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Final Report

Norms and Attitudes Related to Alcohol Usage and Driving: A Review of the Relevant Literature. "Suggestions for Developing Prevention Programs to Reduce the Incidence of Alcohol-Impaired Driving."

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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A D D E N D U M

Recognizing the magnitude and complexity of the alcohol-impaired driving problem, the National Highway Traffic Safety Administration reexamined its alcohol program and, in 1981, developed an Alcohol Highway Safety Program Plan calling for an integrated problem solving effort at all levels of government and society. The plan emphasizes six major points:

1. General Deterrence (short term): programs oriented toward deterring the majority of drunk drivers who are never arrested (rather than "treating" the few who are) for short term impact.

2. Community Focus: program emphasis and responsibility is placed at the local level.

3. Systems Approach: integration of the coordinating, enforcement, prosecution, adjudication, education/treatment, public information/ education, and licensing functions at the local and State level, as appropriate.

4. Financial Self-Sufficiency: assessing fines, court costs, treatment tuition fees, etc., to convicted offenders to defray the costs of local and community programs.

5. Citizen Support: generating community and citizen support for comprehensive community programs (to provide a political base for increased countermeasure activity).

6. Prevention (long term): efforts toward changing societal attitudes toward drinking and driving through long-term prevention/education programs.

This report addresses the final point—development of programs for preventing alcohol-impaired driving. It is felt that achievement of long-term reductions in the magnitude of the drinking/driving problem necessitates the establishment of societal norms emphasizing individual responsibility and making alcohol-impaired driving unacceptable behavior. The intent of this report is to provide a foundation for developing prevention programs to achieve such long-term reductions in alcohol-impaired driving. The literatures on health prevention programs and on attitudes related to alcohol-usage and driving were reviewed as the first step in identifying promising approaches for preventing alcohol-impaired driving.

This report, in four volumes, summarizes (1) information available on attitudes related to alcohol-usage and driving, (2) factors associated with "successful" prevention programs, and (3) data on perceptions of the drinking/driving problem and its possible solutions collected through individual interviews and focus groups.

This report will be most useful to individuals interested in planning, designing, and developing programs to prevent alcohol-impaired driving, for it provides information about the issues which should be addressed when designing such programs. This report is not intended for use by program implementers, as it does not provide information on already-developed and tested drunk-driving prevention programs, nor does it provide detailed outlines on how to establish such programs.

State and local program designers/developers, health professionals and educators interested in drinking-driving programs may each find this report of interest. Those interested in changing attitudes about drinking and driving and in issues associated with attitude-change programs should find Volume I useful. Information about "success" factors associated with public health prevention programs (e.g., smoking, hypertension, substance abuse) can be found in Volume II. In designing drunk-driving prevention programs, this information can be used to avoid some of the pitfalls of previous health prevention efforts. Volumes III and IV contain information, collected through individual interviews and focus groups, on the drunk-driving problem and its possibilities for solution. While these data are based on small, selected samples and are not generalizable, they do provide insight into the magnitude and complexity of the drinking-driving problem. These two volumes may be of particular interest to persons working with youth programs, school-based programs and/or parent-child programs. Finally, a short, summary booklet outlining issues associated with, and providing suggestions for, developing drinking-driving prevention programs is included as part of this report. While this booklet is helpful in providing a short overview of suggestions for developing programs to prevent alcohol-impaired driving, users of this report are encouraged to refer to the appropriate volume containing the more complete background and empirical information when designing their drinking/driving prevention programs.

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16. Abstract

This project provides information about norms and attitudes related to alcohol use and driving. This booklet was developed to assist highway safety program officials in assimulating recent research findings on primary prevention into their DWI community-based prevention programming. The DWI prevention activities and program suggestions contained in this booklet are based on the findings o a review of DWI literature and attitude behavior research; a quantitative analysis of primary prevention public health programs; and primary data collected through interviews and focus groups on knowledge, beliefs, attitudes, and behaviors related to drinking and driving. Presented herein is background information on the drunk driving problem; approaches for establishing an integrated community-based prevention program; and resources that can support DWI prevention efforts. The suggestions contained in this booklet have not been tested specifically for preventing drinking and driving; however, they are based on statistically factored, features of successful public health primary prevention programs.

