Policy Strategies

Policy Strategies to Reduce Underage and Binge Drinking

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Technical Assistance Research Publication

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Introduction

The purpose of this publication is to assist prevention professionals in developing policy strategies to address the problems associated with high-risk and underage drinking in their communities. This paper provides an overview of policy strategies, current research on their effectiveness, and their application in the community as part of an environmental prevention systems approach.

Scope of the Problem

The Centers for Disease Control, Morbidity and Mortality Weekly Report (September 24, 2004) states that in 2001, excessive alcohol consumption was responsible for over 75,000 preventable deaths, making it the third leading preventable cause of death in the United States. The report's authors defined alcohol-attributed injury death, using a higher Blood Alcohol Concentration (BAC) level (≥0.10) than that used by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to define binge drinking (≥0.08) with the result that all of the injury deaths could be attributed to binge drinking. Over half of the alcohol-attributable deaths (AAD) resulted from acute conditions, approximately one-third of those from motor vehicle accidents.

The 2003 NSDUH reports an estimated 13.6 percent of persons aged 12 or older drove under the influence of alcohol at least once in the 12 months prior to the interview. This percentage represents 32.3 million persons (Office of Applied Studies, 2004). Alcohol consumption has other adverse consequences for individuals including injuries and accidents, unplanned or unprotected sex or other risky sexual behavior, fights, sexual assault, or date rape, and other violence. Alcohol contributes to homicides and suicides. Youth particularly experience damage to their physical, cognitive, and social development (Institute of Medicine, 2002).

Alcohol problems are not limited to the individual but have an enormous impact on the community. The latest government report estimates that the cost of alcohol abuse to the nation is $184.6 billion (Harwood, 1998:5). These costs include health care costs due to alcohol-related illnesses, loss of productivity, prevention and treatment costs, criminal justice costs, and social welfare costs as well as losses due to alcohol-related crime, fires, and motor vehicle accidents. The role of alcohol in contributing to increased crime, vandalism and property damage, trash and noise complaints translates into increased demands on police, medical/emergency, and other community services.

Environmental Prevention

The Institute of Medicine (IOM) report on underage drinking notes the following:

> *It turns out that the patterns and consequences of youthful drinking are closely related to the overall extent and patterns of drinking in the society, and they are affected by the same factors that affect the patterns of adult consumption. From this standpoint, it is possible that the most effective way to reduce the extent and adverse consequences of youthful drinking would be to reduce the extent and consequences of adult drinking (2002:16).*

Citing the high cost and prevalence of alcohol abuse and subsequent alcohol-related problems, relative stability in alcohol use patterns in the last several years, lack of progress in reducing youth drinking, including heavy drinking and DUI, the report suggests that policy regulatory approaches are more likely to produce substantive changes in both youth and adult drinking patterns.

Traditional attempts to reduce underage drinking and associated problems have focused on changing individual substance use behavior through public awareness campaigns, school health education, counseling, and treatment. However, these approaches are undermined by countervailing forces in the environment. Thus, while underage and binge drinking education campaigns stress the dangers of alcohol use, advertisements and the media portray drinking as "cool," fun, sexy, and glamorous. Young people report they have easy access to alcohol, either buying it themselves or getting it from adult providers. Social attitudes and behavior that treat youth drinking as a rite of passage, place a lower priority on enforcing alcohol policies, and equate socializing with alcohol consumption, often to excess, send mixed messages and weaken prevention efforts.

Clearly, people need to have good information on which to base their choices, but adopting healthy behavior is much more complicated than that. Individual-focused strategies do not address the social and cultural conditions that encourage or facilitate unhealthy and unsafe behavior.

