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**Determinants of Youth Attitudes and Skills
Towards which Drinking/Driving Prevention
Programs Should Be Directed
Volume II:
An In-depth Review of Twelve Youth
DWI Prevention Programs**

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16. Abstract This Report summarizes the results of the first task of a multi-component project to analyze existing programs nationwide aimed at encouraging youth to avoid drinking and driving. The purpose of the analysis was to explore the underlying assumptions, premises, objectives, activities, and outcomes of these groups. The procedures included: conducting a review of programmatic, conceptual, and empirical literature; conducting a review of programs nationwide to provide an overview of existing youth DWI programs; and conducting on-site visits to twelve youth DWI programs to provide an in-depth analysis of a limited sample of programs. Volume II presents descriptive information gathered from on-site visits to twelve youth DWI prevention programs across the nation. Procedures used included face-to-face discussions with program personnel and community representatives, observations of program activities, and review of program materials.			
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SECTION I

INTRODUCTION

In October of 1984, the National Highway Traffic Safety Administration (NHTSA), United States Department of Transportation, contracted with the Pacific Institute for Research and Evaluation to conduct research that would result in recommendations for improving youth drinking/driving (DWI) prevention programs. The first task of this multi-component project was to conduct an analysis of existing programs nationwide aimed at encouraging youth to avoid drinking and driving. The goal of the analysis was to explore the underlying assumptions, premises, objectives, activities, and outcomes of these programs.

The program analysis encompassed three major research activities:

- A Review of Programmatic, Conceptual, and Empirical Literature;
- A Program Review, intended to provide an overview of existing youth DWI prevention programs; and
- A Site Visit Review, to provide an in-depth analysis of a limited sample of programs.

This volume presents descriptive information gathered from on-site visits to twelve youth DWI prevention programs across the nation*. It is intended for program planners, program managers, staff, parents, educators, and others interested in DWI prevention programming. The purpose of this volume is to focus on the ideas and activities of individuals engaged in DWI prevention programming, to highlight their successes and difficulties, and to describe the solutions they have developed to the challenges of mounting a youth DWI prevention effort in the

*Inclusion of programs in this volume does not necessarily constitute endorsement or support of these programs on the part of the authors or the National Highway Traffic Safety Administration.

field.**

The site visit programs were selected to represent the range of youth DWI prevention programs operating in the United States as well as to represent diversity across the following variables:

- Location
- Program Intensity
- Message Orientation/Complexity
- Implementation Scope
- Program Focus
- Target Population
- Evaluation Activities

The Table of Program Characteristics (pp. 3-4) presents a breakdown of the twelve site-visit programs according to these variables. Nine of the twelve programs serve local communities (although some are replications of national models), and the remaining three are statewide coordinating efforts. Most of the programs are targeted at teenagers, ages 13-18, although two (BACCHUS, and Flaps Up Designated Driver Program) are designed specifically for young adults, ages 19-25. Consistent with the preventive focus of the programs, the majority serve general population youth. Two programs (The High-Risk Adolescent Trauma Prevention Program and NEAT), however, serve young people who are experiencing alcohol, drug, and/or DWI problems. Finally, many of the programs have a multiple problem focus, addressing youth DWI as one component of a comprehensive approach to alcohol and drug-related problem prevention.

Researchers attempted to gather as large, varied, and rich a descriptive base as possible during the two or three days spent at each program site. Data collection was designed to gather standardized information on each program while providing local informants with opportunities to provide background material,

**The data presented in this volume were collected as part of a larger national program review. A description of the purposes, methods, and results of the program review are presented in Volume I.

Table of Program Characteristics

PROGRAM TITLE AND LOCATION	PROGRAM INTENSITY					MESSAGE ORIENTATION			IMPLEMENTATION SCOPE			EVALUATION MATERIAL			TARGET AGE					PROGRAM FOCUS							
	Single presentation	Multi-component	Intensive retreat	Extensive curriculum	Resource center	DWI risk reduction	Life skills	Alcohol problems	Local area program	Multi-com-munity	Statewide program	Nationwide program	None available	Minimal available	Adequate available	12 or less years	13 - 15 years	16 - 18 years	19 - 20 years	21 - 26 years	No age distinction	Individual focus	Peer focus	School focus	Family focus	Broader environment	
WESTERN REGION																											
Comprehensive Dui System Im-provement Project for the County of San Mateo San Mateo, California		X				X				X			X								X		X	X			X
New Experiences in Affec-tive Training (NEAT) Family Program Lafayette, California		X		X			X	X		X					X		X	X				X				X	
Students Against Driving Drunk (SADD) Albuquerque, New Mexico		X				X				X			X				X	X	X	X		X	X				
Utah K-12 Alcohol, Drug and Tobacco Prevention Education Program Salt Lake City, Utah		X	X	X			X	X			X				X	X	X	X				X	X	X	X	X	
NORTH CENTRAL REGION																											
It Starts With People K-12 Substance Abuse Preven-tion Curriculum Wichita, Kansas				X			X	X		X					X	X	X	X				X	X	X	X	X	
Youth Drinking Driving Program Grand Rapids, Michigan				X		X	X		X				X					X				X	X				
NORTH EASTERN REGION																											
Project Graduation Augusta, Maine	X					X						X			X			X				X	X				X
Green Mountain Prevention Pro-jects, Inc. Burlington, Vermont			X				X	X		X					X		X	X				X	X				X

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	Single presentation	Multi-component	Intensive retreat	Extensive curriculum	Resource center	DWI risk reduction	Life skills	Alcohol problems	Local area program	Multi-community	Statewide program	Nationwide program	None available	Minimal available	Adequate available	12 or less years	13 - 15 years	16 - 18 years	19 - 20 years	21 - 26 years	No age distinction	Individual focus	Peer focus	School focus	Family focus	Broader environment
Starting Early AL-CO-HOL Montpelier, Vermont				X			X	X			X				X	X						X				
SOUTHERN REGION																										
Boost Alcohol Consciousness Concerning Health of University Students (BACCHUS) Lexington, Kentucky		X				X	X	X			X			X					X	X		X	X			X
High Risk Adolescent Trauma Prevention Program Baltimore, Maryland	X			X		X	X			X				X			X	X				X				
Flaps Up Designated Driver Program Bethesda, Maryland	X					X			X				X							X		X				

express personal opinions, and relate anecdotes to increase understanding of the programs' operation. Where possible, program sessions or activities were observed, and the researchers toured the communities to obtain information on the context in which the programs operate.

To obtain as complete a picture of each program as possible, the researchers interviewed individuals representing a variety of points of view. Moreover, the research methods were designed to provide insight into the programs from the perspective of individuals closest to the program and individuals most directly affected by program activities. This anthropological or ethnographic approach allows the development of an "inside" picture not available from mail or telephone surveys. However, such a method also runs the risk of introducing bias, since not every perspective can be examined in depth. To the greatest extent possible, attempts have been made to develop and present a balanced view of the programs studied. If biases remain in the program descriptions that follow, the fault lies within the limitations of the research methods, and not with the interview respondents or their willingness to participate fully in the research.

Each section in this volume describes a different program. For each program, the following information is provided:

- **Program Description.** A brief description of the overall objectives of the program and the activities employed to accomplish these objectives.
- **Site Visit Activities.** Brief introductions of the individuals who provided the data upon which the site-visit descriptions are based, and information derived from observed activities.
- **Community and Target Population.** Information on the target population and the community or state in which the program operates.
- **Assumptions and Premises.** The conceptual underpinnings of the program -- how program staff believe these activities will improve youth DWI decision-making, and other alcohol and drug-related problems.

- **Implementation Issues.** An analysis of the successes and challenges experienced as programmers attempt to implement their programs.
- **Impact.** Data on the effects of the program, deriving from scientifically rigorous outcome evaluations in some cases, and the impressions of the program staff, community members, and participants in others.

SECTION II
PROGRAM DESCRIPTIONS

PROJECT "SMASH"
San Mateo County, California

Program Description

The California Office of Traffic Safety awarded a two-year grant to San Mateo County in 1983 to implement a comprehensive county-wide program to save lives and prevent injuries resulting from driving while under the influence of alcohol. Project SMASH (San Mateans Advocating Sober Highways) funds and coordinates a variety of local prevention and intervention activities to alter the driving behavior of heavy social drinkers and problem/alcoholic drinkers. The program combines elements of the Federal Alcohol Safety Action Project (ASAP) into a systems approach, involving law enforcement, the courts, the media, citizens groups, and treatment and prevention programs. The project is administered by the San Mateo County Health Department.

Project SMASH supports two kinds of activities: education/prevention and legal systems improvement. Education/prevention activities encompass a variety of free-standing projects including: a Safe Rides program; a Teen Alternatives program; jail education services; server awareness training; and public service campaigns. The program's goals for the legal system include improving record keeping and paper flow to provide courts with more timely information on offenders. To this end, Project SMASH established a Drunk Drivers Steering Committee representing the interests of the legal system. The Steering Committee which includes a presiding Municipal Court Judge, a representative from the District Attorney's Office, bar members, and ranking law enforcement officers, meets periodically to consider ways to minimize delays in the DWI adjudication process. Project SMASH also supported the first sobriety checkpoints in California. The following program components comprise the SMASH Project:

"Be a Friend for Life": This public information campaign is conducted under contract with a San Francisco public relations firm. The objectives of the campaign include increased knowledge of: the general effects of alcohol; the legal aspects of DWI; and peer norms related to alcohol use and DWI. The campaign includes public service announcements, distribution of approximately 80,000 point-of-sale brochures, and an employer program. It also provides information about other Project SMASH activities.

Safe Rides: "Safe Rides" are provided for youth from three locations in the county on weekends and holidays, and a fourth "Safe Ride" group is being formed. As calls are received on a toll-free telephone number, a team of two trained student volunteers is dispatched to give the caller a ride. For their own safety, these teams are in constant CB contact with an adult volunteer at the dispatch station. All rides are kept confidential. About 2.5 calls are received on an average weekend night (range: 0-7).

Teen Alternatives: This program provides opportunities for students to engage in alcohol and drug-free activities and to make friends with other youth who do not abuse alcohol and drugs. Activities for teens include walkathons and field trips to sporting events. Adult leadership for Teen Alternatives is provided by Pros for Kids, a group of Bay Area former professional athletes. Black athletes who are members of Pros for Kids have made outreach to minority and low income youth a priority. Several hundred young people have participated to date at some level in these activities. Through participation in Teen Alternatives, youth are also channeled into local Safe Rides and peer resource counseling programs.

Server Awareness Training: Project SMASH has organized two server awareness training events to involve bar, restaurant, and liquor store owners and managers in controlling the purchase or consumption of alcohol beverages by potential drunk drivers. Training focuses on developing techniques for recognizing and

cutting off inebriated customers without embarrassing them. Training sessions also include discussions of owner liability and the consequences of DWI arrests.

Jail Education Services: Jail education services are provided twice a month at the LaHonda Detention Facility by Project SMASH through a contract with a local counseling and treatment facility. Two counselors conduct a three-hour alcohol and drug education group for inmates, who volunteer to attend sessions during their only free weekly time period. Although no compensation (i.e., for "good time" served) or incentives for participating in the substance abuse prevention group are offered, 25-30 of a potential service population of 128 men attend each session. Most of these individuals are 19-25 years old, of low-middle socio-economic status, with average sentences of one year. About 75% of the men served are white, with most of the remaining 25% being Hispanic. Although inmates are incarcerated for a variety of offenses, most have extensive histories of DWI arrests. Most LaHonda inmates serve 4-6 months, and those that utilize the alcohol and drug group usually attend 4-6 group sessions. Sessions include films, small group discussions, and brief individual counseling sessions for five people per visit. Referrals to outside agencies are provided. The counseling staff has begun to compile evaluative data on the success of these services.

Roadside Sobriety Checkpoints: Project SMASH supported the operation of two sobriety checkpoints in the city of Burlingame, California. The purpose of the checkpoints, which were well publicized by both local and national media, was to increase public awareness of the drinking/driving problem rather than to arrest drunk drivers, although a few arrests did occur as a result of the checkpoints. The Chief of Police of Burlingame supported the program because he believes that sobriety checkpoints can change people's drinking/driving attitudes and behavior. Evaluative data support his claim. Although only 150 cars were actually stopped, the traffic flow in the checkpoint

area declined by 40%. (No information on possible rerouting by drivers is available.) The checkpoints were generally well received by motorists according to an on-site survey. Individuals indicated that their journeys were not significantly delayed (90% of the screenings lasted an average of 37 seconds), that the screenings had a deterrent effect (79%), that screenings increased risk of arrest (91%), and that they approved of the checkpoints as an enforcement strategy (83%). Reactions to the roadblocks were provided by 58 of the 189 people surveyed.

To summarize, although the SMASH program itself is not well-known by the public, its program components command relatively high public recognition. SMASH has received active support and participation from a broad cross-section of local agencies, programs, and constituencies. According to the San Mateo County Health Department Director, the project's community context is "uniquely positive" in that the coordinating organizations involved with Project SMASH share the same priority: to produce a program that has lasting and substantial effects.

Site Visit Activities

The site visit consisted of one and one-half hour interviews with the coordinator of SMASH's DWI project, the Director of the San Mateo County Health Department, which houses the project, and four key personnel involved in major program components of the larger administrative effort mounted by SMASH. These last included: the Director of Clinton House, the jail counseling service; a San Mateo Municipal Court Judge involved with legal system improvement; the Safe Rides Coordinator; and the Burlingame Chief of Police, who described the sobriety checkpoint program.

Community and Target Population

Two major groups of DWI offenders in San Mateo County are targeted by Project SMASH: heavy social drinkers, who represent 14% of licensed drivers but who account for about 25% of alcohol-

related traffic fatalities; and problem/alcohol drinkers, who constitute only 7% of licensed drivers but who account for about 67% of alcohol-related traffic fatalities. Together, these two groups are involved in about 92% of all alcohol-related fatal traffic crashes. Project SMASH programs place a special emphasis on youth, who represent 9% of all drivers but account for 22% of all drivers and passengers in fatal alcohol-related crashes.

The social-demographic characteristics of the target population reflect the demographics of San Mateo County. Although all socio-economic levels are represented in the various communities of the county, there is a large upper-middle class constituency. Males and females are equally represented in the target population. More males are involved in the SMASH programs, however, because they drink and drive more frequently than females. About 10% of those served are black, with the remainder being primarily white/non-Hispanic. Project SMASH programs are intended to reach people in all age groups, but youth and the middle-aged drinking population are explicitly targeted.

The diversity of the Project SMASH program elements makes estimating the rate of DWI among program participants difficult. About 7,000 DWI arrests are made each year in the county, which has a population of about 600,000. However, in contrast to this 1.2% county-wide DWI rate estimated from arrest data, the presumed rate of DWI among participants in the jail services program is about 85%. However, most of those participating in the jail services alcohol and drug group have multiple DWI arrests on their records. Reports of 7-8 drunk driving arrests among this group are not uncommon.