Information on the other aspects of the project can be found in other volumes of this report as follows: Volume I-Review of the Literature; Volume II-A Meta-analysis of Primary Prevention studies; Volume III - Report of Individual Interviews; Volume IV - Report of Focus Groups.

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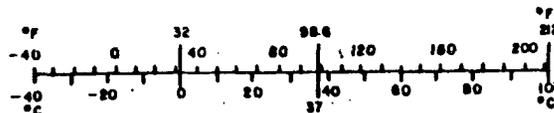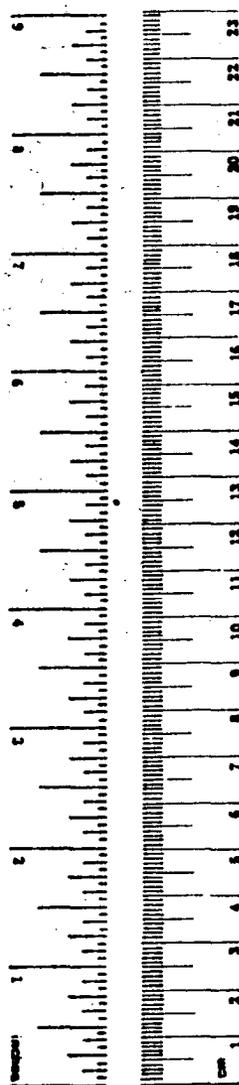| 19. Security Classif. (of this report)	20. Security Classif. (of this page)	21. No. of Pages	22. Price

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METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
		LENGTH		
in	inches	*2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
		AREA		
in^2	square inches	6.5	square centimeters	cm^2
ft^2	square feet	0.09	square meters	m^2
yd^2	square yards	0.8	square meters	m^2
mi^2	square miles	2.6	square kilometers	km^2
	acres	0.4	hectares	ha
		MASS (weight)		
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
		VOLUME		
tsp	teaspoons	5	milliliters	ml
Tbsp	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cups	0.24	liters	l
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
ft^3	cubic feet	0.03	cubic meters	m^3
yd^3	cubic yards	0.76	cubic meters	m^3
		TEMPERATURE (exact)		
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C

*1 in = 2.54 (exactly). For other exact conversions and more detailed tables, see NBS Misc. Publ. 286, Units of Weights and Measures, Price $2.25, SD Catalog No. C13.10:286.

Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
		LENGTH		
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
		AREA		
cm^2	square centimeters	0.16	square inches	in^2
m^2	square meters	1.2	square yards	yd^2
km^2	square kilometers	0.4	square miles	mi^2
ha	hectares (10,000 m^2)	2.5	acres	
		MASS (weight)		
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	
		VOLUME		
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m^3	cubic meters	35	cubic feet	ft^3
m^3	cubic meters	1.3	cubic yards	yd^3
		TEMPERATURE (exact)		
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F

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 °F    -40    0    |32  40   80  98.6 120    160   200  |212
        |--+--|--+--|--+--|--+--|--+--|--+--|--+--|--+--|--+--|
       -40   -20    0      20   |37  40    60    80     100
 °C                                                         °C
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PREFACE

The following research was conducted under NHTSA contract #DTNH 22-81-
C-07385 Norms and Attitudes Related to Alcohol Usage and Driving: A Review of
the Relevant Literature. The purpose of this project was to provide a
foundation for the development of prevention activities and programs to deter
people from drinking and driving. Components of the project include:
conducting a review of the literature; performing a meta-analysis of primary
prevention studies; conducting individual interviews and focus groups; and
developing a booklet of suggestions for developing prevention programs to
reduce the incidence of alcohol-impaired driving.