An excellent example of how social conditions affect consumption and alcohol related problems is the history of the minimum legal drinking age (MLDA) laws in the U.S. Since the Prohibition era, many states had imposed age 21 as the minimum legal drinking age. Between 1970 and 1975, 29 states lowered the legal drinking age from 21 to 18, 19, or 20 (APIS). Subsequent increases in alcohol-related motor vehicle injuries and deaths among this population raised concerns and demands for changing the MLDA back to 21. In 1984, the federal government passed the National Minimum Drinking Age Act, which required states to establish the legal drinking age as 21 or face withholding of federal highway transportation funds. By 1988, all states had established age 21 as the MLDA, followed by dramatic reductions in underage drinking during the 1980s and early 1990s. This series of events provided a number of "natural experiments" regarding the impact of policy on a public health issue, generating numerous studies. Wagenaar and Toomey conducted a comprehensive review of this research and concluded that a large proportion of these studies showed a significant relationship between raising the MLDA and reductions in alcohol consumption and alcohol-related crashes (2002:14).

Community conditions that facilitate underage and binge drinking fall into four basic categories:

1. Price. Low taxes, price discounts on drinks, and sales all keep the price of alcohol low, encouraging heavy drinking and making alcohol easier for young people to afford.

2. Access and availability. Underage drinkers report that alcohol is easy to get, whether they purchase it or an adult provides it to them. Alcohol is available in a wide variety of places in the community. Certain areas have a high density of off-sale and on-sale alcohol outlets (often in low income or ethnic minority neighborhoods or college areas). Off-sale outlets, where alcohol is consumed off the premises, include supermarkets, convenience stores, and gas stations. On-sale establishments refer to those places where alcohol is sold and consumed on the premises such as restaurants, bars, and nightclubs. Alcohol may also be sold and consumed at sports stadiums, concert and other entertainment venues, fairs, parades, festivals, recreational settings, and many other places – even laundromats in some communities. The time at which alcohol may be sold also affects availability; thus, some communities have determined whether to allow alcohol sales on Sundays and holidays or after certain hours.

3. Advertising and promotion. Alcohol advertising is widespread through a broad variety of broadcast and print media. The entertainment media enhance social acceptability of alcohol and tobacco use, and frequently portray their use as more extensive than in reality (ONDCP, 1999). Sponsorship of sports, community festivals, and arts events is another vehicle for reaching various audiences. Advertising content, as noted above, glamorizes drinking and reinforces the concept of alcohol as intrinsic to social interaction. Advertisers also use product placement in movies and television and music videos to promote their products by paying or offering products free of charge to be displayed.

4. Community norms. Norms include weak and/or unenforced laws and social norms that promote high consumption and minimize the risks associated with underage and abusive drinking.

Those who have a stake in the status quo already use public policy to protect their interests such as keeping taxes on alcohol low, challenging restrictions on advertising, and promoting legislation that increases the availability of alcohol (e.g., permitting gasoline stations to sell alcohol). Likewise, community members can also advocate for changes in laws, regulations, and other policies, in this case to improve health and safety. Public health advocates, for example, have sought policies to restrict or ban price discounts; limit the number of alcohol outlets; require server and retailer training; limit placement of alcohol advertising near schools, churches, and day care centers; and increase the number of alcohol-free settings, events, and activities. They have advocated for stronger enforcement of alcohol regulations and made prevention of hazardous drinking a high priority on the public agenda.

Despite perceptions that the public opposes additional laws or restrictions, there is a great deal of public support for alcohol policy. The University of Minnesota's Alcohol Epidemiology Program, the Center for Science in the Public Interest (CSPI), and the American Medical Association have all conducted public opinion polls concerning public

attitudes towards alcohol policies. These polls consistently report high levels of public support for policies restricting public drinking, requiring responsible beverage service training, penalizing adult providers, and raising taxes on alcohol, among others.

Policy Strategies to Change Community Conditions

The degree to which communities can enact regulations or laws to control the distribution, sales, and consumption of alcohol varies from state to state. Some states expressly prohibit (preempt) local jurisdictions from regulating alcohol or imposing controls stricter than the state; e.g., licensing alcohol outlets or taxing alcoholic beverages. In these circumstances, many communities have turned to land use or zoning regulations as a means of local control. This next section discusses various strategies by which communities have attempted to control the conditions affecting alcohol use.