Assumptions and Premises

Project SMASH takes a three-pronged approach to saving lives and reducing alcohol-related injuries in San Mateo County: (1) prevention and/or identification of adolescent drinking problems; (2) increased public awareness of drinking/driving, and promotion of treatment of alcoholism and alcohol-related problems; and (3)

support for law enforcement efforts and facilitation of the DWI adjudication process.

Project SMASH's focus is intentionally general because it was designed to interface closely with more specific approaches offered by local treatment programs. The program's comprehensive approach, however, represents an aggressive effort to reach all individuals in the county who drink and drive, or who are at risk or experiencing alcohol-related problems.

The heavy social drinker is a major focus of the SMASH Project. Although this group causes far fewer fatalities than problem drinkers, it is viewed as more amenable to intervention and prevention strategies. The project takes the stance that, unlike problem drinkers, heavy social drinkers' driving behavior can be influenced by pressures from family, friends, employers, and public opinion.

In contrast, alcoholics and problem drinkers are viewed as actively denying their problem and/or being isolated from those who could favorably influence their drinking/driving behavior. Although the strategies for reaching this group are basically the same as those for heavy social drinkers, the program's prognosis for preventing DWI among alcoholics and the problem drinker group is less optimistic. Project personnel believe that this group must be vigorously confronted with their problem and, if necessary, confined to jail or residential treatment programs until their DWI behavior can be controlled. Unless aftercare treatment following initial sobriety is provided, it is assumed that problem/alcohol drinker/drivers will return to chronic DWI patterns after their release from treatment.

Implementation Issues

The major implementation issues facing Project SMASH derive directly from its goal of providing comprehensive and lasting DWI prevention system improvements in San Mateo County. First, because Project SMASH is responsible for funding, administering, and promoting the activities of six major program components,

achieving the most effective allocation of resources among the project's administrative staff and its various program components is critical. In addition, San Mateo County would like to continue implementing key program elements beyond Project SMASH's grant period. Therefore, securing additional funding to maintain program continuity has become a major concern.

In terms of resource allocation, the first implementation issue that was encountered occurred at the project's inception, when project-level staffing decisions were made. Originally, Project SMASH supported both a coordinator and an administrative assistant, but the latter position was eliminated in favor of providing more ambitious programming. This was accomplished by issuing contracts for selected project activities, such as jail education services and the public information campaign. This decision to cut county staff and use contractors was controversial at the time, but the SMASH Coordinator believes that issuing contracts permits more to be accomplished with a limited budget.

Eliminating support staff added to the coordinator's already considerable workload, however, and increased the risk that slippage could occur in areas of the project that were not immediately pressing, such as program component oversight. (For example, the coordinator's other responsibilities prevented him from site-visiting the jail education services program for Project SMASH until the National Highway Traffic Safety Administration (NHTSA) interview took place, although these services had been provided for about three months.) In addition, several program component directors expressed the opinion that devoting more effort in fewer areas rather than implementing a broad prevention strategy may have been more effective because their program operations were severely curtailed by budget constraints. This strategy question will be answered when the project is evaluated.

Implementation issues related to program acceptance were raised by three of Project SMASH's components: the Sobriety

Checkpoints; the Server Training Program; and the Legal System Improvement efforts. Considerable public controversy arose over the use of sobriety checkpoints to screen for DWI in the city of Burlingame. The police and other city officials received protest calls from liberals (who charged violations of civil liberty) and conservatives (who complained that the roadblocks' locations were too well publicized to apprehend drunk drivers) alike prior to implementing the roadblocks. However, based both on the positive reactions of motorists who passed through the sobriety checkpoints and on the public's eventual support of the roadblocks it appears that they were generally well accepted. In fact, more are planned for the future, pending the courts' decisions about using sobriety checkpoints as an enforcement strategy.

The Server Training component also encountered initial implementation difficulties. These were mainly related to a lack of acceptance of the program by its target population of alcohol retailers and servers. A major training session, carried out by Intermission Limited in conjunction with the San Mateo County Restaurant and Hotel Owners Association and the California Alcohol Beverage Association, was conducted on June 27, 1984. Unfortunately, although several thousand posters were reported to have been distributed, only 120 servers enrolled for the training and only half of this group actually attended. A second training conducted by the Michigan group, Techniques in Alcohol Management (TAM), subsequently attracted only eight or nine servers. In the future, Project SMASH plans to increase interest in server intervention by tailoring trainings more specifically to local needs and, perhaps, by utilizing, as presenters, local organizations that are better known to the targeted servers.

Finally, Project SMASH's goal of implementing legal system improvements was constrained by the nature of the court system itself. Because legal system operations are governed by prevailing laws and established judicial procedures, the program's ability to affect how DWI cases are handled was limited at best. However, in light of the fact that the court system is

inherently adversarial, the program's ability to convene individuals who are naturally at odds with each other represented a positive effort.

Program Impact

NHTSA provided funds to Project SMASH to conduct a formal pretest/post-test evaluation. The pretest consisted of a telephone survey of 100 individuals and focused on eight issues: alcohol use; drinking location; frequency of drinking/driving; decisions not to drink and drive; intervention activities; perceptions of DWI arrest rates; interviewees' opinions about whether San Mateo County is doing enough to discourage drunk driving; and support for using a gasoline tax to fund drinking/driving programs. The project post-test is scheduled for the winter of 1986. Measures of media attention will be used as well to measure the success of the program.

Interviewees expressed strong support for Project SMASH prevention/education activities. County residents are aware of and concerned about alcohol-related problems in their area, especially those incidents involving youth. Emotions generated by the use of sobriety checkpoints, both positive and negative, were cited as contributing to public awareness and concern. The County Health Director believes that the roadblocks have become the focal point of Project SMASH, and that they have significantly enhanced the program's overall progress.

THE "NEAT" FAMILY
(New Experiences in Affection and Trust)
YOUTH POLYDRUG ABUSE PROJECT
Center for Human Development, Lafayette, CA.

Program Description

The Youth Polydrug Abuse Project, or NEAT Family (New Experiences in Affection and Trust), has been operated by the Center for Human Development (CHD) for more than seven years and has been funded by the Contra Costa County Health Services Department for the last three years. The program began as an informal youth "rap group," which was transformed into a prevention program when its participants began to manifest alcohol and drug problems. The program was formalized and expanded in 1982, when its first contract from Contra Costa County was awarded. Basic services are offered at no cost to participants.

The objectives of the NEAT Family Project are threefold: (1) to empower teenagers to stop their alcohol and drug use; (2) to provide peer support for abstinence from alcohol and drug use; and (3) to promote healthy lifestyles among program participants by providing positive role models, training in life skills, and alcohol-and-drug-free experiences.

The NEAT Family accomplishes these goals by creating an alternative teen culture that promotes and reinforces values and norms opposed to the use of drugs and alcohol. To this end, the program organizes support systems so that youth focus on positive social relationships rather than alcohol and drug use. Participating youth attend weekly group meetings. Group meetings allow youth to share their struggles and triumphs with abstinence and to receive reinforcement for alcohol and drug free lifestyles.

NEAT Family teen groups are led by two adult facilitators and structured around selected weekly themes. Drinking and driving has become an important issue due to recent media attention and group members' personal experiences with alcohol-related traffic crashes and violations. (For example, one of the

most outspoken members in the group observed had recently been in a serious automobile crash after drinking.) Other group themes include: alcohol and drug effects; "natural highs;" clarifying values; family issues and schooling or career concerns; building self-esteem; improving communication skills; and other topics relevant to teenagers. Of particular importance is the alcohol and drug assessment which forms the heart of the NEAT Family meeting. Group guidelines for reporting any alcohol or drug use that occurred during the week are provided, but appear to be unnecessary. Participants are thoroughly familiar with the ground rules for sharing their experiences. No "war stories" are tolerated, and participants challenge, support, advise or praise each other.

Teenagers are actively encouraged to call each other or group leaders during the week for support. Program participants receive "home activity" assignments that require them to telephone another group member. As the teens get to know each other better, a positive support network develops and the lessons learned in the group are reinforced.

Staff also organize recreational activities in which both group leaders and teens participate. These include informal get-togethers, movies, field trips, picnics, camping, river rafting, and parties. Youth who cannot afford to participate in these activities are subsidized by the program.

During the summer, the NEAT Family also runs a roadside produce business, managed and staffed by 20 teens under the supervision of an adult program specialist/group leader. This business provides participating youth with summer jobs (salaries paid by CETA's Summer Youth Employment Program), and "hands-on" experience with cashier work and dealing with the public. Participants gain an understanding of what it means to have others depend on their contribution to a team effort--in short, a sense of responsibility. Because the program youth view the produce stands as their own projects, participation in the business is viewed as a privilege. This serves as an incentive to stay

straight in order to make the business work.

Finally, the program coordinates a parent support group, the Parent Connection. This group meets biweekly to provide parents of abusers with mutual support. Parents share experiences, give advice to parents in similar situations, and learn effective parenting techniques.

Drinking/driving prevention issues are becoming more prominent as public awareness of this problem increases. "One Too Many" and "Friday Night Live" have been shown in recent groups, and one NEAT Family group has started a SADD chapter. One recent DWI-related exercise required students to count off numbers and stand up to illustrate how 1 in 10 teens are killed, 1 in 5 teens are injured, and 1 in 2 teens are involved in alcohol-related crashes. This exercise was intended to counter teenagers' denial of the problem and reluctance "to cut each other down" by refusing to ride with an intoxicated friend. One staff member expressed the concern that drinking/driving, like drug abuse, was part of a self-destructive syndrome and reflected that some youth simply do not care, at some level, whether they live or die. The staff nonetheless believe that NEAT can foster a group awareness of DWI that will help prepare youth to avoid or handle difficult situations before the fact. The program educates the teens and "plants seeds of ideas" that hopefully flourish as their self esteem grows.

Site Visit Activities

During the site visit, five interviews were conducted with the director and staff of the NEAT Family Project, and with the head of the County Health Services, Alcohol Division. A videotape describing the project was viewed. One session of the youth group meeting was attended, and observations of staff-teen interactions and follow-up contacts were made. Annual reports, client satisfaction surveys, intake information, newspaper articles, and guidelines for conduct of the group meetings were reviewed.

Community and Target Population

Contra Costa County is a sprawling suburban area east of San Francisco. Many of its communities are essentially "bedroom" towns whose many affluent residents work in San Francisco. Contra Costa County also contains a number of industrial centers as well as a number of high-tech industries and business centers. Like most California locations, automobiles play a large part in Contra Costa County life. Although excellent public transportation is available, most residents rely heavily on private automobiles for transportation.

The NEAT Family's target population is all Contra Costa County teens (ages 12-18) with alcohol or drug problems. The population actually served by the program has an average age of 16, is 57% male, represents the full socioeconomic spectrum, and is 75% white, 12% black, and 10% Hispanic. Program participants form six NEAT Family groups, located in widely different areas of Contra Costa County. Groups usually range in size from 12-25 participants in any given weekly meeting. The average group has about 22 participants. Group demographics reflect the socio-demographic characteristics of their geographic area.

Although some teens join the NEAT Family because they are abstainers and want support for this lifestyle, most members have extensive histories of alcohol and drug abuse. About one fifth of all group members receive additional individual therapy for alcohol/drug or psychological problems. Those needing more attention than the NEAT Family can provide (about 10%) are referred to more intensive treatment programs. Attendance at meetings is voluntary, but information about group attendance by youth on probation is provided on request. Otherwise, meeting content is confidential. The DWI rate among participants is not monitored.

Assumptions and Premises

The NEAT Family program is based on the assumption that support systems that mobilize peer support, peer responsibility,

and peer enforcement of positive social norms can be created and maintained. Youth learn best from other youth, and peer pressure can be utilized to reinforce positive behavior and attitudes.

Staff believe that the most effective learning takes place in community settings rather than in residential treatment settings. Young people's social, family, and community ties play a critical role in alleviating negative alcohol/drug patterns and in promoting positive, self-enhancing, alcohol-and-drug free lifestyles.

Staff reject the notion of responsible drinking. The meaning of "responsible drinking" is seen as too ambiguous for youth at this age to understand. When the question arises, teens are reminded that drinking is illegal and asked in a nonjudgmental way to think about problems that they have experienced in the past which were caused by alcohol or drugs.

Implementation Issues

At present, the project supports 6.3 full-time equivalency program staff and one support staff member. Formal education and training are hiring considerations, but applicants' life experiences and attitudes towards teens and alcohol and drug abuse are important considerations. Group leaders self-consciously serve as role models for their teens. After taking the CHD "TRIBES" life skills and behavioral influence training, new program staff members become NEAT group co-leaders. Extensive feedback from the senior co-leader, clinical supervision, and videotaping are provided.

The NEAT Family has had a relatively high level of staff turnover. The two staff members who originally organized the program on a part-time basis left when it grew sufficiently large under the county contract to require additional staff, coordination, standardization, and formal program administration. These individuals have been characterized as "dynamic" and "free-wheeling," and apparently they feared that the essence of the program would be lost in the bureaucracy. Reportedly, the

original organizers have since been in contact with the NEAT Family and are satisfied that the program is as viable and effective now as in its original form.

Since the program expanded, senior staffing has been stable. In contrast, the paraprofessional staff, who often work part-time, tend to leave the program after one or two years. These individuals usually leave to obtain additional education, to further their career development, or to obtain better paying positions than the program can offer. Rarely do staff leave because of dissatisfaction or "burn-out." The latter is a concern of the program's Executive Director and Coordinator and is discussed frequently in staff meetings. To prevent burn-out, staff receive starting vacation benefits of three weeks per year and are encouraged to take "comptime" as needed. As a result, although the work load is heavy, staff morale is usually high.

Participation in NEAT Family groups is totally voluntary, and youth come because they like the program. About 60% of new members first attend with a friend who is already in the group. Other members are recruited through presentations or through referrals from counselors and probation officers.

During the site visit, several teens telephoned to check in or discuss problems with program staff; this lent considerable validity to program staff's remarks about their close relations with program participants. Staff discussions about the need to call particular individuals who had missed recent groups were observed. According to the Program Coordinator, who also functions as the program's clinical supervisor, this is one of the main reasons that roll is kept at group meetings. Staff discussions about how to reach and retain youth in the program who appear to be floundering happen constantly on an informal basis and comprise one of the main agenda items of weekly staff meetings as well.

All participants interviewed at the meeting observed were enthusiastic about the program and their group leaders. They cited benefits from having a place to come to and talk about

their problems without being judged. They expressed admiration and respect for their group leaders as people, and recognized that their minds were being opened to new possibilities. It is evident that the leaders care a great deal about program youth and this affection is returned.

Currently, The Parent Connection is a less effective element of the NEAT Family program. Parents are responsible for maintaining their own network and for providing educational activities at Parent Connection meetings. Attendance is diminishing, but it is recognized that additional program input is necessary to rejuvenate the group. Attention to this issue during the coming months is planned.