INTRODUCTION

The information contained herein provides suggestions on how primary
prevention* activities can be used to support community-based efforts to
deter people from driving while intoxicated (DWI). These suggestions are
based on the findings of a research project conducted by Creative Associates
(CA) for the National Highway Traffic Safety Administration (NHTSA).
Although these suggestions have not yet been tested, they are offered to
provide local DWI program personnel with promising ideas for DWI prevention
programs.

The research on "Norms and Attitudes Related to Alcohol Usage and
Driving: A Review of the Relevant Literature" consisted of a traditional or
qualitative review of the literature; a quantitative (meta-analysis) review
of primary prevention studies; individual, open-ended interviews with early
and middle adolescents, and young adults; and focus groups with men over
thirty and parents having teenage children of driving age. This project
represents a preliminary phase of NHTSA's efforts to develop long-term
strategies that will decrease the incidence of drinking and driving
nationwide.

The first section contains background information on the drunk driving
problem and presents the different approaches being used for its reduction.

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*For the purposes of this report primary prevention, as a method for
deterring people from driving while intoxicated (DWI), refers to activities
directed at preventing drinking/driving behavior. These activities are
directed at potential drinking drivers and the general public in order to
promote the importance of and the necessity for responsible attitudes
regarding drinking and driving.

The second section defines prevention as a means for alleviating public health problems and explains how prevention interventions can be used to combat drinking and driving and support other DWI countermeasures. The third section gives specific examples of how a community can establish an integrated prevention program and the fourth section emphasizes the critical need for individuals and communities to activate their resources to support the prevention of drunk driving.

Although some of the suggestions contained in the booklet have not been tested specifically for preventing the occurrence of drinking and driving, they are based on successful primary prevention programs in the field of public health.

Additional information concerning the literature review, research methodologies, and research findings can be found in the Final Report for this project. Anyone wishing a copy of the Final Report should contact the Office of Management Services (NAD-42) National Highway Traffic Safety Administration, 7th and D Sts S.W., Washington, D.C. 20590.

BACKGROUND TO THE PROBLEM

The incidence of death and serious injury due to drunk driving has reached epidemic proportions. In the past ten years 25,000 highway deaths per year have been associated with alcohol use. Furthermore, the cost to society of drunk driving accidents has been estimated to be between 5 and 6 billion dollars per year.

Past attempts to alleviate the drunk driving problem have made use of countermeasures falling into two major categories: legal or compulsory and educational or voluntary. Legal countermeasures--legislation, enforcement, adjudication and sanctions--are based on the concept of deterrence. If you are caught driving while intoxicated you will be punished. Educational countermeasures--are based on the concept of responsible action. If you have accurate information concerning the hazards of drunk driving you will make the responsible decision not to drive while intoxicated.

As is evidenced by the consistent numbers of deaths and injuries annually, neither of these approaches unto themselves has been successful in fighting the drunk driving problem, although specific actions have had short-term impact on the numbers of drinking driving accidents in different localities (for more detailed information on DWI countermeasures see the reference list contained in the Appendix).

The National Highway Traffic Safety Administration has developed a general model for combatting the DWI problem. This model includes the following approaches:

1. General Deterrence Approach (short-term) - conducting programs oriented toward deterring the majority of drunk drivers who are never arrested (rather than "treating" the few who are) for short-term impact.

2. Community Focus - placing program emphasis and responsibility at the local level.

3. Systems Approach - integrating the coordinating, enforcement, prosecution, adjudication, education/treatment, public information/education, and licensing functions at the local and state levels as appropriate.

4. Financial Self-Sufficiency - assessing fines, court costs, treatment tuition fees, etc., to convicted offenders to defray the costs of local/community programs.

5. Citizen Support - generating community/citizen support for comprehensive community programs (to provide a political base for increased countermeasure activity).

6. Prevention (long-term) - efforts toward changing societal attitudes toward drinking and driving through long-term prevention/education programs.

These approaches are both short- and long-term in scope. This booklet will provide guidelines for establishing community-based, long-term program efforts (prevention) focusing on changing the social acceptability of drinking and driving and on establishing a societal norm making drunk driving unacceptable behavior among the American public.