1. Increase the price of alcohol

As noted above, one of the conditions that affects alcohol consumption is price. The premise is that lower alcohol prices encourage people to drink more and make alcohol more affordable to young people. Conversely, increasing the price of alcohol would discourage heavy and underage drinking. Clearly, policies to change price involve reversing practices that keep the price low by raising excise taxes, eliminating the tax exemption for advertising, and restricting or banning price promotions and discounts. Other strategies that increase the price of alcohol include establishing or increasing licensing fees for retailers and increasing infraction penalties for violations of alcohol laws and regulations.

Several states have passed laws prohibiting unlimited drinks at one price, two or more drinks at one price, happy hours, ladies' nights, free drinks, selling drinks for less than half the regular price, and advertising or promoting drink specials or happy hours (Erenberg, 1997:54). In addition, communities have passed similar ordinances to control discounting of alcoholic beverages, for example Iowa City, Iowa and Newark, Delaware (American Medical Association, 2003). Land use regulations, another method for adding fees or other conditions to alcohol or business licenses, is discussed in the next section.

The relationship between alcohol prices and consumption has been researched extensively (Alcohol Epidemiology Program, 2000; Babor et al., 2003). Studies have shown that increasing the price of alcohol reduces consumption for heavy and problem drinkers as well as the general population; furthermore, raising prices has reduced alcohol-related problems such as motor vehicle crashes, violent crime, and cirrhosis of the liver. Studies indicate youth are particularly price sensitive; research on the impact of beer prices has found reductions in underage and binge drinking in youth (Babor et al., 2003). The public supports alcohol taxes, particularly if the funds are used for substance abuse prevention.

Public Opinion Does Not Support Alcohol Tax Cuts [10]

By a two to one margin, Americans oppose rolling back the federal excise tax on beer, according to a 2001 national poll conducted for CSPI and MADD. The vast majority of Americans – 71 percent – would support increasing the national beer tax a few cents per bottle to equal the tax on liquor, if the funds were used for substance abuse prevention. The poll also found that 75 percent of Americans believe that a beer-tax cut would benefit the beer industry more than consumers. About 77 percent of drinkers agreed.

10. MADD/CSPI Nationally Representative Poll conducted by Penn, Schoen, Berland & Associates, Inc. July and August 2002.
www.cspi.org/

2. Reduce access and availability

Access and availability refer to the extent alcohol is readily available in the community and the ease with which adults and underage youth can obtain it either through commercial or social sources. Commercial availability policies include a range of strategies to control general alcohol consumption, underage drinking, drinking and driving, and other alcohol-related problems. Some researchers study commercial availability using the perspective of a supply side approach -- the production, distribution, and retail sale of alcoholic beverages. This approach is based on economic principles of supply and demand and their interrelationship, including both legal and illegal sources of supply (IOM, 2002:458).

There are several local policy options that communities can use to control commercial availability through ***zoning or land use regulations***. Please see Sparks (2002) for a more detailed description of the following California land use regulations.

Conditional Use Permit (CUP) — allows local communities to place conditions on the operation of alcohol outlets, both on- and off-sale. Conditions may address types of outlets (e.g., minimarts or gas stations, zoning restrictions for bars), location (e.g., forbidding location of an outlet near schools or places of worship), days and hours of operation (e.g., banning Sunday sales, bar closing hours), outlet density, and minimum standards of operation (e.g., requiring responsible beverage service (RBS) training, exterior and interior lighting, noise, forms of entertainment, security, signage, etc.

Public Convenience or Necessity (PCorN)—refers to new alcohol license applicants. Decision to grant the license is based on crime rates and license/population ratio of, respectively, the crime reporting district and census tract where the license is to be located.

Deemed Approved Ordinances (DAO)—these are nuisance abatement tools that regulate existing alcohol on/off sale outlets.

Access Controls that target underage drinking are the minimum legal drinking age (MLDA), graduated licensing for novice drivers and "zero tolerance" legislation, server liability, merchant education, banning or restricting home deliveries, and enforcement of selling restrictions through compliance checks and shoulder tap operations.

Access and Use Controls targeting drinking and driving include DUI laws and enforcement; laws prohibiting open containers; restricting hours of service; banning drive-in, home delivery and gas station sales; and the use of interlock devices.