County financial support for the NEAT Family has been stable and substantial, and reflects the program's standing. Although the program coordinates with other agencies, it is one of a few county intervention programs for teenagers. The NEAT Family group is unique in providing youth with reinforcement for an alcohol-and-drug-free lifestyle in a nonresidential treatment setting.

One community challenge that the NEAT Family has faced pertains to efforts to modify the program model to work in low-income, non-white communities. The NEAT Family's solution to this problem was to identify and solicit the help of local influential citizens to adapt the NEAT Model to their community. The apparent viability of NEAT Family groups located in non-white, low-income areas suggests that this approach has been effective.

Program Impact

Considerable data are gathered from NEAT Family participants using intake surveys, client satisfaction surveys, and follow-up surveys. A formal evaluation of the program is currently underway which will be based on data collected from teenagers after they have participated for three, six, and nine months in the program. Evaluative criteria include: (1) participants'

reduction/cessation of alcohol and drug use; (2) positive changes in self-perception and level of participation in school and family activities; and (3) social integration with community and positive peer groups.

Results from the three-month and six-month surveys are extremely encouraging. Over half of all participants reported that they used alcohol or smoked marijuana heavily (i.e., a few times a week or more) at intake. Seventy-eight percent of this group substantially reduced or completely stopped their drinking after three months, and all heavy-drinking youth reported being positively affected by the program after 6 months. Similarly, three-quarters of the teenagers who smoked marijuana at least a few times a week substantially reduced or completely stopped smoking marijuana at three months, and the remainder of this group reported doing so after six months. Sixty percent of teens drinking alcohol and 53% of teens smoking marijuana reported ending all use of these substances after six months in the program. Similar results were obtained for other drugs.

In other areas of life, the majority of program participants report that they care more about others (99%), feel more able to stay straight (83%), are more able to ask for help (82%), believe that they have something to offer as a person (80%), feel less alone (67%) or shy (61%), are better able to understand their parents' points of view (65%), and feel more loved themselves (53%). These and other data indicating that program participants are reducing their alcohol and drug use and learning to cope better with life changes are corroborated by the staff's clinical impressions and teens' comments during the site visit.

The NEAT Family provides every indication of being a cohesive, effective, and well-run prevention program. Results of the formal program evaluation will be made available after Month Nine survey data are analyzed.

Staff members report receiving positive results from their structured program outreach effort and frequently receive telephone calls or letters from parents in praise of their ef-

forts. A brief questionnaire distributed to produce stand customers at the end of the summer indicated a high level of approval for the service -- so much so, that customers reported thinking that public funds should be allocated to support the program's produce business.

STUDENTS AGAINST DRIVING DRUNK ("SADD") PROGRAM
State of New Mexico

Program Description

Students Against Driving Drunk ("SADD") is a school-based program aimed at reducing the number of alcohol-related traffic crashes and drinking/driving problems among youth. SADD was developed in 1981 by a Massachusetts health educator as a result of the deaths in alcohol-related traffic crashes of two students with whom he had had close relationships.

The SADD program has three main components: (1) a curriculum designed to increase students' knowledge about the effects of alcohol; (2) student committees organized to alter peer and community attitudes about alcohol use and automobiles; and (3) a parent-student "Contract for Life," in which both parties agree not to drive after drinking and not to ride with an individual who is intoxicated.

SADD implementation includes a motivational presentation made by the National Executive Director, or another speaker from National SADD or local SADD organizations. The presentation confronts students with the drinking/driving problem and challenges them to take responsibility for each other when they are "partying." Students are encouraged to talk about their social worlds with parents. They are assured that parents would prefer to pick up a child who has been drinking or whose driver is intoxicated, rather than risk injury or death of their children. Films or speakers from groups such as MADD (Mothers Against Drunk Drivers) and law enforcement agencies are included in the program kick-off. The implementation typically culminates with a SADD chapter organizational meeting and distribution of the SADD contract for students to take home and sign with their parents.

Local SADD chapters are run "for students by students" with the support of one or more adult advisors, usually teachers or school counselors. Often, SADD chapters function like regular

student clubs, and chapter activities to raise student and community consciousness include: making posters; wearing SADD buttons; distributing SADD bumper stickers; writing articles for the school newspaper or bulletin announcements; disseminating news about club activities to the local media; and holding fund-raisers such as bake sales and car washes. These activities give SADD chapter members an opportunity to make a public commitment not to engage in or support drinking and driving, as well as to promote the message among peers that DWI is "dumb," not "cool." Exposure to SADD's message is intended to counter youths' apparent feelings of immortality and to make them realize that they and their friends are vulnerable to the threats imposed by drinking/driving.

Currently, there are an estimated 7,500 SADD programs nationwide, and SADD probably represents the most visible "positive peer pressure" prevention approach in operation at the present time. The National SADD organization has a backlog of six months' to one year's requests from schools for presentations to start a SADD chapter, and chapters are spreading rapidly at the local level. SADD has received considerable media exposure. For example, CBS televised an after school special program about SADD, "Contract for Life: The Bob Anastas Story," which was widely viewed. A formal evaluation of SADD's effectiveness is being conducted by Pacific Institute under the auspices of the National Institute on Alcohol Abuse and Alcoholism.

The SADD New Mexico program is an example of how the SADD model functions on a statewide level. Two years ago, because of the serious youthful drinking/driving problem in New Mexico, various state agencies and organizations adopted SADD as a special statewide project. This SADD Planning Committee included representatives from the State Governor's Office for Children and Youth, the Traffic Safety Bureau, the Departments of Education and Health and Environment, and the Albuquerque Public School system. Arrangements were made with the National SADD Director and a speaker from the National SADD organization to head up an

intensive, week-long campaign to establish SADD in New Mexico high schools statewide. Subsequently, the planning committee has provided on-going technical assistance for new chapter start-ups. Two state-wide student SADD conferences also have been organized.

In October, 1984, New Mexico's Future Homemakers of America/ Home Economics Related Occupations (FHA/HERO) program, which operates as part of the State Department of Education's Vocational Education division, became involved with SADD. Supported by a grant from the State Traffic Safety Bureau, the FHA/HERO SADD coordinator encourages all home economics teachers to organize SADD chapters at their schools, trains students to become peer educators, operates a student speakers' bureau for making SADD presentations, and offers technical support to schools starting SADD chapters. In addition the State Student Council organization has adopted SADD as one of its special projects. Overall, there is an unusually high level of effort being devoted to promoting and fostering the SADD program in New Mexico.

Site Visit Activities

Two main activities were undertaken during the New Mexico SADD site visit: (1) attendance at the second statewide SADD conference held in Glorieta in Spring, 1985; and (2) interviews of individuals involved with various aspects of the program in the state.

Five formal interviews lasting about 90 minutes were conducted with: the Alcohol Coordinator, New Mexico State Traffic Safety Bureau; the State Supervisor of the Vocational Home Economics Program; the Executive Director of N.M. FHA/HERO; the FHA/HERO SADD Coordinator; and a Home Economics middle school teacher and SADD chapter advisor. During the two day site visit informal discussions about the New Mexico SADD program were held with: the Coordinator from the Governor's Office of Children and Youth Volunteer Services Program; the Chief of the Maternal Child

Health Bureau (New Mexico Health Services Division); the head of the Adolescent Health Section (Health and Environment Department); and the Program Manager for the Injury Control Program (Health and Environment Department).

In addition, feedback about SADD's implementation and history in the state was obtained from a broad spectrum of school district staff members and administrators, principals, and teachers as part of the SADD Program's evaluation. Project reports, newspaper coverage and other written materials on SADD were reviewed.

Community and Target Population

Nationwide, SADD's target population is all teenage youth enrolled in middle schools or high schools. In New Mexico, most efforts have targeted the public high school population, which is distributed in 89 school districts. With the exception of the Albuquerque Public School system, where there are seven high schools, most districts have only one public high school. There are an estimated 26,000 potential student members, including FHA/HERO program sponsorship.

The target population is both ethnically and socioeconomically diverse. Recent school composition estimates characterize 46% of students as white, 41% as Hispanic, 9% as Native American Indian, and 4% as black/other. The socioeconomic status of students ranges from very wealthy to very poor, but large regions of the state are economically depressed. In 1982-83, roughly 10% of all students were Title I participants, and the average statewide high school drop-out rate was 7.2%.

Drinking and driving is a serious problem among New Mexico adults and youth. In 1984, the state ranked number one in the number of DWI fatalities nationally, and several "hot spots" in New Mexico were cited in a CBS "60 Minutes" feature on drinking/driving. The average blood alcohol level upon arrest in New Mexico is .27, nearly three times higher than the legal BAC limit of .10. Estimates of the extent of youthful DWI in New Mexico

are conflicting, but the Traffic Safety Bureau indicates that teenagers represent only 16% of all licensed drivers but are involved in approximately 65% of all DWI crashes in the state. The number of alcohol-related fatalities has been increasing annually among New Mexico teens, and 5-7 alcohol-related traffic fatalities typically occur at prom/graduation time each year. In 1985, however, no youthful DWI-related fatalities were recorded during prom/graduation time.

Assumptions and Premises

SADD's assumptions and premises are embodied in the following four programmatic goals: (1) increasing youths' awareness of both legal and personal risks associated with drinking and driving; (2) encouraging direct, positive peer pressure to prevent drinking/driving; (3) creating an alternative teen culture that views drinking as "dumb" rather than "cool;" and (4) promoting greater closeness to parents.

The content of SADD's three program components reflect these basic goals. First, the SADD curriculum provides information about alcohol and its effects, and stresses the consequences of DWI, including loss of driving privileges and legal "hassles" in addition to crash and injury rates. Second, student committees organize activities at school and in the local community to promote the message that "friends don't let friends drive drunk." Finally, the Contract for Life is intended to stimulate family discussions of drinking and driving and to represent a public commitment not to engage in this behavior.

These prevention mechanisms are expected to produce: (1) increased knowledge about alcohol, DWI, and their consequences among teenagers; (2) changes in students' attitudes regarding drinking and driving; (3) increased peer interventions to prevent DWI; and (4) reductions in the rate of drinking/driving among youth.

Implementation Issues

The individual and collective excellence of the New Mexico SADD Planning Committee's staff is impressive. Although each committee member represents a different state agency or program, the extent to which the group functions as a whole is notable. Although issues of interagency coordination do not pose major problems within the SADD Planning Committee, they do arise between the Committee and the FHA/HERO SADD program, and between FHA/HERO and the Albuquerque Public School system. This system is sufficiently large to have its own district level traffic safety staff. Although the FHA/HERO SADD staff have accomplished a great deal on their limited budget, they are having some difficulty coordinating with the other groups involved with SADD. According to FHA/HERO, so many people are becoming involved that confusion arises about which agency to call for information or help. The SADD teacher/sponsors who were interviewed, however, do not share this concern. Because the FHA/HERO SADD program will be restructured by the Department of Education in the future, the current coordination problems may soon be resolved.

One concern voiced about SADD nationally is that it is a predominantly middle-class, white program that may not be accepted by other groups of youth. Were this the case, SADD's dissemination potential would be severely curtailed. Based on the New Mexico experience, this concern is not warranted. SADD chapters have been established in some thirty New Mexico schools with widely differing race-ethnic and socioeconomic characteristics. Moreover, large numbers of Hispanic and Native American Youth and several black teenagers participated enthusiastically in the statewide SADD conference. Thus, it is clear that the SADD model can be replicated in socioeconomically and race-ethnically mixed areas without major modification.

Whether SADD is implemented and "takes hold" in local communities often depends on adult reactions to the parent-student Contract for Life. This contract faces opposition from some groups of parents because, by stipulating that rides home

will be provided to youth too intoxicated to drive safely, it acknowledges and, according to some, condones illegal drinking by minors. National SADD's response to these objections is to cite youth drinking/driving statistics and survey data, in which nine out of ten teens report consuming alcohol before graduating from high school. In New Mexico, little opposition has been raised to the SADD contract, perhaps because program staff face the problem head-on when the possibility of implementing SADD is discussed with school administrators. In some cases, school staff address the issue indirectly, by reminding parents that their children can be hurt or killed as a result of riding with another teen who is intoxicated.

Program Impact

Two schools in New Mexico will be participating during the 1985-86 and 1986-87 school years in Pacific Institute's evaluation of the SADD program. This evaluation utilizes a quasi-experimental design, in which one school in a matched pair of schools implements a SADD chapter while the other does not. Pre-test, post-test, and follow-up survey data will be collected to determine the program's effectiveness in altering knowledge, attitudes, and self-reported behavior with respect to drinking/driving. Information on participating New Mexico youth will be available in the future.

The program's implementation rate already represents a considerable achievement. New Mexico SADD currently has implemented viable program chapters in nearly a third of all regular public schools in the state, and additional program implementations are scheduled for Fall, 1985. Two successful annual conferences have been held, and the enthusiasm displayed by SADD conference participants further indicates that the program is gaining a firm foothold in the state. This anecdotal evidence bodes well for the continued success of New Mexico SADD.

UTAH K-12 ALCOHOL, DRUG AND TOBACCO PREVENTION EDUCATION PROGRAM

State Division of Alcoholism and Drugs

Utah State Office of Education

Utah Department of Health

Utah Parent-Teacher Association

Salt Lake City, Utah

Program Description

In response to a statewide PTA survey on parents' perceptions of the status of Utah Schools, a K-12 alcohol, drug, and tobacco education program was developed and introduced to 36 of the state's 40 school districts in 1980-82. In 1983, a two million dollar appropriation was obtained from an increased beer tax to develop and implement alcohol and drug prevention at the local school and community levels. One-quarter of these funds were specifically allocated for implementation of a standardized K-12 alcohol and drug abuse prevention curriculum.

The state's prevention education programming synthesizes components of several popular alcohol and drug abuse projects in its core curriculum, including Here's Looking at You, Two, Slim Goodbody, On the Level, and 8:30 Monday Morning. At each grade level, lesson content focuses on decision-making skills, coping skills, factual information about alcohol, drugs, and tobacco, and self-image. Resistance to peer persuasion is enhanced by lessons identifying slogans, biases, and change techniques. There is a strong emphasis on affective education (e.g., identity building, understanding feelings, coping with anger and anxiety) across grade levels. Films and videotapes of interpersonal situations are used to generate discussions about positive and negative influences, risks, and personal conduct. The curriculum includes resource materials, good quality visual aids, and teachers' guides to videotaped programming. Five to twelve units, some of which may be broken down into brief lessons, are provided for each grade level.

Teachers explained that humor, personal recognition and reinforcement (e.g., the "I saw someone do something good today" exercise), rational two-sided arguments, repetition, and peer pressure all operate in the classroom sessions. Students respond to presentations by becoming inoculated against pro-drinking/driving influences by acting on attitudes engendered by discussions, and by using newly developed skills to avoid DWI situations and to intervene with friends.