Such programs will require long-term, continuous efforts directed at all segments of American society, including pre-driver groups, community action groups, business and professional groups, social and recreational groups, and traditional enforcement agencies. Thus, there are roles for everyone in combatting the problems that arise from drunk driving. Federal, state and local participants must pool their resources to carry out program initiatives that will work to diminish the incidence of drunk driving.

WHAT ROLE CAN PREVENTION PLAY IN DETERRING DWI?

This section supports the need for a full-fledged prevention effort by
defining the public health techniques used for prevention and illustrating
how they can be applied to the drunk driving problem.

What is Prevention?

In public health terminology, prevention is an all-embracing concept
having three distinct levels: primary, secondary and tertiary. Primary
prevention refers to actions taken prior to the onset of disease; secondary
prevention refers to early diagnosis and treatment; and tertiary prevention
refers to rehabilitative efforts to reduce the residual effects of illness.

In the case of drunk driving, a primary prevention approach would be
aimed at preventing a person who has been drinking from driving his/her
car. A secondary prevention approach would involve stopping a person
suspected of drunk driving and tertiary prevention would involve the
treatment of a person who has been hurt in a DWI accident. The prevention
activities highlighted herein all fall into the category of primary
prevention. However, they will be referred to as prevention.

What is the Goal of Prevention Activities to Deter DWI?

The goal of prevention activities to deter DWI is to foster norms and
attitudes which deem drinking and driving as unacceptable behavior. Achieving
this goal requires individuals to make responsible decisions concerning their
drinking and driving behavior, thus contributing to the well-being of society
as a whole.

What Types of Activities (Interventions) Can Be Used in Preventing DWI?

Prevention efforts in public health use many different types of activities or interventions including: technology, pharmacology, education, information/ media, legal, psychotherapy, as well as combinations of interventions. These interventions may also be used in deterring drunk-driving. Examples of how such interventions could be used to deter DWI are as follows.

> Technology - an interlock system which, when placed on a steering wheel, prevents the intoxicated driver from starting his/her car.

> Pharmacology - administering drugs such as adabuse (adabuse causes extreme nausea when consumed in combination with alcohol) to persons with serious drinking problems.

> Education - an alcohol education curriculum which teaches the effects that alcohol has on one's ability to drive.

> Information/Media - print materials and public service announcements such as the "Friends Don't Let Friends Drive Drunk" campaign.

> Legal - enforcement of drinking age laws preventing minors from drinking.

> Psychotherapy - helping a person to understand/change his/ her attitudes towards drinking/driving behaviors.

These intervention types are not unique to prevention. Rather, the method in which they are used distinguishes them from other countermeasures.

How Can Prevention be Used to Support Other Countermeasures?

At present the most commonly used countermeasures to deter alcohol- impaired driving have employed deterrence techniques aimed at DWI offenders. These include: increasing special police patrols and traffic enforcement actions; conducting random roadside checks; using various alcohol detection devices; and instituting driver rehabilitation programs

for convicted DWI offenders. These countermeasures have merit and must continue to be used to deter the drinking driver.

Prevention differs from other countermeasures in that it is directed at the potential drinking driver and the public at large. In addition, it is directed at the "pre-drinking" stage of the drinking/driving continuum. Its aim is to encourage people to make the decision not to drink and drive. Furthermore, its goal is to make drinking/driving behavior unacceptable to the public at large.

Prevention should complement, rather than compete with, other counter-measures. It should incorporate and recognize the need for specific and general deterrence; but should not lose sight of its goal to help people decide not to drink and drive. The following chart provides examples of the distinction between prevention and other countermeasures.

Type of Intervention	Prevention	Other Countermeasures
Education	Speaker at a civic organization	Program, in lieu of jail, for DWI offenders
Legal	Laws forbidding the purchase of alcoholic beverages by minors	Laws establishing blood alcohol content (BAC) for intoxication
Public Information	Radio program to raise public awareness of the hazards of DWI	Radio program to raise public perception of the risk of apprehension

BUILDING A SUCCESSFUL PREVENTION PROGRAM

As previously stated, prevention activities should complement other DWI countermeasures. This section contains information on how to increase the chances of program success by combining prevention approaches and outlines the steps for implementing a comprehensive drunk driving prevention program.