The Pacific Institute for Research and Evaluation (PIRE, 1999) suggests the following as best practices to control commercial availability:

- Ban commercial sales and gifts to minors.
- Restrict the location of alcohol outlets.
- Restrict alcohol sales at community events.
- Restrict the age of alcohol servers and sellers.
- Restrict minors' access to bars and nightclubs.
- Install and use drivers' license scanners.
- Regulate home delivery and Internet/mail order sales.
- Mandate responsible beverage service programs.
- Carry out compliance check programs.
- Impose appropriate penalties for commercial violations.

Researchers studying commercial availability policies recommend controlling outlet density, enforcing the MLDA and sales to minor laws, and, to some extent, restricting hours or days of sale, and enforcing responsible beverage service policies as most effective (Babor et al., 2003; College Task Force, 2002; IOM, 2002).

Social availability refers to provision of alcohol through non-commercial sources. MTF survey data from 2000 report that 57% of high school seniors said that when they consumed alcohol during the previous year, most or all of those times were at private parties (IOM, 2002:334). Several studies report that the major source of supply for underage youth is through social sources; that is, other underage persons or those of legal age (Ibid.:459).

Strategies to control social availability include social host liability laws, which hold adults who furnish alcohol to minors responsible and subject to civil or criminal penalties. Keg registration is a tool many communities have used to hold adults accountable if underage youth are caught drinking beer from kegs. It requires some form of registration and/or identification of the purchaser, often with a deposit. This information allows police to trace and cite the purchaser of the keg. Other forms of social availability controls include: noise or open house ordinances and party patrols to control underage drinking in private residences; restrictions on consumption of alcohol in public places such as beaches, parks, and community events; and requirements for exterior parking lighting for alcohol outlets to make it easier to identify adults who are purchasing alcohol for youth (University of Minnesota Alcohol Epidemiology Program website).

The Pacific Institute for Research and Evaluation (PIRE, 1999) has identified the following best practices for controlling social and public availability of alcohol.

- Restrict noncommercial furnishing of alcohol to minors
- Implement beer keg registration
- Implement "shoulder-tap" enforcement programs (to deter strangers from buying alcohol for minors)
- Implement teen party ordinances
- Restrict and monitor teen parties at motels and hotels
- Establish alcohol restrictions in public locations
- Apply appropriate penalties to illegal transactions in noncommercial settings

Nationally, there is strong public support for policies to control availability and access. Table1 shows results from a University of Minnesota survey.

Table 1.
High Levels of Public Support for Alcohol Availability Policies

- Restrictions on Drinking on City Streets – 93%
- Server Training Requirements – 90%
- Bar Owner Training Requirements – 89%
- Restrictions on Drinking on College Campuses – 88%
- Telephone Tip Lines to Report Illegal Use and Sales of Alcohol – 88%
- Punishment of Adults Providing Alcohol to Minors – 87%
- Alcohol Tax Increase for Prevention Purposes – 81%
- Restrictions on Drinking at Sports Stadiums – 74%

Alcohol Epidemiology Program, University of Minnesota. December 2002.
www.epi.umn.edu/alcoho

With stronger enforcement of commercial availability laws reducing illegal sales to minors and survey data showing youth obtain alcohol primarily from social sources, many public health advocates have turned to social host legislation to curb underage drinking. By 2004, 13 communities in San Diego County, including the county itself, passed some form of social host legislation (Goldberg, 2004). A poll of San Diego County residents in June 2003 showed 91% of residents agree that it is wrong for adults to provide alcohol to minors; 60% of respondents believe it is always wrong for parents to provide alcohol to their children ages 15-17 in their home as a safer alternative to consuming alcohol outside the home (Institute for Public Strategies, www.publicstrategies.org).

