediate tobacco use
- Policy intervention prevents tobacco use
- Policy intervention changes enforcement.

Implementing this program requires that schools:
- Review existing laws and compliance with laws restricting tobacco use in certain settings
- Review the effects of antismoking school policies on adolescent smoking
- Provide technical assistance and guidance on developing and implementing tobacco-free policies and environments
- Educate and inform concerned parties about laws restricting tobacco use in certain settings

Evaluation
Schools implementing this program should:
- Assess establishment of policies restricting or prohibiting tobacco use
- Assess rates of adolescent smoking

Lessons Learned
No special challenges or considerations have been reported for this practice.

Compatible Programs
Project Toward No Tobacco Use and Project SHOUT might be useful adjuncts to implementing a school tobacco policy strategy.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Survey
Observation
Cohort study

Resources
Here are some resources that can enhance your understanding of how to implement this strategy.

Colorado Department of Public Health and Environment and American Cancer Society (2001). *Getting to Tobacco Free Schools: A Trouble Shooting Guide.* Wisconsin Department of
Public Instruction: August 2001.

Goldstein, A. O., Peterson, A. B., Ribisl, K. M., Steckler, A., Linnan, L., McGloin, T., Patterson, C. (2003). Passage of 100 percent tobacco-free school policies in 14 North Carolina school districts. *Journal of School Health,* 73(8): 293-299.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Contact Information
If you are interested in implementing Tobacco Policy and Prevention, you can receive more information on this program by contacting:

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Weed and Seed

Program Description
Weed and Seed is a community-based strategy sponsored by the United States Department of Justice (DOJ). This is a comprehensive, multi-agency approach to law enforcement, crime prevention, and community revitalization that aims to prevent, control, and reduce violent crime, drug abuse, and gang activity in designated high-crime neighborhoods. A Weed and Seed site can range in size from several neighborhood blocks to several square miles, covering a population of a few thousand or tens of thousands.

Target Population
Weed and Seed targets high-crime neighborhoods.

Goals and Objectives
Weed and Seed strives to prevent, control, and reduce:
- Violent crime
- Drug trafficking, drug abuse, and drug-related crime
- Gang activity

The strategy's overall goal is to promote the long-term health and resilience of the community.

Outcomes
Weed and Seed:
- Decreases the number of crimes, including aggravated assault, auto theft, burglary, homicide, larceny, rape, and robbery
- Decreases the number of drug arrests
- Improves residents' perceptions of crime severity, public safety, and police effectiveness in controlling crime

Strategies
Community mobilization
Community policing
Law enforcement
Neighborhood revitalization

Activities
Weed and Seed has three key components:
- **Weeding:** Law enforcement efforts to remove violent offenders, drug dealers, and other criminals from the target area. This consists primarily of suppression activities such as enforcement, adjudication, prosecution, and supervision efforts designed to target, apprehend, and incapacitate offenders.
- **Seeding:** Human services and neighborhood revitalization efforts to prevent and deter further crime. The coordinated efforts of the private sector, the community, and law enforcement and social service agencies will help prevent crime from recurring. This can be accomplished by concentrating a broad array of human services on the target areas to create an environment where crime cannot thrive. Every Weed and Seed site is required to establish a Safe Haven, a multi-service center often housed in a school or community center, where a number of youth- and adult-oriented services are delivered.
- **Community Policing:** Proactive police–community engagement and problem-solving, with police personnel accountable for specified geographic locations, regarded as the bridge between weeding and seeding. Law enforcement works closely with community residents to develop solutions to violent and drug-related crime. Activities concentrate on increasing police visibility and developing cooperative relationships between the police and the residents in the target areas using foot patrols, problem-solving, victim referrals to support services, and community relations activities. A special emphasis is placed on addressing the needs of crime victims and minority communities that are disproportionately victimized by crime.

Implementation Process and Plan
At each Weed and Seed site, the relevant U.S. Attorney's Office plays a leadership role in organizing local officials, community representatives, and other key stakeholders to form a steering committee. The U.S. Attorney's Office also facilitates the coordination of federal, state, and local law enforcement efforts so that each site effectively uses federal law enforcement partners in weeding strategies. In some instances, the U.S. Attorney's Office helps sites mobilize resources from a variety of federal agencies for seeding programs.

Collaboration, coordination, community participation, and leveraging of resources are the fundamental principles that underlie the Weed and Seed strategy.

Communities interested in becoming Weed and Seed sites must first apply for Official Recognition (OR) of their Weed and Seed strategies. With the OR status comes eligibility to apply for Weed and Seed funds, priority in participating in federally sponsored training and technical assistance opportunities, and preference in receiving discretionary resources from participating federal agencies. All Weed and Seed sites must prove their capacity to obtain financial and in-kind resources from a variety of public and private sources.

Sustainability must be a key part of a site's structure. The foundation for sustainability involves maintaining the steering committee as a mechanism for ongoing implementation of the Weed and Seed strategy beyond the life of the grant and identifying and securing existing and new resources and funding sources.

Evaluation
In evaluating the Weed and Seed strategy, communities should assess:
- Decrease in all types of crime
- Decrease in drug-related arrests, including arrests for drug trafficking
- Decrease in drug-related activity
- Increase in residents' perception of neighborhood safety and police effectiveness

Lessons Learned
N/A.

Research Design/Evaluation Methods

Below are some of the documented research designs and/or methods used in evaluating this strategy:

Controlled study with comparison groups
Cohort study

Resources

Below are some resources that may enhance your understanding of this strategy. Resources listed may include research supporting strategy development, documents that support or advance the theory or theories underpinning the strategy, and/or reports on the actual evaluation of the strategy.

Dunworth, T., Mills, G., Cordner, G., and Greene, J. (1999). *National Evaluation of Weed and Seed: Cross-Site Analysis.* Washington, DC: National Institute of Justice.

Community Capacity Development Office. (2005). *Developing A Sustainability Plan for Weed and Seed Sites.* Washington, D.C.: Community Capacity Development Office.

Weed and Seed Best Practices: Evaluation-based Series, Volume 1. Washington, D.C.: Community Capacity Development Office.

Weed and Seed Best Practices: Evaluation-based Series, Volume 2. Washington, D.C.: Community Capacity Development Office.

Young, D., Slayton, C., Rosenzweig, E., and Wycoff, L. (2005). *Process Evaluation of an Effort to Engage Police in Alternative Responses to Neighborhood Drug Problems.* College Park, MD: University of Maryland, Bureau of Governmental Research.

Contact Information

Website:
http://www.ojp.usdoj.gov/ccdo/welcome.html

If you are interested in implementing Weed and Seed, you can receive more information on this program by contacting:

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