Alternative Approaches for Using Prevention Interventions

The findings of our research on public health prevention programs indicate that prevention activities can be more effective in reducing the public's risk to a problem when a combination of interventions or activities is used. Our analysis identified several types of interventions and prevention program features that were highly successful in public health prevention programs. We have listed these below indicating how they can be used to prevent drinking and driving.

- Education and information programs combined, or in conjunction, with other interventions - education programs which also include extensive media campaigns (print or broadcast) have a higher success rate than education alone. Therefore, a DWI education and information program coupled with the availability of breathalyzers in bars and clubs would tend to be more successful than an education or information program alone.

- Programs that are implemented in nonschool settings - education, information or counseling activities designed to be implemented in the home, work place, clinic or other public sites are more successful than similar programs that are offered in the schools, as the sole site. Therefore, DWI programs that can be implemented by community-based groups should also be developed.

- No effort - in health prevention programs, interventions such as technological devises and drugs requiring that a person make few behavioral changes to reduce his/her exposure to a problem have been highly successful. In the case of drunk-driving, pre-planning (having one person be the driver; that person does not drink) is a less expensive alternative intervention which requires fewer people to modify their drinking behaviors. Furthermore, it reduces the likelihood of alcohol-impaired driving by encouraging people to decide in advance who will be responsible for driving after parties and other social affairs.

o   General Population - interventions that are targeted toward "at risk" or "high risk" populations produce the least measurable results in public health programs. Since the aim of prevention is to reach the potential drinking driver, prevention activities, such as public information campaigns, should be directed at the entire population.

o   Frequent Contact - interventions involving frequent contacts with the target group appear more successful than those having few contacts. Therefore, a DWI public education and information campaign having high exposure through several media outlets, over a long period of time, should be more successful in increasing public awareness.

Who Can Implement Prevention Programs?

Although Federal, state, and local transportation authorities are charged with the responsibility for establishing policies and implementing projects which support traffic safety program objectives, there are many community groups and organizations which can assist officials in achieving these objectives. Many of these community-based organizations, institutions, and groups are already engaged in activities that promote a safe and stable environment for the community's residents. Some of these activities include big brother and big sister role modeling activities of social/civic organizations, recreational and community service activities sponsored by the local police for the Boys Clubs of America, and Neighborhood Watches.

It is through such activities that these groups directly and indirectly shape group norms by either permitting or prohibiting certain practices and behaviors. Through their involvement and visability in the community these groups develop strong ties with their audiences and develop ways to reach them with information. State and local transportation officials can greatly enhance their programs' effectiveness by tapping the strengths of these organizations because:

- They have credibility with their members or constituents;

- They can effectively access and communicate with their members through newsletters, regularly held meetings, and mailings;

- They represent the norms and values by which members of the group set their standards; and

- They serve as reference groups by which attitudes and behaviors are patterned.

Therefore, involving community-based groups in DWI prevention program efforts can be a crucial step in establishing a successful program. Examples of these groups and individuals are listed below.

Social/Civic Organizations

- Sorority and Fraternity Chapters
- Jaycees
- Masons
- Knights of Columbus
- Lions Clubs
- Boys Clubs
- Girl Scouts
- Boy Scouts
- Toastmasters Clubs

Educational Institutions

- Public Schools
- Private Schools
- Community Colleges
- Universities
- School Boards
- Teachers' Associations
- Parent Teacher Associations

Local Media

- Newspaper Publishers and Editors
- Radio Station Managers or Owners
- Television Station Managers
- (Local media) Editorial Chiefs
- Newsletter Publishers and Editors

Local Government

- Mayors
- City Councils
- Heads of Social Service Agencies
- State and Federal Representatives