3. Restrict alcohol advertising and promotion

The Center on Alcohol Marketing and Youth (CAMY) reports that the alcohol industry spent a total of $5.7 billion or more on advertising and promotion in 2002. This figure includes $1.9 billion on alcohol advertising in measured media (television, radio, print,

outdoor, major newspapers and Sunday supplements) and other media (sponsorship, Internet advertising, point-of-sale materials, product placement, brand-logoed items and other means), which the Federal Trade Commission places at three times that of measured media (CAMY website. Fact Sheet: Alcohol Advertising and Youth). Specifically, related to measured media, CAMY reported:

- In 2001, the alcohol industry spent over $31 million and placed 1,441 ads on 13 of the 15 prime time network programs with the largest teen audiences for a representative week.
- Youth saw more beer and distilled spirits advertising than adults in magazines in 2001—45% more for beer brands and 27% more for distilled spirits brands.
- Alcohol advertising was placed on stations with "youth" formats. In 2001 and 2002, 73% of the alcohol radio advertising in terms of gross ratings points was on four formats—Rhythmic Contemporary Hit, Pop Contemporary Hit, Urban Contemporary and Alternative—that routinely have a disproportionately large listening audience of 12- to 20- year-olds.

Advertising messages equate alcohol with fun, sex, music, sports, and adult glamour while making no mention of harmful consequences. Media messages suggest it is the norm to drink, and abstinence is rarely considered as an option. When alcohol-related problems are portrayed, the focus is on individual responsibility. Of particular concern, as noted above, are practices that target or appeal to youth: sponsorship of sports, music, and festivals; billboards near schools and recreation areas; marketing of novelty items (clothing, sports equipment, promotional items); contests; and websites.

The University of Minnesota Alcohol Epidemiology Project website provides a wide range of advertising and promotion controls communities could implement as either ordinances or voluntary measures:

- Ban placement of ads on public transportation vehicles and shelters, on supermarket carts, point of sale merchandising, schools, and theme parks.
- Use counter-advertising through public service announcements.
- Restrict sponsorship of sports, festivals, rodeos, and musical events.
- Require health-warning labels on all advertising.
- Ban advertising in or near schools and campuses, residential areas, and faith organizations.
- Implement school bans on wearing of clothes with advertising.
- Increase truth in advertising.
- Reduce the disproportionately high number of alcohol billboards in low-income neighborhoods.

In addition, communities have conducted awareness and media advocacy campaigns regarding strategies used by the alcohol industry to target youth and other populations,

particularly industry marketing strategies targeted to ethnic minority communities. For example, the "Cinco de Mayo con Orgullo (with pride)" campaign seeks to counter the alcohol industry's influence in the Latino community and co-option of cultural celebrations as drinking holidays (De Lucio-Brock, 2003).

Table 2.
High Levels of Public Support for Alcohol Advertising Policies

- Ban on youth-oriented packaging of alcohol – 70%
- Ban liquor ads on television -- 67%
- Ban beer & wine ads on television -- 59%
- Prohibit billboard ads for alcoholic beverages -- 61%

Alcohol Epidemiology Program, University of Minnesota. December 2002.
www.epi.umn.edu/alcohol

Alcohol advertising and promotion strategies are pervasive in developed countries. Attempts to legislate and control advertising have produced mixed results. Marketing has become more sophisticated with multiple channels to reach adults and youth. A major source of promotion is via the Internet, a particularly difficult venue to control. Babor et al. claim that research on advertising and promotion is limited both in the impact on alcohol consumption and environmental strategies to control it. Industry self-regulation has been largely insufficient and ineffective. They argue that the public health community cannot compete with the influence and funding of alcohol advertising without the help of policymakers "to create a more level playing field "(2003:183). In a critique of their conclusions, David Jernigan contends that the authors have overlooked studies of effective media campaigns, especially tobacco counter- advertising campaigns and the role of media advocacy in setting the public agenda for policy change. These strategies are essential pieces of a systems approach to addressing alcohol problems and countering the influence of alcohol promotion strategies on community norms (Society for the Study of Addiction to Alcohol and Other Drugs, 2003:1361).

4. Change social norms

Many of the policy strategies described above are intricately associated with community norms concerning alcohol. Weak laws and lax enforcement send powerful messages about the community's tolerance for alcohol abuse and youthful drinking. Conversely, public policy can reflect the community's awareness and support for creating a healthier and safer community by controlling the conditions of alcohol use. Public opinion polls show a high degree of community support for enforcing alcohol policies, particularly the MLDA and drinking and driving laws (see CSPI and University of Minnesota Alcohol Epidemiology Project websites).