The State Division of Alcoholism and Drugs provides schools with the curriculum, three-day in-service training, program evaluation, monitoring, and follow-up technical assistance. According to a five-year plan, 75% of Utah's K-6 grade teachers and all secondary health teachers will be trained in prevention by 1985. The subject matter of workshops and manuals includes self-esteem enhancement, peer pressure resistance, valuing and feedback, DWI legislation on alcohol and drugs, information on drug metabolism, myths, effects and street terms, "natural highs," and the K-12 curriculum itself. The materials are substantive and relevant, and the skills taught are applicable beyond the alcohol and drug abuse curriculum. The initial statewide training of teachers is nearly completed, and follow-up workshops are in process. The director estimated that on the average, teachers use 10 out of 15 activities, and that approximately 75% of those trained used the curriculum.

The two million dollar prevention allocation enables funding of a wide array of additional programs that address specialized target populations and closely allied programming goals. Each program operates independently, with its own design, staff, and agendas. However, because the funding for prevention programming is funneled through one centralized division, the school, mental health and parents organizations function as a coordinated, interlocking system in Utah. Networking, and sustained involvement are supported in regular statewide administrative meetings and newsletters. A statewide school policy on alcohol and drugs makes enforcement of standards and support of teachers' disci-

plinary efforts uniform and viable.

An example of this interlocking statewide system is the Family Cooperation Program which is built into the K-12 curriculum. The objectives of the Utah K-12 Prevention Program are to: (1) introduce into the home a discussion of important concepts; (2) provide family practice in responsible decision-making, coping skills and self-esteem boosting; and (3) reinforce parents' beliefs and attitudes. Lessons are taken directly from Here's Looking at You, Two and the implementation model is patterned after the Family Home Evening Program of the Church of Jesus Christ of Latter Day Saints. The similarity of procedures is believed to enhance the likelihood of parent participation because approximately 60% of the population in Utah is Mormon. Activity packets were designed to be simple, easy to read, and applicable to a wide variety of family types. The children "train the parents" by sharing what is happening at school in a structured format, focusing on decision-making, self-concept, saying "no" skills, hidden persuaders and media, and drugs in the home.

Although the content and quality of implementation at home are assumed to vary considerably, the intention is to reach a large number of homes and to access high-risk families. The key to implementation with the family is believed to be the excitement generated in each child about doing the activities at home. Teachers are trained to generate enthusiasm in their students before the packets go home. Having all members of the family focus on the child's assignment is a "self-esteem builder" for the students.

The Salt Lake City Community Counseling Center directs eight additional prevention projects that currently operate in seven school districts. In each school district, prevention programs are layered in different combinations. For example, the K-12 curriculum serves as a backdrop for the following programs: the Peer Pressure Resistance Project in feeder elementary schools; the Peer Interaction Program (PIP) and the Truancy Intervention

Project in feeder junior high schools; and the Peer Leadership Training in the high school. Another district adds the Chemical People Task Force to the same implementation design, while a third district serves as the control group.

A brief description of selected DWI prevention strategies employed in different combinations throughout the state follows.

- Peer Leadership Teams: The effects of peer influence are stressed during a three-day workshop for teams of high school students. Teens are trained to influence the behavior of their peers and younger children with regard to DWI.
- Peer Pressure Resistance Project: Sixth grade classes receive a nine-session program on the effects of alcohol, marijuana and tobacco, decision-making, and developing a healthy lifestyle. Students practice resisting peer pressure and "saying No."
- Family Enhancement and Parenting Training: Seminars and courses are offered to parents of high-risk youth in the general community, and are promoted by Chemical People Task Forces. Parents learn techniques of child management and working together on problems. Special emphasis is placed on recruiting parents of elementary school children from low-income neighborhoods who are assumed to run high risks of later involvement with alcohol and drugs.
- Self-Incorporated Improvisational Theater Troupe: Adolescents are trained in self-concept, theater skills, alcohol and drug information, "natural highs," and personal topics such as loneliness. High-risk user teens are combined with minimal use or abstaining students to present improvisational scenes that highlight sensitive social issues, including sexual abuse, prejudice, and peer pressure, as well as the troupe's mainstay topic of alcohol and drug abuse. A typical performance involves scenes of beer parties,

peer pressure, self-concept, communication difficulties at home, and real life disasters caused by using alcohol and drugs. All scenes leave issues unresolved to generate discussion among student audiences. Follow-up presentations demonstrate the considerable interest generated by these extremely powerful performances. User-performers must stay straight in order to perform. The rapt attention of the audiences and the subsequent challenging of characters' lifestyles and behaviors provide ego enhancement for high risk youth.

Site Visit Activities

The two-day site visit included interviews with 18 directors and staff members most closely associated with the K-12 curriculum and a variety of projects that tie into the core program. Interviewees included program directors, teachers, counsellors, regional coordinators and program specialists. Manuals, statistical reports, and data sheets were reviewed at length for each of the programs. An overview of the monitoring and coordination of the many prevention activities run through the Utah State Division of Alcoholism and Drugs was provided by the Division's Assistant Director and a Program Specialist. A brief performance by Self-Incorporated Improvisational Theater Troupe was also observed.

Community and Target Population

The state's population is concentrated in one county, with 40% of Utah's residents living in the urban centers surrounding Salt Lake City. The other areas of the state are used for farming, mining, and desert/mountain recreation. Machine operators, laborers, craftsmen, and farm workers comprise the bulk of the work force. The majority of Utah citizens (60-70%) are members of the Church of Jesus Christ of Latter Day Saints. The state population is predominantly white. Less than 1% are black, 2% are Asian or Pacific Islanders, 4% Hispanic, and 1%

Native Americans.

Utah's K-12 curriculum is administered to all grade levels statewide although emphasis is placed on fourth through sixth grades. Many programs for high-risk youth have been integrated into the K-12 curriculum, and these tend to actively involve the parents and other family members of high risk youth. The Family Cooperation Program is being piloted to the fourth through sixth grade population in nine school districts. To date, an estimated 52,000 students in kindergarten through twelfth grade have received the curriculum.

Assumptions and Premises

The central premise of Utah's prevention education program is that modifying school climate to help students reach their full potential will reduce alcohol and drug use. The program's philosophy is based on the theory that alcohol and drug use and abuse and related problems can be minimized by frequent practice with decision-making, coping skills, and resistance to peer persuasion strategies. Identification of one's own values, an understanding of feelings, and a positive self-concept also help young people make responsible decisions. Parents and community resources should be involved as much as possible in this effort.

Eight mechanisms for creating a positive school environment are employed: (1) providing alternative forms of education; (2) providing family relationship classes; (3) encouraging school organizations and activities that provide options for apathetic students; (4) helping students learn by their mistakes; (5) providing on-the-job training; (6) holding "family groups" in the classroom so that small groups of students relate to a single adult who cares about them for an extended period of time; (7) establishing and enforcing a consistent, firm alcohol and drug policy in the schools; and (8) providing a well-rounded educational program on alcohol and drug abuse.

The cooperative efforts of a number of agencies and programs are deemed crucial to preventing alcohol and drug abuse. No

single approach is seen as pivotal. Utah's educational program is supported by statewide in-service training and program monitoring services, uniform school policies on controlled substances, supplementary programming for high risk youth and families, and referral mechanisms for teachers to aid troubled youth. The program also benefits from the School Team Approach, the family involvement strategies derived from Here's Looking at You, Two and Developing Capable Young People, parent action groups and support networks, and more than a dozen specialized auxiliary programs including peer intervention, parenting education, high risk adolescent treatment programming and sophisticated public awareness campaigns.

Implementation Issues

The State Agency introduced the K-12 prevention program, mandated by 1980 legislation, by describing what it could "provide" to local districts. Stipends were provided to train teachers and to pay for substitutes during the in-service training period. Teachers were not asked to give up their free time or summer vacation to receive training. In addition, university credit was approved for the prevention training course. Any school personnel who were close to the children could be involved, including secretaries and janitors. The implementation goal is to have 85% of the state's teachers trained at the end of five years.

The personal values of the teachers were identified as the key to whether or not the program would be implemented in the classroom. Because the religious beliefs of much of the populace prohibit alcohol, drug, or tobacco use, many teachers are sensitive about teaching anything sounding like "responsible drinking."

The Family Cooperation Program for 4-6th graders has encountered implementation difficulties. Half-hour activities that must be completed with the child's parents and other family members are distributed as homework. A parent evaluation form

that is to be returned is attached to each activity packet. Two activities are sent home per year per grade level. While the impact of only two evenings of sharing in the family may be questioned, requiring parents to participate with their children -- which is a key concept for this component -- places a real burden on large families (the mean number of children per family in Utah in the pilot counties is four). There will be some variability in exposure to the program depending on the number of children in a household, but the directors do not wish to risk rejection of a good activity because of excessive time demands. New sets of activities are being developed for rotation every two years to maintain interest.

The K-12 curriculum has been extremely successful and well received. Coordinated prevention efforts have also expanded. The interagency cooperation that has greatly assisted the expansion of the program has been facilitated by coordination and funding through a single agency. For administrative purposes, the state is divided into 13 planning districts. Coordination, technical assistance, and training are provided by a Regional Prevention Specialist working for the Division of Alcoholism and Drugs. Because of expansion, the same level of support cannot continue under the current structure. Next year, the administration will decentralize, leaving in place the regional prevention specialists.

Conflicts among programs have been minimized by creating informal coalitions and insisting that no one person or program may take credit for prevention advances. Successes are viewed as an accomplishment of the whole prevention effort. Those who work in the field are brought in regularly to get direct information about what works and why. There is much dialogue, feedback, and reporting of the progress of all programs. A newsletter is distributed regularly, highlighting innovations and progress. The administration works hard to keep people involved and committed.

Impact

Evaluative materials are collected on a regular basis from all programs administered through the Division of Alcoholism and Drugs. Because prevention monies were made available only two years ago, it is too soon to obtain formal evaluation results on most components.

An evaluation of the teacher training component of the curriculum was conducted using all 387 of the first cohort of trained teachers from rural and urban school districts, grades K-12. Knowledge of the curriculum itself and of the effects of alcohol, tobacco and drugs improved significantly through training, although lower grade level teachers knew less about controlled substances both before and after training. Initially, teachers reported disagreement with prevention principles, particularly among lower grades. A significant shift toward a prevention orientation was found, however, with the greatest change among teachers of grades one through four. Prevention attitudes were addressed early in the training so that teachers would be motivated to learn the content and methods of the curriculum. Extremely high willingness to use the curriculum was reported.

The Family Cooperation Program was piloted this year in four counties. The families of students must participate in half hour activities, and fill out a tear-off form rating time involved, difficulty, enjoyment, utility, and the degree to which the program is likely to impact on the family's future behavior. Teachers were also surveyed about their utilization of the family component and the type of changes and benefits the teachers perceived. Responses from parents were positive. A few parents felt that they were already doing the activities suggested, particularly if they were making use of the Family Home Evening Program.

The teacher survey results suggested the need for more in-service training and rotation of units to maintain interest over the years.

IT STARTS WITH PEOPLE K-12 SUBSTANCE ABUSE PREVENTION CURRICULUM
SCHOOL TEAM APPROACH TO ALCOHOL AND DRUG ABUSE PREVENTION
OFFICE OF SUBSTANCE ABUSE PREVENTION
Wichita, Kansas

Program Description

In 1980, the Wichita Public School system established the Office of Substance Abuse Prevention and invested in the School Team Approach to prevention, training 500 high school personnel during 1980-82. Additional funds were sought to train teams in elementary schools, a request which ran counter to prevailing views of how the School Team Approach should be implemented. Eventually monies were allocated for eight elementary school teams to be trained.

The Department of Education and the State Department of Transportation formed a productive alliance. Major financial and programming support from the Department of Transportation made possible the training of 89 additional school teams, direct services to students, and the presentation of 200 community programs. A guide to early identification of alcohol and drug abusing youth was written for teachers, and the Office began working with student teams.

The Wichita Public Schools also use "It Starts With People," a K-12 curriculum designed to increase self-concept, responsibility, communication, decision-making, and information about alcohol and drugs. The program teaches life skills and "wellness" concepts to develop "healthy, responsible, academically successful youth capable of resisting substance abuse." Based on the premise that there is an interactive relationship between cognitive and affective processes, program materials simulate real-life events involving peer pressure and communication obstacles. Students play an active role in curriculum activities, while teachers attend to affective learning.

The School Team Approach complements the curriculum structure and philosophy. In addition to directing and reinforcing

student behavior, teachers are expected to serve as models, to be self-motivated, and to use frequent and appropriate self-disclosure about life choices. Teachers receive significantly more training on processes of attitude change, life skill development, and personal investment in programming than is ordinarily found in similar school-based prevention efforts.

The program staff spends much of its time on publicity and other efforts to involve the community in prevention. Their philosophy and that of the School Team Approach, is that "local people solve local problems," and "people support what they help to create." The most visible staff activities are those aimed at increasing the personal investment of the "constituents" in planning and implementing prevention endeavors. Interagency cooperation and community responsibility for prevention are heavily emphasized. When stricter enforcement, for example, was identified as a prevention objective, the police department changed its booking procedures for DWI arrests, reducing officer down-time from an average of six hours to one hour. The State Department of Transportation funded the addition of 29 motorcycle units and a mobile breath-testing van. Yearly DWI arrests have consequently risen from 390 to 2,000. Officials claim the increase results from training all officers in alcohol enforcement procedures, and not using tired officers doing overtime to perform alcohol patrol duties. The number of arrests increased 44% in two years; and injury crashes and fatalities decreased by nearly 40% since the implementation of the program. There is high visibility for this change, and public perception of the probability of enforcement appears heightened.

To date, the Office of Substance Abuse Prevention has made 804 presentations to students, 306 to school staff, and 197 to approximately 4,000 community members. School Team Approach Training has been delivered to one out of seven school staff members or 89 teams. Seven student teams with their adult sponsors have also been trained.

The program has served as a model for the State and receives numerous requests for training and assistance from other communities. It has distributed 1,000 copies of the K-12 curriculum and has made available 140,000 brochures, booklets and kits, including some designed for parents.

The School Team Approach personalizes the K-12 curriculum, philosophy, and activities. Teams are composed of a principal, a counselor, two or more teachers, and a representative of the constituent community. Methods for joint problem-solving, decision-making, and climate enhancement are taught during intensive training cycles held in retreats. Central to the School Team Approach is the concept of "action planning." Problems are identified, realistic outcomes are developed, and the obstacles, resources, and strategies for facilitating movement from the current to the realistic state are identified. Productivity and monitoring of progress are built into the procedures taught. Expansion of teams after training is expected.

Site Visit Activities

Site visit data on Wichita's alcohol and drug abuse prevention programming were collected during a two-day observation period at the end of the school year. Site visit activities included one and one-half hour interviews with 13 staff members, community officials, and school team members. Discussions were held with School Teams at the elementary, middle school and high school levels. Two classroom presentations on taking personal responsibility for alcohol and drug use were observed at the elementary and middle school levels. A High School Team meeting to review the year's accomplishments and training goals for the summer, and the year end meeting at the Superintendent's Professional Advisory Committee (a large group of school, social welfare, police and recreation personnel and government officials involved in the community-wide prevention effort) were attended. A tour was taken of displays and school facilities designed to disseminate alcohol and drug abuse prevention information

throughout the community. Written materials used by the project were reviewed, including manuals for School Team Approach participants, in-service training cycles, and a variety of pamphlets, visual aids and information packets disseminated at presentations.