Enforcement Officials

- Police Chiefs
- District Attorneys
- Traffic Court Judges

Medical

- Hospital Chiefs of Staff
- Local Chapters of American Medical Association

Local Employers

Small Businesses

Community Leaders

Local Religious Leaders

In addition to organized groups, there are often individuals in the community who may or may not belong to a particular organization, but who feel that the problem of drinking and driving should receive specific and direct attention in their community. Today there are many special interest groups that were formed specifically to tackle the problem of DWI at the community level. Some of these organizations, such as Mothers Against Drunk Driving (MADD), Students against Drunk Driving (SADD), and Remove Intoxicated Drivers (RID), have helped other communities form chapters. Youth, parents or other adults expressing an interest in supporting DWI prevention activities may be encouraged to form anti-drunk driving chapters to support and enhance DWI prevention activities.

What is the Status of the DWI Problem in Your Community?

Every community is unique. The nature and extent of the DWI problem in your community may be different from other communities. Therefore, it is important that every local transportation program coordinator examine the unique characteristics of the DWI problem in his/her community and identify the factors contributing to the problem. Studies indicate that there are many factors contributing to a community's drinking and driving problem. Some of these factors include:

- Violation of legal drinking age laws by establishments which permit on-premise drinking (i.e., restaurants, bars, and clubs) and off-premise drinking (i.e., liquor, convenience and grocery stores).

- Indiscriminate distribution of free alcohol at community and church-sponsored picnics, parties and other social events.

- Extension of drinking establishments' operating hours.

- Intense promotion of special events and contests, designed to increase sales, by brewers and distillers.

- Increase in number of bars and clubs also offering dancing. (People who may not go out to drink, may go out to dance and if alcohol is available are likely to drink.)

Local social service and health agencies, police departments, state transportation departments, and Alcoholic Anonymous chapters are sources for obtaining statistical data and other useful information to aid in the analysis of the drinking and driving problem in your community. Once analysis has been performed, specific features of the DWI prevention program should be designed to address issues unique to your community's problem.

Developing a DWI Prevention Program

Prevention efforts should be aimed at every facet of society that controls or influences how attitudes related to alcohol use and driving are formed and maintained. Public attitudes condoning and upholding drinking practices that ultimately lead to drinking and driving are deeply rooted. These same attitudes also penetrate the legal bodies that establish DWI laws, penalties, and enforcement levels. The American driving public is exposed to so many situations which can lead to drinking and driving (i.e., office parties, business lunches and dinners, gatherings after work at local bars) that juries and judges often empathize with the apprehended drunk driver, and consequently are reluctant to impose strict penalties and jail sentences. This complex situation demands a prevention effort that is broad in scope, that integrates various interventions, and involves many social and legal institutions.

Outlined below is an example of an integrated prevention program plan that involves on-going and simultaneous activities. The categories under 'Type of Intervention' are based on the public health interventions studied in the meta-analysis of public health studies.

Type of Intervention	Activity	Initiator(s)	Implementor(s)
Technology	Install breathalyzers for patrons' use in bars and clubs that serve alcohol	Rotary Club, Local Businesses, Civic Groups i.e., Kiwanis, Elks, etc.	Owners of Bars and Clubs
Pharmacology/ Medical	Refer alcoholic patients for counseling and treatment	National and Local AMA, Professional Assoc., Civic Organizations, Individual Physicians	Hospitals, Clinics, Medical Centers, Individual Physicians
Education	Schedule a film, speaker and discussion at a work site during office hours	Employers, Transportation Officials, Police	Employers and Local Transportation Officials or Police
	Schedule a film and group discussion at a club site during a meeting	Local Youth Organizations i.e., Boys and Girls Clubs, Scouts, Religious Youth Groups	Students Against Drunk Driving, Club Members, Local Transportation Officials, Police
	Provide a lecture and group discussion at a civic organization site during a scheduled meeting	Kiwanis, Elks, American Legion, Masons, Jaycees, etc., Police, Political Leaders	Speaker's Bureau, Transportation Officials, Police, Club Members, Special Interest Groups i.e., Mothers Against Drunk Driving (MADD), Remove Intoxicated Drivers (RID)