Toomey and Wagenaar (1999:102-107) point out that in addition to government or public policy, there are several policy options that various community sectors can use to change the conditions of alcohol consumption and reduce alcohol-related problems. These policies are voluntary and may be formal or informal. While voluntary policies

have not proven to be as effective as mandatory policies, they contribute to community norms by setting standards for acceptable behavior regarding alcohol promotion, sales, and consumption. Some examples include:

- Alcohol retailers - require age identification checks, serve drinks in standard sizes, train servers/sellers.
- Alcohol industry - eliminate use of ads appealing to youth.
- Colleges/universities - ban sponsorship, prohibit beer kegs, ban alcohol on campus.
- Hotels/motels - restrict age of room renters; e.g., to those over 18.
- Insurance industry - provide premium discounts for outlets that train servers.
- Law enforcement agencies - walk through alcohol outlets, conduct compliance checks.
- Media - ban alcohol advertisements, portray responsible alcohol use, limit pro-alcohol use messages.
- Religious institutions - restrict access to alcohol at social events; prohibit use of alcohol as a prize.
- Schools - ban alcohol on school property and/or at all school events.
- Sport stadiums - ban alcohol ads, stop alcohol sales before end of event, prohibit individuals from bringing in their own alcohol, restrict alcohol sales and consumptions to specific areas.
- Worksites - restrict alcohol at work events; prohibit use of alcohol as bonus.

In addition to the policies listed above, employers can practice responsible beverage service at company parties or receptions where alcohol is served (no open bars, check ID) and community festival organizers can set policies to refuse sponsorship or donations from alcohol companies, restrict alcohol consumption and sales at their events or ban it altogether for youth-oriented events.

Overview of Research on Policy Strategies

Over the years, there have been several studies attempting to summarize the state of research on the effectiveness of various strategies to control alcohol and reduce alcohol-related problems: studies on underage drinking (IOM, 2002), college binge drinking (NIAAA, 2002), and policy (Alcohol Epidemiology Program, 2000; Babor et al., 2003; SAMHSA, 1999). The reviews consistently report that the most effective strategies are alcohol taxes, the minimum legal drinking age, graduated licensing for novice drivers, zero tolerance laws for underage drinking and driving, and visible and vigorous enforcement of alcohol policies.

The most recent study (Babor et al., 2003) provides a "consumer's guide" to policy strategies and interventions with ratings on scientific evidence of effectiveness, breadth

of research, cross-cultural studies, and relative cost to implement and sustain. They also include the impact on three target groups: the general population, high-risk drinkers (e.g., adolescents or pregnant women), and harmful drinkers (those already beginning to experience alcohol-related problems). The review identifies ten policy options as "best practices."

TABLE 3
Alcohol, No Ordinary Commodity: Effective Policy Strategies

1. Minimum legal purchase age
2. Government monopoly of retail sales
3. Restrictions on hours or days of sale
4. Outlet density restrictions
5. Alcohol taxes
6. Sobriety check points
7. Lowered blood alcohol concentration (BAC) limits
8. Administrative license suspension
9. Graduated licensing for novice drivers
10. Brief interventions for hazardous drinkers

In sum, according to Babor et al. (2003), the strongest strategies that demonstrate reductions at the population level are availability restrictions, taxation, and enforcement. Conversely, the least effective strategies or interventions are education and public service messages. According to the authors, these strategies also have a poor cost-benefit ratio.

Treatment strategies have medium effectiveness and limited impact on drinking problem rates of the general population. Similarly, in terms of impact, the authors contend that on-premise policy strategies such as responsible beverage service have more limited public health impact because most drinking in developed countries does not occur in bars and restaurants. They also point out that effectiveness is dependent upon enforcement.

Strategies with a low effectiveness rating include college student education, warning labels, voluntary codes of bar practice, promoting alcohol-free activities and events, and designated drivers and ride services.

More research needs to be done on many of the policy options, such as social host and server liability laws, advertising restrictions, designated driver programs, and the integration of multiple strategies. Babor et al. note that alcohol policies rarely operate in isolation; local communities are more likely to succeed by restructuring the drinking environment through a comprehensive, community-based approach, which uses multiple strategies (2003:271).