Community and Target Population

The program operates in a large metropolitan setting, heavily populated in its core area and lightly populated in the peripheral rural communities. The school district serves 45,000 pupils, and prevention programming has been offered to 37,000 students. Approximately three-quarters of the school population is white, one-fifth black, and the remainder other minorities.

Wichita is a growing community with adequate job opportunities and diversity in the environment for young people. Recreational activities on the river, sports, and shopping malls attract youth. Video arcades are identified as drug trafficking areas. Local informants claim that Wichita has more cars per capita than any other American city, and that people are over-identified with their cars in this location. Police confirm that youth tend to "hang out" in parking lots and are never far from their cars. Crashes often occur in transit to keggars on state lands. So called "18 bars" serve beverages with 3.2% alcohol to people 18 years of age and older. These popular establishments are deemed acceptable in the community, but the police stated that youth typically consume many drinks per sitting and end up just as inebriated as they might in adults-only bars.

Community support for the program seems high, as evidenced by attention to enforcement issues and the presence of many citizen activist groups, including SADD and the Remove Intoxicated Drivers (R.I.D.) Program. Corporations in the area do follow-up work on the curriculum, sponsoring crime watch programs, for example. The media have also been extremely supportive. In the 1982-83 school year, 80,000 newspaper supplements on alcohol and drug abuse were distributed. Public Service

Announcements on 50 programs have been run in the newspaper, which features daily articles on alcohol and drug abuse.

Assumptions and Premises

The School Team Approach is based on the assumption that improved staff morale, increased mutual understanding, and various support activities lead to an improved educational climate. Under good school climates, student stress, disruptive behavior, and alcohol and drug abuse are reduced.

According to a statewide trainer, the key to generating the high level of commitment evidenced by School Team members is "genuine conversion." Thus, School Team members are removed from their normal life settings and placed in a controlled situation where they are inundated with information from 7 a.m. to 10 p.m. A carefully orchestrated program is conducted by charismatic, energetic trainers. The team process attempts to make individuals feel that they have a personal impact, and are unique in their contributions. The trainers claim that the experience is designed to "actively attempt to change lives."

The "It Starts with People" curriculum used in conjunction with the School Team Approach is firmly based on the assumption of individual responsibility for health decision-making. Like many wellness-based programs, this assumption precludes consideration of other causes of health risk, as the following example illustrates. In a classroom presentation observed during the site visit, the instructor discussed negative physical consequences of smoking and drinking, including loss of balance, motor coordination, and judgment. Students were then asked what was responsible for these effects. Youth responded with appropriate medical or pharmacological replies, but the instructor corrected them, saying that the cigarette did not jump into the smoker's mouth of its own volition and the alcohol did not pour itself down the drinker's throat. The individual chose to put these substances inside his or her body. The individual was responsible for the effects of the substances. This personal

responsibility message was emphasized continually. The project philosophy is that there is no alcohol or drug problem, only a people problem. People must learn to make responsible choices.

Implementation Issues

Staff members claim that commitment and clarity of purpose are quite high. Teachers who get involved in the School Team Approach training tend to be highly motivated and productive. Five years of intense program activity is due in large measure to the process by which teams are trained. Major training cycles are conducted once every three years, with supplementary training every two years as needed. "Second generation" trainees generally do not have the same spirit and longevity as those attending official School Team Training cycles.

There is considerable danger of burn-out due to high energy levels demanded and the intensity of the Team experience. However, the Substance Abuse Prevention Office does frequent follow-up work, and team members are "rejuvenated" during maintenance training weekends. One in five teachers on a team leave each year, but usually transfer to a school where another team is operating.

Impact

A variety of measures have been used to assess the impact of the program. Evaluations of classroom presentations by teachers indicated that students understood the relationship of alcohol and drug abuse, peer pressure, and decision-making. A significant trend has been documented that demonstrates decreasing numbers of suspensions from school for alcohol, smoking and other drug-related offenses. Alcohol-related suspensions dropped 21% in the 1982-83 school year, and 37% in 1983-84. Health Services data show a 58% decrease in the number of suspected drug abuse contacts by school nurses between 1980 and 1984.

An attitudinal survey of School Team members indicated high levels of support for the teams as mechanisms for prevention, as

information resources to students and fellow teachers, as a means of increasing academic achievement, and as a likely source for a variety of local positive changes.

Ongoing evaluations of the School Team Approach in Wichita provided comparison of schools with high versus low team activity levels. Recent results indicate that the average increase in number of students holding attitudes opposed to excessive alcohol usage was 8.5% in high schools, 3.8% in junior high school, and 4.9% in elementary school. The increase was four times greater in high team activity schools than in low team activity schools, and both were better than schools with no teams operating. Knowledge was increased by 18% in high school, 10% in junior high, and 26% in elementary schools.

Arrests for alcohol and drug abuse among juveniles decreased 71% between 1980 and 1983. This is significantly lower than statistics for the juvenile population in three nearby counties. Unlike high national rates, Wichita DWI arrests of juveniles constitute only 2% of arrests made. No alcohol-related automobile fatalities have been caused by juveniles in the last two years. On-site evaluators conclude that the comprehensive program is reducing alcohol-related problems.

YOUTH DRINKING DRIVING PROGRAM
GATEWAY STAFF DEVELOPMENT CENTER
Grand Rapids, Michigan

Program Description

The Youth Drinking Driving Program (YDD) is a brief high school curriculum developed as a component of the Michigan Model for Comprehensive School Health Education. Statewide coordination of YDD is provided by a seven-agency steering committee, headed by the Department of Education, which has responsibility for finalizing manuals, implementation planning, assuring funding continuity, and involving local resources. YDD is a condensation of Michigan's 17-day alcohol and drug abuse curriculum into a 4-day program for high school students. The condensation was undertaken on the assumption that the shorter version would result in wider implementation with lower costs. The GATEWAY Staff Development Center provides in-service teacher training and conducts six follow-up contacts with each participating teacher.

The objectives of the Youth Drinking Driving Program are to help students to: (1) develop an information base on the physiological and psychological effects of alcohol on driving performance; (2) learn the social, legal, and monetary costs of DWI; (3) develop attitudes that will help prevent DWI; and (4) develop skills needed to both dissuade drinkers from driving and to avoid riding with an impaired driver. The program also encourages students to: (1) plan for potential drinking and driving situations; (2) recognize their parents as resources in dealing with drinking and driving episodes; and (3) make good decisions when confronted with peer pressure.

These objectives are addressed in four 50-minute classroom sessions. Mini-lectures focus on the physiological effects of alcohol, the effects of varying BACs, the differences in risk by age group, and the myths about alcohol. The legal consequences of drinking and driving are presented, and roadside sobriety tests are demonstrated in class. Students are instructed in

emergency treatment necessitated by the effects of alcohol. A typical teenage party is planned to demonstrate how to entertain successfully without encountering alcohol problems on the premises or in transit. The SADD contract-for-life concept is introduced, and students are asked to commit themselves to one personally chosen strategy to avoid drinking and driving. Three role play situations help students understand how to avoid driving while intoxicated, and how to intervene with drinking friends. Homework focuses on the media's treatment of alcohol, followed by classroom discussion of slogans and hidden messages. Finally, students are encouraged to carry out one of several pre-designed community prevention projects as a follow-up activity.

Site Visit Activities

Site visit data on the Youth Drinking Driving Program were obtained during two days of interviewing and touring the region at the end of the school year. The communities using the program are widely dispersed geographically which limited the number of interviews possible during the site visit. Lengthy discussions were held with the Project Director, and one and one-half hour interviews were conducted with two high school teachers who have used the program for a few years. A local sheriff was also interviewed. Brief discussions with administrators at the regional staff development center and with small groups of young people who had congregated at several fast food establishments were held. The region was toured to gain information on community factors. Written materials for the program were reviewed.

Community and Target Population

The setting for this prevention effort encompasses five school districts and an urban center located in a predominantly rural area, with many scattered townships dotting the countryside. Schools tend to be large modern facilities surrounded by farmland and small residential clusters. Teens travel approx-

imately 45 minutes or more on rural roads to reach activity centers. Keggers, outdoor drinking parties in farm communities, are popular, and partying in the absence of adult supervision in private suburban homes is common. Reportedly, the urban center has relatively few drinking/driving problems, but alcohol-related hunting and boating accidents are frequent.

Local students have expressed interest in legal questions, particularly since stiffer drinking/driving laws went into effect in 1981. The state now has OUI (operating under the influence) in addition to DWI, which has significantly increased arrest and conviction rates based on alcohol abuse in parked vehicles. A relevant alcohol-related, multi-fatality crash aroused considerable community concern. Students attended the courtroom sessions, and sentencing of the drunk driver responsible for the crash. They were outraged at the token fine imposed for the resulting four deaths, and began a letter writing campaign to influence various governmental officials.

The population of the Grand Rapids area consists primarily of middle income whites in the urban areas and a large Hispanic community of migrant workers and other low income seasonal workers in the rural areas. Local informants described the communities as conservative, and reluctant to permit values clarification or "responsible drinking" philosophies in the schools.

Assumptions and Premises

In these conservative communities, a "no use" philosophy is the acceptable school-based policy. The program assumes, however that some adolescents will drink alcohol, and that drinking and driving can be reduced. Youth need to be prepared to take specific action when confronted with a drinking/driving situation, or DWI is likely to occur. To increase the sense of personal vulnerability to alcohol-related problems the program attempts to shift the meaning of "potential" alcohol problems from "it won't happen to me" to "it might happen to me."

An important message, according to one teacher, is that "no matter how good I am, my life can still be ruined by drinking and driving, whether I do it or someone else does." According to the teaching staff, YDD identifies the drinking and driving problem, and places the responsibility for dealing with it back in the hands of the students. "Now that you know how dangerous it can be, what are you going to do about it? What alternatives do you have?"

Implementation Issues

To increase the likelihood of YDD Program implementation in the schools, teachers who receive in-service training observe others teaching all the lessons. They are then instructed to adapt the curriculum to their own personal style and interests. This can result in wide variation. For example, one high school uses the lecture method only. In addition, the academic courses into which YDD is inserted vary, and program effectiveness appears to vary with the subject matter. The program was designed to be presented in social studies or English classes, but YDD typically is incorporated into health, physical education or drivers education classes. Several project staff reported that these courses were often unsuited to YDD.

Finally, teachers' personal drinking habits can influence implementation. Non-drinking teachers reported considerable difficulty with the program and simply did not present YDD. These teachers reported feeling inexperienced in a classroom full of drinking adolescents who bubbled over with questions and comments about alcohol experiences.

A gender difference has been noted by staff members and teachers. Male students are reportedly most interested in the legal questions and financial consequences of DWI. Female students are reportedly most interested in the effects of alcohol use on relationships (for example, how alcohol abuse affects other family members or results in loss of friends).

Impact

No formal outcome studies of this program have been conducted, although an extensive report is available on the original 17-day statewide program.

Informant data suggest extremely high base rates for alcohol-related crashes in this area (i.e., 8-14 fatalities per year per grade level cohort). One high school reported that since the initiation of the program, no students have been stopped or arrested for DWI or for alcohol-related problems at school. Although alcohol use remains a major problem off-campus, teachers claim that students are actually learning to "say no" to alcohol use in certain situations.

In the Project Director's view, students have not yet decided to actively avoid drinking and driving. They do not really believe themselves to be vulnerable. However, anecdotal evidence suggests that communication about the issue has improved considerably. For example, a female student reported that while on a date, her boyfriend got drunk and drove home. Although she did ride with him, when he sobered up they established clear priorities for the future. Students reported talking more often to teachers with less denial and a greater sense of reality. One teacher reported that he makes himself available for emergencies and safe rides at any hour. He is often called upon in this capacity by his students.

PROJECT GRADUATION

Augusta, Maine

Program Description

In the late 1960's and early 1970's, drinking and drug use, with associated behavioral problems, became so prevalent among Maine teenagers that many high schools, which had been the central focus of social life, closed their doors to after school dances and parties. Adolescents then found outdoor spots--sand pits, quarries, beaches, picnic sites--to hold "keggers" at the end of the school year and after sports events. In some communities, parents and teachers were involved in the traditional all night field parties, taking the car keys of the teens and adults who came and returning them when they thought the party-goers were sober enough to drive. Some of these events became brawls when older "locals" crashed them--fighting and drunkenness were expected. By the late 1970's, all night drinking fests had become the traditional graduation celebration in many Maine communities.

In response to 12 teenage deaths resulting from driving under the influence of alcohol during commencement season, the state of Maine designed the first Project Graduation in 1980. Maine's first organized alcohol-free graduation party was supported by various businesses, parents, and individuals in the Oxford Hills community, the site of the tragic traffic deaths. As a result of this event and the media support it engendered, Project Graduation was initiated in 12 communities in 1981, and by 1984, 129 Maine communities were involved in Project Graduation.

Early in 1983, Project Graduation was selected as one of eight projects to become a national model for youth and highlighted at a national conference sponsored by the Department of Health and Human Services. In November of 1983 the state of Maine cooperated with the National Highway Traffic Safety Administration (NHTSA) to present Project Graduation to a

conference of more than 38 states. In addition NHTSA prepared a booklet, Project Graduation: Friends for Life, in conjunction with Maine's Division of Alcohol and Drug Education Service.

Project Graduation provides an opportunity for students to become aware of the risks of drinking/driving to themselves and others, and to identify and select alternatives through group decisions made for commencement season activities. Project Graduation in Augusta, Maine, represents how this program model operates at the community level.

Project Graduation in Maine is a growing cooperative movement between local communities and public or private high schools, with state endorsement and coordination. The goal of the movement is to have well attended, chemical-free commencement celebrations and to reduce motor vehicle fatalities among students during graduation season. A trained school/community team in Oxford Hills, Maine, organized and sponsored the first "alternative" alcohol and drug-free graduation party in the local high school. In subsequent years, the Division of Alcohol and Drug Education Services, State Department of Educational and Cultural Services, has promoted the project statewide.

Project Graduation helps students confront alcohol and drug issues, provides creative parties that all seniors can attend with parental approval, and generates old-fashioned fundraisers where adults and teens work together productively.

Some of the activities for a successful Project Graduation include: (1) gaining support for the event from the school, parents, the local business community, and most importantly, the seniors; (2) planning an exciting party with good entertainment, decorations, food, transportation, publicity, and security; and (3) soliciting contributions in money, services, and goods from the entire community. Because Project Graduation is ultimately a local response to a local problem, each school handles these activities somewhat differently.