Type of Intervention	Activity	Initiator(s)	Implementor(s)
Education (continued)	Initiate peer-led group discussion, and/or peer-counseling at local youth organizations, YMCA or recreation center	SADD, Youth Organizations, Neighborhood Groups, Transportation Officials, Police	SADD, Transportation Officials, Youth Organization Members
	Hold a problem-solving session on drunk driving for students	School Boards, Teachers, SADD	Driver Education Teachers, SADD, Other Teachers
Information/ Media	Distribute envelope stuffers and posters at work sites and to customers	Employers, Transportation Officials, Unions, Business Owners	Employers, Unions, Insurance Companies, Oil Companies
	Broadcast radio and tv public service announcements	Local Media, Local Businesses, Political Leaders, Community Leaders, Civic Organizations	Local Media, Local Businesses, Political Leaders, Community Leaders, Civic Organizations
	Appear on local radio and tv programs i.e., talk shows, public affairs programs	Transportation Officials, Producers, Program Hosts, Civic Organizations, Special Interest Groups	Transportation Officials, Producers, Program Hosts, Civic Organizations, Special Interest Groups
	Write editorials	Local Print and Broadcasting Media, Transportation Officials, Political and Community Leaders	Local Print and Broadcasting Media, Transportation Officials, Political and Community Leaders

Type of Intervention	Activity	Initiator(s)	Implementor(s)
Information/ Media (continued)	Sponsor print advertising	Local Businesses, Civic Organizations, Special Interest Groups, Local Media, Corporations, Distillers, Brewers, Insurance Companies	Local Businesses, Civic Organizations, Special Interest Groups, Local Media, Corporations, Distillers, Brewers, Insurance Companies
	Sponsor billboards	Local Businesses, Civic Organizations, Corporations, Special Interest Groups, Insurance Companies, Distillers and Brewers	Local Businesses, Civic Organizations, Corporations, Special Interest Groups, Insurance Companies, Distillers and Brewers
	Distribute promotional materials i.e., bumper stickers, buttons, posters, decals, Tee-Shirts	Local Businesses, Distillers, Brewers, Corporations, Civic Organizations	Local Businesses, Distillers, Brewers, Corporations, Civic Organizations
Legal	Support enforcement of drinking age restriction laws for selling alcohol	Civic Organizations, Special Interest Groups, Local Media, Editorial Directors, Community and Political Leaders, Alcohol Trade Associations	Liquor Store Owners, Police, ABC Officials, Alcohol Retailers, Licensing Boards

Type of Intervention	Activity	Initiator(s)	Implementor(s)
Legal (continued)	Support enforcement of drinking age restriction laws for serving alcohol	Civic Organizations, Special Interest Groups, Local Media, Editorial Directors, Community and Political Leaders, Alcohol Trade Associations	Restaurant and Club Owners, Police, Licensing Boards, ABC Officials
	Support enforcement of laws prohibiting the consumption of alcohol in public places i.e., parks, parking lots	Civic and Social Organizations, Special Interest Groups, Local Media, Editorial Directors, Community Leaders, Political Leaders	Citizens reporting incidences of illegal drinking in public, Police, Neighborhood Watches
	Lobby for and introduce bills for legislation to increase penalties for illegal drinking and driving	Civic and Social Organizations, Special Interest Groups, Local Media, Editorial Directors, Community Leaders, Political Leaders	City Councils, Mayors, Political Leaders, Congressmen, State Congressmen
Psychotherapy for Substance Abuse	Counseling for youth with drinking problems	Physicians, Social Workers, Counselors, Psychologists, Civic and Social Organizations, Hot Line Centers	Counselors, Psychologists, Social Workers, and Mental Health Workers

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As illustrated above, community-based DWI prevention programs should not focus on just one activity. Rather they should be comprised of many activities directed at and involving all segments of the community. Furthermore, the suggested activities can be expanded and tailored depending on the size of the community and the extent of the DWI problem.

What Type of Support Can Community Groups and Individuals Provide?