Integrating Policy Strategies into the Environmental Prevention Model

The environmental prevention model is a systems approach and provides a framework for communities to create effective and sustainable change. Key elements of an environmental prevention model are community organizing, data collection and application, policy, media advocacy, and enforcement. Policy development is the heart of environmental prevention. The next section offers suggestions on how policy advocacy is integrated with other components of the environmental prevention model.

Data

This component of the environmental prevention model focuses on the strategic use of data to identify the problem, develop strategy, plan and implement interventions, and monitor progress. Data collection and analysis should be ongoing throughout the project. Initial collection of data to establish baseline will be invaluable in measuring outcomes later, but as the project unfolds, public health advocates can use data to fine tune strategy, craft media messages, and support the rationale for policy options.

Table 4 lists data useful for establishing an environmental prevention program.

Table 4	
Data	**Source**
Alcohol/Drug-Sensitive Information Planning System (ASIPS) or Geographic Information System (GIS). Preventionists and police departments use these data to identify location and clustering of outlets in a community that they can cross-tabulate with crime rates, accidents, noise complaints, etc.	Police departments. Researchers (e.g., Fried Wittman and Richard Scribner have published papers and worked with communities to apply this information and software)
Community demographic data, including ethnic/racial composition	US Census, county profile data, city and county government websites
Crime statistics, arrests, calls for service	Police departments
Driving Under the Influence (DUI), alcohol-involved motor vehicle injuries and deaths	Statewide Integrated Traffic Records System (SWITRS) —California Highway Patrol
Economic costs of alcohol abuse	NIH, NIAAA, NIDA for national data. Some state and county alcohol and drug control agencies have collected local data. See relevant agencies for estimates of other costs such as vandalism, police calls for service, trash pick up, costs to businesses.
Injuries and deaths due to alcohol or other drug use	Emergency Medical Services, Hospital Discharge Data, county profiles
Alcohol licensees, laws and regulations. Number of licensees, location, outlet density, serving and sales practices, local and state alcohol laws, complaints, and/or violations.	State or local liquor control authority
State or local survey data on underage and binge drinking. Some surveys have components that collect information on youth access to alcohol, including attitudes about ease of access and where youth obtain alcohol	Youth Risk Behavior Survey (YRBS). A survey administered to youth through the school system. In California, the YRBS is called the California Healthy Kids Survey.

Depending on time and resources, other data that the coalition can create or compile include:

- Key informant interview/focus group data. Local colleges, universities, or prevention professionals may be able to help with survey/interview design and analysis and conducting focus groups. Conducting key informant interviews is a good activity for coalition members. This helps build knowledge about the community and issues related to alcohol beverage service and provides insight into potential barriers. It is also a means to recruit key stakeholders.

- Media coverage of alcohol problems and solutions in the community. Assess the extent and quality of coverage relating to beverage sales and service practices. This information is important to collect as baseline. One of the outcomes is to change community norms regarding alcohol prevention and control strategies. Change in content as well as quantity of media coverage is a good indicator of community norms change.

- POLD (Place of Last Drink). The POLD is a questionnaire used in drinking driver programs to identify where the driver had his/her last drink before being arrested. An agency in your community may already collect these data—a good source may be a local hospitality council or substance abuse prevention agency. If they do not already collect POLD, they may be willing to help you collect this information.

- Public opinion polls. Polls are useful in assessing the public's perception of problems and support for various solutions. In addition to national polling, check whether other organizations in your community have conducted polls; for example, the Institute for Public Strategies has conducted a number of alcohol policy polls in San Diego County. Higher education institutions, especially social science departments or social research are also sources for polling data and assistance. See the Reference section for other sources of polling on alcohol policy issues that can be used to support your goals. While people tend to prefer local poll data, costs to collect it may be prohibitive. Good quality national polls can serve the same purpose in showing the extent of public support for various policies.