Site Visit Activities

To obtain information on Project Graduation, a two day site visit was conducted. Group interviews, averaging two and one-half hours each, were held with five staff members, a group of ten key participant/planners, and three law enforcement representatives. The state coordinator of Project Graduation was interviewed for one hour formally and many hours informally. Two chemical-free parties were observed for approximately one and one-half hours each, and numerous parents, students, chaperones, and faculty members in attendance provided additional information. Project materials, including pamphlets, newspaper articles, an extensive history and scrapbook of the program's accomplishments, and maps of areas using the Project Graduation concept were examined.

Community and Target Population

The target population for Project Graduation is all high school seniors in schools throughout the state, encompassing a wide variety of public and private school students of different socioeconomic backgrounds.

Maine is comprised of many isolated communities with a strong tradition of independence and local problem-solving. The northwest section is sparsely settled. Fishing and logging communities dot the eastern sea coast, while the southern section contains high-tech industry and paper and textile mills in cities housing one third to one half of the state's population.

There are few recreational services, except in the southern portion of the state. The combination of poverty, long cold winters, and isolation results in social acceptance of heavy drinking. Adolescents sometimes take on adult responsibilities before they finish high school, and drinking celebrates this rite of passage. Alcoholism is prevalent particularly among the Indian tribes that inhabit the coastal regions.

Maine natives have a strong sense of community and expect to take care of their own. Education is valuable, garnering a large

percentage of tax dollars, and high school is an important common meeting place in most communities.

Assumptions and Premises

The basic assumption underlying Project Graduation is that high school seniors can establish a new tradition of chemical-free commencement celebrations that will replace the dangerous drinking parties of the past decade. It is assumed that "alternative" parties will substantially reduce morbidity and mortality rates for teens due to alcohol and drug-related vehicle crashes during the graduation season, with potential spill-over during the rest of the year as the parties become popular. Chemical-free parties support the values of youth who choose not to drink and help them gain social acceptance with their peers.

The Division of Alcohol and Drug Education Services believes that the school is the focal point for effective and comprehensive local school/community prevention activities that address the total population. Accordingly, Project Graduation is used as a kickoff for other efforts because it provides an opportunity for students, parents, teachers, school administrators, businessmen, and community organization leaders to speak out about the dangers of alcohol and drug abuse and to discover constructive alternatives.

Implementation Issues

Successful "dry" commencement parties have been initiated by different groups in various Maine high schools. In some schools the principal convenes a committee of teachers and students. Elsewhere, the trained school/community teams or parent groups have been the major organizers. In all cases, success appears to depend on the early involvement and support of seniors themselves. In addition, support from school administration and faculty, community merchants and organizations, and parents appears crucial.

Maine schools have used every possible appeal to attract all senior class members to these graduation parties. Fear of fatal crashes is aroused by constant media attention and students are implored to "be safe" on graduation night. Peer bonding appeals are particularly powerful: "Be together as a class for the last time;" "Bring your yearbook for signing;" "Take a sentimental journey through adolescence." Pressure from parents and other adults is also enlisted. Socializing and working with adults in the community as part of the planning process is an effective strategy to get youth involved. Finally, positive social pressure is employed by fostering competition among schools throughout the state concerning attendance and local DWI-related incidents.

After the first successful party, it is important to establish a tradition. In some schools, however, success has been followed by failure if the major attraction of the event was a novelty or a charismatic personality who leaves. In communities where donations of money and goods were lavish, a leftover "slush" fund has kept the momentum going in successive years.

State prevention staff promote Project Graduation by convening statewide and regional conferences to generate enthusiasm, demonstrate practical approaches, and disseminate resource materials. They encourage extensive media coverage to establish Project Graduation as the "thing to do," portray the support of prominent community members and organizations, and present the issues surrounding drinking and driving by teens. The state attributes much of the expansion of Project Graduation to extensive media involvement. Publicity and public community awareness also have been generated by the annual publication of statistics on participating schools, citing the percentage of seniors attending, and the fatalities recorded during graduation season. National recognition of these activities has further stimulated Project Graduation.

Program Impact

The number of schools and the percentage of graduating seniors participating in Project Graduation has grown exponentially over the past four years. In 1984 (the last year of complete data), 85% of high schools with enrollment of at least ten students per grade level (152 in all) and 68% of the graduating class throughout the state were involved in dry graduation parties. Teenage fatalities related to driving under the influence of alcohol also dropped in the May 15 to June 30 period from 8 in 1980 to 0 in 1983, but rose to 4 in 1984. However, 3 of the 1984 deaths were not high school students and consequently not exposed to the "intervention."

Maine publishes the results of Project Graduation each year, showing the percentage of schools and seniors participating and the fatality rates for youth during the commencement season. In 1984, the monitoring period was shortened to one month instead of six weeks to coincide with graduations. The definition of youth was limited to "high school students" (not "all teens") to ensure exposure to the intervention, and high school was defined by enrollment. Since its inception in 1980, there has been only one alcohol-related student fatality (1984) in the Project Graduation community. Numerous recent changes in Maine's drinking/driving laws and changes in enforcement practices must also be considered in interpreting these findings.

Despite this preliminary evidence of success, however, anecdotal evidence from students and liquor enforcement personnel suggests that parties that include alcohol are still common during graduation week. Law enforcement officials agree, however, that teens are giving fewer and smaller "bashes" with alcohol and drugs. These parties are easier to break up or curtail because the community and parents now support liquor law enforcement.

GREEN MOUNTAIN PREVENTION PROJECTS, INC.

Burlington, Vermont

Program Description

In a move to strengthen teenage efforts to combat the problem of alcohol abuse and driving, participants at a recent National Teen Institute Conference, sponsored by the National Highway Traffic Safety Administration (NHTSA), created the National Association of Teen Institutes (NATI). The NATI consists of 16 teen institutes located throughout the United States. Its primary goal is to provide the Institutes with more direction through the sharing of such activities as common goals, objectives, and network strategies. At present, Teen Institutes are supported and sponsored in a variety of ways and by various organizations. Their participation in a national umbrella organization should make their efforts more centrally cohesive.

The GREEN MOUNTAIN TEENAGE INSTITUTES in Vermont illustrate the successes and challenges inherent in operating an intensive peer training program for teenagers to combat alcohol and drug abuse.

GREEN MOUNTAIN TEENAGE INSTITUTES (GMTI) are five-day residential programs, coordinated by Green Mountain Prevention Projects, Inc. (GMPP), that train Vermont high school students to become alcohol and drug abuse prevention peer educators. The summer Institutes and follow-up mid-winter weekend retreats originated four years ago after three founders, already working as alcohol prevention specialists in the Burlington area, read an NIAAA publication about similar projects in other states. The organization has grown rapidly in Vermont, expanding in two years from a three-day session for 20 students from seven schools to three five-day sessions for approximately 120 participants from approximately 40 high schools all over the state.

Each Institute follows a similar schedule, mixing presentations by staff and volunteer experts with experiential sessions. Topics include: drugs in society; pharmacology and addiction;

personal coping mechanisms; methods for making referrals; improving communications; and action planning for school involvement. Participants also share ownership in the "community" by rule-making, housekeeping duties, and recreation.

GMTI provides weekend follow-up sessions to share school/community accomplishments and to provide additional training and motivation to improve prevention activities. Some training is provided for school staff who help school teams raise scholarship money for the Institutes, promote GMTI within the school and community, supervise prevention activities, and help recruit, screen, and select new candidates for the next summer's Institute.

Site Visit Activities

Over the two-day site visit, eight one and one-half hour interviews were conducted with the program coordinators, members of the board, school coordinators, and two former GMTI students. Project files, evaluations, and other materials were made available and reviewed. The physical facility where the institute is held was toured, and high school and office operations were observed for the networking and personal contacts that exemplify this prevention strategy.

Community and Target Population

Vermont is a mostly rural state that generally depends on farming and tourists for income. There is great emphasis on education in locally run, consolidated school districts, but a small percentage of high school graduates go on to college. Drinking, especially beer, is an accepted recreation in taverns and road houses for males of all ages. The distances traveled and the lack of public transportation contribute to DWI risks. State liquor stores control whiskey and fortified wines, and the drinking age remains at 18 years, despite legislative attempts to raise it. Wine and beer are readily available in grocery stores and gas stations.

In three years GMTI has trained a total of approximately 200 students in grades 10-12 from over 30 high schools. Most are white (like the state population) and the majority are 15 or 16 years old. Trainees have included two and a half times as many girls as boys. Between seven and fourteen high schools are represented at each Institute by teams of three or four students. Teens are chosen by their own schools, raise tuition locally to attend, and represent natural leaders of different peer groups who agree to work within their schools following training. There are no uniform criteria for selection of participants.

Assumptions and Premises

The central explicit assumption of the GMTI is that peers can have a positive influence on their own social networks. This implies several other premises: (1) that role modeling by student leaders can influence the values and behaviors of different social subgroups; (2) that GMTI graduates can make effective educational presentations about alcohol and drug abuse prevention to peers and younger students; and (3) that, with some additional process skills, teens can intervene with friends and family members to help them resolve problems related to alcohol and drug abuse. In addition, the GMTI model assumes that four to ten trained students per high school can have a significant impact on the school environment, with some aid from a school coordinator and midwinter follow-up training by GMTI. Finally, the model assumes that the skills necessary to accomplish these objectives can be developed in five days in an intense "retreat" atmosphere.

Although the assumptions and goals of GMTI focus on leadership development and skill development in prevention, Board and staff members tend to stress the personal growth of trainees as the primary accomplishment of the Institutes. This growth includes improvement in self esteem, better communication with adults, and improved socialization among friends.

Implementation Issues

A major issue confronting GMTI is how to ensure healthy reactions to the five-day retreats by all participants. Presentations about effects of alcoholism in the family have, on several occasions, precipitated emotional crises (including revelations about sexual abuse) that have left the staff wary about adolescent vulnerability to the intensity of the Institutes. Proposed solutions include: eliminating any notion that GMTI can be therapeutic for troubled adolescents; better screening of candidates' emotional status by school coordinators and graduates; decreasing the group stimulation by slowing down the schedule; insisting on adequate sleep and a better diet; defusing emotional situations promptly; and working in larger groups.

Organizationally, GMTI has grown so rapidly that staff are unable to meet all commitments for training and school follow-ups, and are in danger of burn-out. A decision must be made on whether to become a statewide organization or to consolidate at the current level. More secure funding for the administration, additional staff to regionalize the program, and assured access to proper facilities are needed if GMPP, Inc. continues to expand.

Community acceptance has been encouraging. There is a waiting list of applicants for each session. Most schools are enthusiastic, and local communities have been generous with financial support for GMTI trainees. However, the optimal degree of centralization is currently the issue. Local communities now have autonomy in selecting trainees, raising scholarship funds, and approving prevention activities, all of which influence both the Institute training sessions and subsequent prevention impact on the community.

Additional time and funds for training Institute faculty (both adults and selected GMTI graduates) and school coordinators seems imperative. Summer session faculty now have less than a day together before students arrive and must rely on previous experience and in-session staff meetings to build cohesion. The

level of on-site school support and guidance for GMTI graduates also varies considerably limiting the activities that can be undertaken.

A few schools and parents have reacted negatively to the GMTI program. GMTI is now considering orientation of parents and school coordinators about potential reintegration problems following the summer sessions.

Program Impact

GMTI conducts several types of evaluation with its graduates, but does not attempt to measure subsequent reduction of alcohol and drug abuse and associated behaviors at the high school level. During each summer session, trainees are given pre- and post-intervention knowledge tests of pharmacology, drug effects on behavior and perception, concepts of prevention and treatment, legal issues related to alcohol and drug abuse, and common public attitudes. They are also asked to rate the GMTI experience -- learning, presentors, topics, and climate. Open-ended questions are asked about helpful aspects of the experience and suggestions are solicited for improving the Institute or the facilitators. Finally, students complete a questionnaire at entrance about their personal experiences with alcohol and drugs which is then re-administered at the six month follow-up session and annually thereafter for four to five years.

Graduates are asked to submit reports of their school activities related to GMTI training every six months until graduation from high school (or college). The school coordinators are also asked for feedback on peer prevention/GMTI efforts.

As the program has evolved, the evaluation instruments have been revised. Trend data are therefore unreliable. Gains in information have generally ranged from 60% to 79% correct answers. Composite scores for satisfaction with the Institutes have all been extremely positive (6 on a 7-point scale). Most of

the trainees have tried alcohol (97%), about half have smoked marijuana (53%), a third have used amphetamines (33%), and fewer than a fifth (17%) have tried cocaine. Follow-up data have been collected for most graduates at six months and one year, but no major changes are apparent. However, because attrition is not controlled, the results are difficult to interpret.

Board members and school coordinators praise the maturity, seriousness of purpose, improved parent-child relations, self confidence, assertiveness and interpersonal communications evidenced by attendees of GMTI. According to Board members, however, only an estimated third to one half of the trainees engage in meaningful prevention activities. School coordinators report that some trainees get discouraged about preventing abuse when they confront the overwhelming reality of the school climate, while others drop out because of more pressing academic concerns.

According to the Board President, GMTI has helped educate the public about the seriousness of alcohol and drug abuse problems through graduates' interactions with peers, teachers, and community sponsors. The program needs to be expanded considerably, with larger teams of GMTI graduates in more schools with better on-site support, before a significant impact on school climate and on alcohol and drug abuse can be realized.

VERMONT: STARTING EARLY AND AL-CO-HOL
Montpelier, Vermont

Program Description

The American Automobile Association (AAA) Foundation has developed, field tested, and distributed a comprehensive school-based curriculum for alcohol and traffic safety education in grades K-12. Vermont, through its Department of Education, Office of Driver and Safety Education, provides three hours of teacher training, technical assistance, and resource materials for implementing this curriculum. STARTING EARLY was designed for pupils in kindergarten through grade six and AL-CO-HOL was designed for junior high school students. Three Vermont elementary schools participated in the national field-testing of the STARTING EARLY curriculum in 1980-81 and the state initiated regional teacher training workshops in 1981-82. Incentives of free materials were offered if all teachers in a school attended the trainings, promised to involve/inform parents, and planned to implement the project simultaneously throughout the school. Similar training for the AL-CO-HOL program began in Vermont at the same time.

STARTING EARLY is an attractively packaged set of seven sequential lesson plans and teacher guides with accompanying filmstrips and games. The materials focus on alcohol awareness in the early grades, and introduce traffic safety concepts to fourth graders. Short films, borrowed from the state at no cost, are part of the curriculum. The Metropolitan Life Insurance Company funded a revision of the films and produced them in 16 mm and video versions for wider distribution. The five lessons for each grade are designed for thirty minute periods in K-3, and 45 minutes in grades 4-6. Pre- and post-tests can be administered in the upper grades in two additional class periods.

The goal of the STARTING EARLY program is to prepare pupils to make choices in alcohol-related situations so that they will choose safety and well-being for themselves and others. Seven

general objectives (six related to knowledge about alcohol and one related to skills for coping with traffic safety issues), and 24 specific objectives are to be achieved by designated grade level.