Individuals and groups can provide a wide variety of support to a DWI prevention program. Prior to approaching a group or individual it is helpful to know what type of support you would like provided. This could include:

- Financial Assistance

- Public Endorsements

- Materials Development

- Materials Dissemination

- Employer or Organization Sponsored Education Programs

- Public Appearances

- Establishment of policies that are conducive to achieving program objectives (i.e, providing alternative transportation for members after organization sponsored social events.)

Although every group may not be able to play a major role, they can in some way support prevention activities. To ensure continued participation in program activities, groups and individuals should be made aware of the importance of their contributions. Two ways this can be achieved are by holding awards ceremonies or writing articles for the local newspaper. In addition, providing feedback on program successes (increased use of dial-a-ride; decrease in DWI accidents) will help promote a sense of ownership of the entire prevention program. The following list contains specific activities various groups can sponsor for their members or the public.

Type of Organization	Types of Support
Employers/Businesses	Sponsor education programs to educate employees concerning drinking and driving
	Invite speakers to discuss the DWI problem with employees
	Distribute information to employees
	Implement personnel policies that explicitly prohibit drinking on the job
	Sponsor a DWI information booth in a local shopping mall or other public site
	Pay for public service ads in local media
	Print and pay for distribution of promotional materials, i.e., posters, flyers, bumper stickers etc. in the community
	Institute pay-for drink policies at office parties, or eliminate free liquor at office parties
	Sponsor dial-a-ride programs for employees
Social/Civic Groups	Initiate group discussions with members concerning the topic of drinking and driving
	Invite speakers to discuss the DWI problem with members
	Establish a speakers bureau and have members address other organizations with similar constituencies
	Establish policies that would require that alternative transportation arrangements are available to members after group sponsored social functions

Type of Organization

Social/Civic Groups (continued)	Encourage the national chapter to get involved
	Pay for public service advertising
	Sponsor breathalyzer demonstrations to educate members and the public about BAC
	Have breathalyzers available at sponsored social events
	Sponsor car and van services during holiday seasons
	Print tee-shirts, bumper stickers, pins etc. with anti-DWI slogans
	Set up an information booth in shopping malls, fairgrounds, and other public places
Local Media	Donate advertising space/time
	Print and broadcast editorials on DWI
	Report on the prevention program's progress, efforts of other community organizations, press conferences, etc.
	Make financial contributions to community program efforts
Educational Institutions	Integrate more information concerning the effects of alcohol on the body into relevant curricula
	Encourage on-campus pubs and bars to:
	● provide food or snacks with drinks,
	● refuse to serve drinks to an intoxicated patron, or
	● call a cab or ask someone to escort an intoxicated patron home or to the dorm

Type of Organization	Types of Support
Educational Institutions (continued)	Discourage the unrestricted distribution of free alcoholic beverages
	Discourage alcohol consumption at sports events
	Encourage faculty to serve as experts on panels, committees, or task forces that are examining the DWI problem or coordinating prevention program efforts
	Provide alternative transportation for students and faculty after school sponsored social events
	Print DWI articles in campus paper
	Invite local civic groups to set up information booths
	Distribute posters, flyers, and other printed material
Medical	Evaluate and update policies for testing the BAC's of accident victims and reporting the information to local authorities
	Distribute letters to staff physicians concerning their responsibility to treat and refer to counseling, patients with alcohol consumption problems
	Sponsor education programs for employees
	Make financial contributions to support efforts of other local groups
	Sponsor public service advertising

The above list of examples supplements the previously outlined prevention plan and supports the notion that the entire community is responsible for preventing drinking and driving.

IN CLOSING.....

The preceding sections have endeavored to provide an overall picture of how prevention can work to deter people from drinking and driving. Drawing from experiences in the field of public health, the booklet stresses the need for a comprehensive, integrated approach to decreasing the incidence of drunk driving. Once again it should be emphasized that DWI prevention programs are the responsibility of the entire community, not just the police. Therefore the entire community including schools, businesses, recreational establishments, organizations and individuals should work together on promoting activities that will not only prevent drunk driving, but also make it a socially unacceptable act.

APPENDIX

Reference List on DWI Countermeasures

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