AL-CO-HOL consists of five 45-minute lessons, with supplemental pre- and post-tests appropriate for either seventh or eighth grade. The materials include films, a student pamphlet, teacher guides, games, and situations for role plays. The goal of this curriculum is to help students improve their knowledge, attitude, and behavioral intentions in relation to alcohol and traffic safety. More specifically, the five knowledge objectives relate to the nature and effects of alcohol, especially driving skills, the influence of media on use patterns, and symptoms of and interventions for alcoholism. The three attitudinal objectives pertain to pressures to drink, reasons for drinking, and ways to prevent irresponsible drinking situations. Behavioral objectives include intentions to discuss alcohol-related problems and alternatives, and intentions to act for the safety of self and others in drinking/driving situations. For both STARTING EARLY and AL-CO-HOL, lesson plans are short enough to be conveniently incorporated with other teaching requirements. The materials require little preparation time by teachers and are not difficult to use. The low cost increases school interest and commitment to use these curricula.

Site Visit Activities

Five individual interviews were conducted for approximately one and one-half hours each with the Traffic Safety Consultants who generated the statewide acceptance of the AAA materials, the assistant principal of an elementary school, and two science teachers at the high school level. A group interview was held with the principal and six teachers at a local elementary school where the curriculum is used. Three schools were visited, and the curriculum packages were extensively reviewed during the two day site visit.

Community and Target Population

Vermont is a heavily taxed, rural state that values education and supports consolidated independent school districts run by local school boards. Until recently, schools worked autonomously on alcohol and drug abuse and traffic safety education.

Heavy beer drinking, alcoholism, and alcohol-related traffic crashes are serious problems in the state. In small communities, these problems are personal, visible and debilitating. One junior high teacher spoke of several DWI injuries each year, sometimes involving the same youth repeatedly. Driving permits are available at age 15. The drinking age is 18 years and cars are a necessity for work or play.

STARTING EARLY and AL-CO-HOL are implemented statewide, but the program has no formal mechanism for tracking the population served. Available data suggest that the curricula are used in both public and parochial schools, and that the overwhelming majority of students are white, and of lower socioeconomic status.

Assumptions and Premises

The AAA curricula assume that students will be prepared to make responsible decisions about alcohol and drug use and traffic safety if they: (1) know the effects of alcohol and other abusable drugs and the necessary skills for safe driving; (2) explore attitudes about drinking and drug use in general and in specific situations; and (3) practice planning to act in ways to avoid dangerous situations involving drinking. It is further assumed that repeated exposure to the same themes in different grades will ensure that all pupils hear the message.

Program specialists believe that the impact of the curricula will be enhanced if entire schools are involved. Thus schools are asked to have all classes in all grades study the curricula at the same time during a designated week that is announced to parents by newsletter. The state hopes to change the school climate and facilitate communication between parent and child

and between home and school. Training, combined with carefully prepackaged materials and clear, brief teacher guides, ensures that all students get the same or a very similar intervention. Training all teachers in a school together: (1) assists team-building; (2) helps teachers explore common attitudes about alcohol and drug abuse; and (3) facilitates agreement on the scope of the problem in their own facility, and promotes sharing of plans and activities.

Implementation Issues

Interviews with teachers revealed that each one modified the curriculum to some extent to resolve perceived problems. Several of the elementary and junior high school teachers added information pertaining to local situations (e.g., discussions of crash accounts in the newspaper, debates on drinking age) to make the curricula more relevant. Some teachers eliminated games they thought their pupils would find uninteresting. The junior high school teachers substituted films because they discovered some of their students had already seen the designated ones in elementary school. One of the science teachers added substantial information on tobacco, marijuana, and PCP.

All of the teachers found that the lesson plans provided too much information to be covered in the suggested time. Most expanded the number of days for coverage from the expected five days to two weeks. Overall, these changes indicate that these carefully-packaged curricula, designed for easy implementation, are altered by the teachers causing potential dilution of the school-wide effects expected.

Moreover, despite teacher training and technical assistance by the state, the AAA materials are not always implemented to saturate schools or communities through repeated reinforcement. Schools do not always teach all classes simultaneously, and they may or may not involve parents. Therefore the impact of these curricula is most likely on the individual and class groups, rather than on the total school climate.

Most teachers reported favorable reactions to the lessons, supplemental games and audio-visual materials by their students. One did not like the fourth grade film, however, and another objected to the lack of appropriate sophistication in a fifth grade game. Finally, the teachers who administered the pre- and post-tests thought they were too long and complicated to be completed carefully by the children.

Program Impact

Each of the AAA curricula was developed under the direction of Teacher's College, Columbia University and field-tested before revision and dissemination. STARTING EARLY was field-tested with 5,600 pupils in 51 schools representing urban, suburban, and rural settings across the nation. Vermont was one of the participating states. Compared to students who did not receive the curriculum, a significant positive change in knowledge and attitude about alcohol and its effects was found in all grades following the trials. AL-CO-HOL was field-tested with 6,000 junior high school students from 45 schools in seven states. The evaluation found favorable changes in knowledge, attitudes, and behavioral intent toward DWI situations.

During the first years that Vermont offered teacher training workshops, participating schools were requested to conduct the pre- and post-test that came with the curricula and to forward the results to the state. Unfortunately, there were insufficient resources to support an analysis of these data and they were eventually discarded. Some schools tabulated their own data, but found these analyses too time consuming to continue. Thus, formal evaluation of the effectiveness of the programs in Vermont is not available.

The one major criticism of the STARTING EARLY curriculum advanced by those interviewed is the brief nature of the program with only five lessons for each grade per year. It was suggested that the curricula may not be sufficient preparation for students to resist peer pressure. In some cases, school and community

climate appear to be changing with regard to awareness of the dangers of mixing alcohol and driving but not all of that change can be attributed to the AAA materials.

BACCHUS
**(Boost Alcohol Consciousness Concerning Health
of University Students)
University of Kentucky, Lexington**

Program Description

BACCHUS is a nationwide peer-based educational program designed to establish a common sense drinking code for college campuses through public awareness campaigns, demonstrations, and social activities. Since 1980, BACCHUS has grown from a few chapters in a single state to an organization with more than 200 chapters in 43 states, the District of Columbia and Canada. There are more than 200 million students enrolled in colleges where BACCHUS now has chapters. The goal of BACCHUS is to create a campus environment more conducive to responsible decision-making concerning alcohol use and non-use. Peer leaders model responsible decision-making about drinking and demonstrate alternative forms of entertainment. Students are taught to identify their own personal limits and to be cautious of the combined effects of alcohol taken with other drugs.

BACCHUS accepts moderate drinking in relaxed, appropriate social situations but rejects intoxication. Alcohol-free "mocktail parties," sponsored jointly with fraternities and sororities, are planned for the general student body. The purpose of these parties is to disseminate literature on alcohol-related topics and to model strategies for entertaining that include food, non-alcoholic beverages, and planned activities.

The activities of each BACCHUS chapter within the national organization vary. The University of Kentucky chapter is a representative statewide program. The mainstay of the peer education component is a Speaker Corps trained by a BACCHUS intern. This component employs the IMPACT Training Package, a five unit curriculum that: (1) explores physical, psychological, interpersonal and academic effects of using alcohol; (2) provides training in assessing problem behaviors leading to alcohol abuse

and its consequences; (3) builds competency in positive confrontation skills to assist those who need to re-examine their drinking behavior; (4) examines drinking and driving issues; and (5) teaches program planning. The program has been presented to residence hall advisers who request training in dealing with drinking problems among students. Other activities include: contests for best bumper sticker, bookmark, and tee-shirt designs; "mocktail parties," presentations on sipping and responsible partying; and distribution of non-alcoholic beverage recipes. Alcohol Awareness Month is an annual event that receives excellent television coverage of such activities as brake reaction demonstrations and fair booths. A variety of workshops are held throughout the year.

Site Visit Activities

Toward the end of the Spring Semester, the University of Kentucky, Lexington Chapter of BACCHUS was site visited. One and one-half hour interviews were conducted with the Project Director, Dean of Student Affairs, and the police liaison officer who runs a highly visible Traffic Alcohol Patrol. Interviews were also conducted with two students who had participated in the planning, fund-raising, or presentation of BACCHUS events, including a drinking/driving demonstration. Program materials (visual displays, wet bar, bumper stickers, tee-shirts, pamphlets and manuals) were examined, and a videotape of some of the extensive television coverage of TAP and BACCHUS sponsored events was viewed. Following election of new officers for the next school year, a brief discussion of plans and perceptions about the future direction of BACCHUS was held with the intern and members.

Community and Target Population

The community in which the University of Kentucky, BACCHUS chapter operates is a white, middle class university suburb surrounded by horse farms. According to local informants,

alcohol consumption is quite high. There is little economic growth or urban expansion, and residents want the city to retain its small town atmosphere.

The approximately 20,000 students on campus at the University have been characterized as conservative, comfortable, and looking for job security. The campus population perceives itself to be more affluent than that of many universities (although many students receive aid), and student activities tend to be dominated by fraternity and sorority activity.

Assumptions and Premises

According to project literature, BACCHUS is a new campus movement of the '80s -- one that gains momentum as students realize that "they must provide positive initiatives for the void society has generally bequeathed to them." This means using the leverage of peer influence, legal and institutional power, the rewards of social life on campus, and basic facts about alcohol use to promote the practice of health and safety concerning drinking. Bad drinking habits are assumed to develop from myths, mixed messages, lack of information, and underdeveloped decision-making skills.

BACCHUS asserts that the most viable prevention strategy for a college population is to avoid inadvertently challenging young people to experiment with an adults-only beverage, and to infuse moderate alcohol-use messages into as many aspects of college life as possible. Supportive, non-condemning messages help to disseminate accurate information in a manner that encourages students to make their own responsible decisions based on facts. The program is cautious to avoid a prohibitionist public image. (The chapter visited sponsored a beer bust that served both alcoholic and non-alcoholic beverages and food to help break down their teetotaling image.) Gerardo Gonzales, founder of BACCHUS, believes that informed youth can be trusted to limit their own drinking and to encourage moderate drinking by other young people.

BACCHUS relies on the influence of peer leaders to "infiltrate and soften the potentially resistant attitudes and behavior of classmates that authoritarians may find impregnable." Peer models are employed to promote "adult decisions about an adult beverage." The program philosophy states that the individual has the right to make his/her own choices about drinking. Excessive use is unacceptable and addictive use indicates that the person needs help.

The objectives and assumptions of the program were well understood by staff members, community officials, and active student participants. Students can articulate the project assumptions, and believe the basic message is "you don't have to drink to excess to have a good time."

Implementation Issues

The BACCHUS model relies on knowledge and peer pressure to change attitudes and behavior. In practice, enforcement also plays a major role in the model. BACCHUS networks extensively with university officials and police departments to provide the enforcement leverage that often motivates acceptance of the message. The Dean of Student Affairs at the University of Kentucky provides strong policy support by: (1) prohibiting social events on campus that do not follow BACCHUS guidelines; and (2) by punishing sponsoring organizations that violate the guidelines or do not enforce the age limit on drinking. The local police department is actively engaged in a highly successful Traffic Alcohol Patrol Program that has increased DWI arrests, convictions, and public perception of the legal risks of drinking and driving.

BACCHUS is respected, visible and active on the University of Kentucky campus. Momentum is high but membership is low. Unfortunately the program has encountered little support from the campus community in terms of membership and attitudes. BACCHUS was first introduced to the school nearly five years ago. In a university of 20,000 students, the BACCHUS chapter currently has

about 20 members, seven of whom are active. The turnover of participating students involved in planning and implementing prevention activities is high, especially with the many competing extracurricular activities available and the discomfort associated with the peer model role. BACCHUS members typically enlist the aid of personal friends to supply manpower needed for any given prevention activity.

The student body president described what he believed to be the attitude on campus. BACCHUS does not condemn alcohol, but offers alternatives (e.g., beverages and activities) and a network of experts to draw upon as educational resources. For this, BACCHUS is known and respected. However, the members are seen as belonging to a small, tightly knit club and need to "infiltrate" other groups to spread the message of moderation among peers. It was suggested that BACCHUS does not need a large organization to have an educational impact on the campus. Direct services such as "mocktail" bars and Speakers Bureaus are well received by the student body.

The BACCHUS chapter visited has a considerable challenge combatting cultural attitudes about drinking. The state is divided into "wet" and "dry" counties. "Wet" counties expect drinking excesses on the part of citizens from "dry" counties who must travel some distance to legally buy or sell alcoholic beverages. Heavy drinking among fraternity and sorority members was identified early in the history of the project. BACCHUS-sponsored events have been planned in conjunction with "the Greeks" since the chapter began on this campus. Ninety-five percent of all BACCHUS members at the university are fraternity or sorority members who are socially distant from dorm residents. Prevention events that appear to be sponsored by "the Greeks" tend to be avoided by other members of the student body. Because the selection of positive peer role models can be critical to acceptance of the BACCHUS message, non-fraternity membership of BACCHUS needs expansion.

One of the most effective activities sponsored by the BACCHUS chapter has been a drinking/driving demonstration directed by the Traffic Alcohol Patrol. A parking lot is set up with a driving course laid out in traffic cones. Drivers are given a measured quantity of alcohol to drink every half hour. After BACs are taken, they drive the course. At the conclusion of each pass, the drivers are interviewed about their performance, degree of inebriation, and attitude. Typically, well-known figures on campus or in the community are used as drivers. Observers are very impressed by the cavalier attitude of the drivers as they become more intoxicated. Perceptions about their performance become increasingly inaccurate. Drivers later describe the experience as quite sobering. The many traffic cones knocked over could easily have been children, they state with concern. Students observing the event are surprised by how little alcohol it takes to significantly impair driving. Informants claimed that of all the prevention activities the drinking/driving demonstration was the most compelling. These events get good news coverage, although observers claim that being there has the greatest impact.

Impact

A national survey of student personnel administrators at 3,130 institutions of higher education indicated that 88% of respondents desired training on the formation of BACCHUS chapters. There are currently 300 chapters serving an estimated three million students in the United States and Canada. Formal evaluations have not been conducted to determine BACCHUS' impact in Kentucky. The most recent annual report on the Lexington chapter claimed a trend of increasing requests for information on DWI and responsible partying. Based on an internal evaluation of the chapter's progress to date, recommendations have been made to formalize the relationship with "the Greeks" by coordinating training for student leaders and peer education programming. An attempt to coordinate alcohol education efforts across the state

is also being planned.

According to all personnel interviewed and community informants, BACCHUS has high credibility with the student body. Publicity is extensive and activity sponsorship is high. BACCHUS is seen as a centralized clearinghouse for alcohol information. A "marketing survey" for an academic course was conducted using BACCHUS as the topic. There were 54 male and 35 female respondents. The majority reported that they drink, tend to get drunk at least once a week, have no problems because of drinking, and 28% admitted driving after drinking. About half claimed that they did not feel out of place when surrounded by others who were drinking while they abstained. BACCHUS was known to about 70% of the students questioned. Approximately half thought that BACCHUS was an alcohol education program, but 13% thought it was a prohibitionist organization. Almost all of the students surveyed reported that BACCHUS was a worthwhile campus organization. Failure to join was attributed to lack of time. Most had had contact with the program through BACCHUS-sponsored parties or had read about the chapter in the campus newspaper.

According to the Dean of Student Affairs, there is little response to or knowledge of BACCHUS outside the campus community. On campus, extracurricular activities compete for students' time, and cable television in the dorms has been identified as a major problem. College students have a tendency not to share much of their campus experience with parents, so little is known about BACCHUS by parent members.

Despite a somewhat disappointing level of active participation in BACCHUS, the organization is well respected and increasingly well known. It does function as a resource to the student body, and is successful in disseminating information about acceptable alternatives to excessive alcohol consumption. A large contingent of BACCHUS members does not seem to be required to have an effect. The University of Kentucky's BACCHUS chapter is expanding, both in numbers and in influence.

ADOLESCENT TRAUMA PREVENTION PROGRAM
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEM (MIESS)
UNIVERSITY OF MARYLAND HOSPITAL, SHOCK TRAUMA UNIT
Baltimore, Maryland
and
HARFORD COUNTY SHOCK TRAUMA PREVENTION PROGRAM
DRUG AND ALCOHOL IMPACT PROGRAM
Bel Air, Maryland

Program Description

Community health nurses at the Baltimore Shock Trauma Unit, Maryland Institute for Emergency Medical Services System, observed that over half of their patients were young people with multiple injuries from alcohol-related traffic crashes. In 1984, they obtained funding to address youth referred by county judicial systems. At the hospital, a presentation lasting approximately two and a half hours exposes high risk adolescents to a three-part program that consists of: (1) an introduction to the medical response to major traumatic injuries; (2) a tour through the emergency room, communications center, and critical through intermediate care wards where patients speak about their alcoholrelated injuries; and (3) a discussion about the likelihood of drinking/driving crashes, the life changes caused by traumatic injuries, and ways to avoid such injuries. Dialogue with long- term recovering patients whose injuries were sustained in alcohol-or drug-related incidents emphasizes the personal vulnerability and the unanticipated restriction of lifestyle that result from traumatic injury.

The program was specifically designed to serve high risk adolescents who are referred to the Adolescent Trauma Prevention Program from four counties as part of police diversion programs or other Juvenile Services Administration interventions. Each contracting county provides its own educational program ranging from two to six weekly sessions. Of the four counties feeding into the Shock Trauma Unit, the first to expand the program to

include a major educational component was Harford County, a relatively low population density, rural area. In 1983, the first 34 adolescents who met local admission criteria had two one to one and one-half hour pre- and post-tour classroom discussions about basic alcohol and drug information, decision-making, feelings, and interpersonal communication issues. A follow-up was conducted to determine the impact of the program, as perceived by participants' parents.

In 1984, a grant from the Maryland Criminal Justice Coordination Council helped the Harford program expand to a six week format. The changes were proposed because more time was deemed necessary to increase knowledge about alcohol, and substantially more interaction was needed for emerging group dynamics to influence attitudes and feelings. Additionally, the parent follow-up inquiry was seen as inadequate. Under the expanded format, parents now attend the first and sixth sessions with their children to work on communication roadblocks and on resolving parent-teen conflicts. Local experts rotate teaching one and one-half hour sessions on: (1) changing family relationships; (2) use, abuse, and addiction; (3) an overview of stimulants, hallucinogens, and other drugs; (4) identification of individuals with chemical dependencies; (5) the family disease concept; and (6) communication and community resources. Depending on group characteristics, women's issues may also be highlighted.

Site Visit Activities

Information on the Adolescent Trauma Prevention Program was obtained during three days of observation and interviews at three sites. Five one and one-half hour interviews were conducted with program staff at the hospital, in the county educational component, and at a similar program, (Traffic Addicents and Trauma in Columbia, MD). The discussion sessions and tour of the Shock Trauma Unit at the University of Maryland Hospital were observed, along with one of the weekly educational sessions

conducted locally by Harford County's Drug and Alcohol Impact Program. Project records on participants' understanding and evaluation of the program sessions were reviewed. The slide-and-tape show about the recovery experiences of two DWI crash victims and other written materials for Traffic Accidents and Trauma, a school-based mimic of the hospital-based program, were also reviewed for comparison of content and potential impact.

Community and Target Population

The Adolescent Trauma Prevention Program is specifically designed for high risk youth, age 13 to 18, who are first offenders or known users of alcohol and/or drugs, referred by contracting counties (Harford, Carrol, Baltimore, and Anne Arundel). Each county has its own admissions criteria, some accepting school or parent referrals. The youth in the program are primarily male.

Groups of approximately seven youths are brought to the Baltimore Shock Trauma Unit by county officers, typically from Juvenile Justice. The youth referred tend to fall into one of two groups. The first group consists of DWI offenders who are weekend partiers. The second group is more difficult to characterize, but was described by one probation officer as "counter culture, delinquent, marijuana-using motorcyclists." Most dropped out of high school at least six months prior to referral.

The Shock Trauma Unit draws from most areas of the state, but discussion of the community context for the program will be limited to Harford County. Like much of the state, the county is largely rural with taverns scattered along country roads between fields and housing developments. One section of the county is more affluent and keggars are common. The county also includes an Army installation surrounded by highly transient, low income housing.

Assumptions and Premises

The Adolescent Trauma Prevention Program assumes that if high risk adolescents understood the real consequences of drinking and driving, as embodied by the trauma victims seen on the tour, they would think about their drinking practices and make decisions to reduce their own risks. The adolescents are addressed as rational adults who can and will make reasonable choices once they understand the degree to which their lives can be modified by traumatic injuries. According to program staff, participant feedback has included comments that this was the first time the youth had been treated like adults in regard to alcohol and drug abuse and the tour did, in fact, make them re-examine certain practices.

The purpose of follow-up discussions is to promote planning and decision-making prior to alcohol-related incidents. Neither staff nor participants alluded to intentions to reduce alcohol and drug use; rather the focus was on designating non-drinking drivers, arranging for alternative transportation or lodging until sober, and caring enough about friends to keep them from driving drunk.

Implementation Issues

The Adolescent Trauma Prevention Program relies in large part on the impact of seeing patients' injuries and the medical paraphernalia that surrounds them. Functioning out of a large Shock Trauma Unit works well because the number of crash victims on site is always large. There are smaller satellite trauma units and hospital emergency rooms which could provide similar programming; however, the patient volume is insufficient for regular scheduling. The "Traffic Accidents and Trauma" film simulates discussions with recovering patients, and builds the program around a school assembly for a more general audience.

The Shock Trauma Unit tour appears to be a powerful tool for convincing users that they may be personally vulnerable to severe bodily harm if some protective measures are not taken. Two

factors are responsible for successfully conveying the reality of drinking/driving's potential consequences: (1) the sheer number of mangled bodies, discomfort, intrusions on privacy, and medical control of all bodily functions that are visible during the tour, and (2) the convincing first-hand testimony of recovering trauma victims who describe the lengthy hospital stay, financial disaster, and drastic alteration of personal lives forced upon them by only partial recovery.

Participants paid close attention to a teenage patient who told the group what had happened to him, declaring that he would change his drinking behavior when released. He urged the tour group to stop and think about their drinking. One participant, upon returning to the conference room for the discussion, was observed to be visibly shaken and preoccupied, muttering intentions never to drink again. Some male participants joked about other topics in front of the adults, but the message had clearly registered and there were quiet conversations among participants about close calls. Identification was quickly established with recovering patients who were heavy users before their crashes. The post-tour discussion with people whose physical and cognitive functions were still significantly impaired after several years of surgery and rehabilitation was particularly immediate. The follow-up discussion is not, however, designed to provide clear alternatives and mechanisms for change needed by the high risk population served.

At its inception, the program met with ethical reservations from the nursing staff and from county social workers. Nurses were initially resistant to having groups enter the Shock Trauma Unit because of privacy and emergency response issues. Although identifying information about patients is removed from view when tours are scheduled, some nurses felt that the tour intruded on painful and private moments.

The staff report wide variability in the quality and quantity of discussion generated by each tour. The high-risk target population presents a teaching challenge to the dedicated

staff whose training is in medicine rather than teaching. The use of nurses in the program requires in-service training in teaching techniques.

Impact

No formal evaluation of impact is available at this time. However, Harford County is beginning a major evaluation of its portion of the program shortly. The project director and county staff perceive good short term outcomes in behavior change, based on follow-up questionnaires sent six and twelve months after the tour. Parents are regularly contacted about perceptions of change in their children, and report decreased alcohol and drug abuse. Although the participants do not tend to discuss the program with parents, they are overheard discussing it with siblings or friends. In a six month follow-up questionnaire sent to 1979-81 tour participants, 97% of the youth rated the program as good or excellent, and 79% claimed that the program would probably have some positive impact on their current alcohol and/or drug related behavior problems (compared with 2% who thought it would have no effect). Actual recidivism data are incomplete. Such data as are available indicate that only 6.4% of the original 54 participants were re-arrested and only one for DWI.

KNOW YOUR DRIVER PROGRAM
Alcohol Research Information Service
Lansing, Michigan
and
FLAPS UP DESIGNATED DRIVER PROGRAM
Bethesda, Maryland

Program Description

Licensed bar and restaurant owners are becoming involved in DWI prevention efforts through the Know Your Driver Program, a variant of the peer intervention approach. The purpose of the program is to encourage patrons who drink alcohol in participating establishments to pre-select one member of their party to abstain from drinking and provide other members of the party with safe transportation home. Any licensed bar or restaurant can be a sponsor of the Know Your Driver Program through the Alcohol Research Information Service (ARIS).

The national Know Your Driver program began in 1982 as a Holiday Awareness Campaign in the state of Michigan. The campaign consisted of public service announcements, bulletins, posters, and napkins distributed to liquor serving establishments throughout the state. It was expanded in 1983 to include billboards and a new logo was designed. This re-design and expansion prompted a great deal of media attention, perhaps contributing to an observed 70% reduction in drinking/driving fatalities during that holiday season. In 1984 the program was again re-designed as a one year marketing campaign.

Through ARIS, bar and restaurant owners and operators can purchase a Know Your Driver Sponsor Kit for \$75.00. The kit includes: table cubes to place on each table with information about the Know Your Driver Program; sponsor cards for distribution to patrons; posters for patron and server information; and matchbooks, buttons, and a certificate of recognition. A quarterly newsletter with Know Your Driver information and current listings of participating establishments is also included with

the initial sponsor kit. Personalized publicity materials and server tips can be purchased at an additional cost.

A local counterpart to the Know Your Driver Program is the Flaps Up Designated Driver Program located in Bethesda, Maryland. Patrons in groups of three or more are invited to participate in the program. The designated driver is given a button identifying him/her as the driver and receives complimentary non-alcoholic beverages for the duration of the groups' stay. The Know Your Driver Program constitutes one of the few prevention efforts directly targeted primarily at young adults.

Site Visit Activities

Site visit activities included a phone interview with the Program Director of Know Your Driver in Michigan, and brief interviews with the owners of Flaps Ups and one of the servers. Local community context information was provided by the traffic division of the Montgomery County Police Department.

An observation of the Flaps Up Designated Driver Program during a Friday night "Happy Hour" was also conducted. The restaurant holds a "Happy Hour" daily from 4:30 to 7:00 p.m., when two drinks for the price of one and complimentary appetizers are served.

Community and Target Population

Designated driver programs are directed at consumers of legal age and their companions who patronize establishments selling alcoholic beverages. Know Your Driver materials are available for nationwide distribution, and are currently used in 12 states. No demographic information is collected from sponsors who receive initial kits or follow up materials. However, information about the community in which the Flaps Up Designated Driver program operates was obtained from local informants. Bethesda, Maryland is a metropolitan suburb of Washington, D.C. It is predominantly white with a small ethnic minority of blacks and Asian Americans. It is a highly taxed, affluent community.

The social-demographics of the target population reflect those of the community, as observed by project staff.

Public awareness of alcohol related problems has resulted in pressure on patrol officers to make more arrests. Traffic safety officials report a steady increase in DWI arrests. In 1984 there were 535 arrests compared to 430 total arrests in 1983. Approximately 51% of those arrested are between 17 and 26 years of age, 98% are white, and 85% are male. Traffic safety officials conduct frequent roadblocks, usually about one each month, and have a special alcohol patrol every weekend evening.

Assumptions and Premises

Know Your Driver and the Flaps Up Designated Driver programs are programatically, not theoretically driven. Both are based on the assumption that people are going to drink because it is socially acceptable. The intervention mechanism is not to educate but to safeguard people from the consequences of drinking and driving. The program asserts that this can be accomplished by making it "fun and socially acceptable to choose a designated driver." The locus of intervention is where drinking occurs. An alternative to drinking and driving can be arranged by restaurant or bar personnel who are aware of an individual's alcohol consumption, and who have the knowledge and resources to prevent a DWI incident.

Implementation Issues

There is much diversity among the sponsors of the Know Your Driver programs. Businesses place an upper limit on incentives to encourage patrons to take advantage of the program. Free non-alcoholic beverages are provided to the designated driver in each participating group. Consequently, the greater the program utilization, the lower the profitability for the owners. Servers are the ones most often in contact with drinking patrons, and they must be motivated to implement the program. Training is also needed to aid waiters, waitresses, and bartenders in gentle

confrontation skills, consequences of drinking and driving, and recognition of subtle signs of intoxication. A supplement to the initial sponsor kit can be purchased which enumerates helpful server strategies. Servers are usually very busy and the ratio of staff to patrons may be too low for servers to take the time to explain the program or monitor a group.

Another major factor in patron participation is the criteria chosen to qualify for complementary non-alcoholic drinks. At Flaps Up, at least three people must be drinking together to take advantage of the Designated Driver program. The observation by program staff during happy hour revealed, however, that groups of three or more patrons were rarely discernable. The majority of the patrons came by themselves or in couples, making them ineligible for participation in the program. As reported by Flaps Up owners, the larger crowds are usually too fluid for implementation of the program.

Finally, patrons must be educated about the program. The target population tends to frequent alcohol serving establishments with the specific intention of using liquor to relax and have a good time. For the program to be successful, patrons must be educated about the strategy, and their behavior on the premises must be modified. Despite the difficulty inherent in motivating people not to drink during "happy hours", individuals who become designated drivers enhance the value and acceptability of adults socializing without alcohol use, and intoxicated patrons return home with less risk of crashes.

Impact

The Know Your Driver Program has no formal mechanism for feedback from sponsoring establishments, so there are no available statistics on the program's impact. Evidence of widespread utilization is limited. However, the quarterly newsletter regularly reports individual accounts of intoxicated patrons who were provided with alternative transportation home. Program sponsors are praised for caring enough about patrons to endure

the discomfort of insisting that drinking patrons utilize alternative modes of transportation. The Program Director has received letters of recognition and thanks from program participants. Specific information about the impact of the Designated Driver program at Flaps Up is not currently available.