Community Organizing

Research studies show that community coalitions can be effective in addressing substance abuse. Coalitions serve several functions in bringing about community change. They increase credibility by involving key stakeholders and community opinion leaders. Coalition members bring different perspectives, skills, and access to various community sectors and individuals who can help create change. Furthermore, having a broad-based community coalition counters concerns that a special interest group, one that does not truly represent the community, desires change. Community coalitions facilitate the adoption of changes in community norms.

In addition to enhancing credibility and access, community coalitions provide a wealth of talent and expertise that is invaluable in policy advocacy. Typically, coalition members include prevention and public health and medical professionals, youth, community-based organization members, public officials and law enforcement officers, members of the business, education, and faith communities, fire fighters, school and university faculty, staff and students, and military officials (in those communities with a military presence). It is imperative to ensure that the coalition reflects the ethnic and racial diversity in the community, is sensitive to cultural differences, and uses culturally appropriate communication strategies.

Media Advocacy

A valuable tool in creating environmental change, media advocacy, is the strategic use of media to gain public and policymaker support for policy goals and changing community norms. There are several ways to use media advocacy strategies to support policy program goals. They can bring public attention to the problems created by intoxication and underage drinking. More important, though, media advocacy sets the public agenda and advances policy-based solutions. Media advocacy frames issues to emphasize that problems are a shared community responsibility, and as such are amenable to change. Finally, it empowers community members to take control of conditions affecting public health. This is an essential element in restructuring the drinking environment.

Enforcement

Enforcement of policy is key to changing community norms and making long-lasting change. Media stories reporting enforcement and penalties applied can support the expectation that violators will experience consequences and at the same time reinforce community norms and values regarding public health policy.

In the Community Trials Project, researchers documented media coverage of alcohol-related issues, particularly drinking and driving. They found that media advocacy increased news generated by community members, in both print and broadcast media, and increased coverage of DUI enforcement, changing the public perception of likelihood of arrest for drinking and driving (Holder and Treno, 1997).

Putting it altogether—planning for policy change

Achieving policy change requires good planning. It is important to be clear about how policy will address the problem identified, whether and what kind of political action it will require, e.g., mandatory (laws, ordinances) or voluntary, and the advantages and disadvantages of each type. A strategic policy plan should answer the following questions (adapted from Wilbur et al. 2003):

1. Who can make the change (city council, planning board, business owner)?
2. Who influences their decisions?
3. Why should this change be made?
4. What kinds of data and other information are needed?

5. What are arguments in favor? Against?

6. Who is likely to oppose?

7. How can you counter their arguments?

8. Do you have a media plan?

9. What actions will be taken?

10. Who will do them?

11. When?

As noted above, the strategic plan should include a media plan. Appendices A and B contain templates respectively for strategic policy and media plans.

Evaluation

Evaluation is not a task that should be left to the end of the project. It is critical to plan for evaluation from the beginning. Be specific about what project outcomes are desired and how they can be measured. Have a well thought out logic model that describes the rationale for the project goals and objectives. Determine indicators of change and monitor progress regularly to ensure the project is on the right track. This allows project staff and coalition members to adjust or change strategies that are not working well.

Examples of progress indicators include:

- Public awareness and support for policy goals/strategies (opinion polling, letters to the editor, calls/letters to public officials)
- Media support (quantitative: number of media hits; qualitative: editorial support, feature articles supporting or at least reporting the proposed solution)
- Policy change (number and quality of policies introduced and enacted)
- Law enforcement activities (compliance checks, shoulder taps, DUI checkpoints, enforcement of new policies)
- Reductions in alcohol-related problems (track crime rates, vandalism, etc)
- Drinking behavior/attitudes have changed positively (surveys, self report, observational)
- Key informants' understanding of and support for policy change (interviews, actions taken)
- Coalition membership (numbers of new members and sectors they represent, participation in project activities, training, ability to get and retain funding)
- Juvenile arrests for criminal offenses such as DUI, violation of alcohol laws or other offenses commonly associated with alcohol use such as disturbing the

peace, disorderly conduct, and vandalism (California Governor's Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems strategic plan).

Outcome measures for prevention include:

- Age of onset of alcohol use
- Frequency of use in the past 30 days, two weeks, or other period
- Perception of risk or harm
- Quantity of alcohol consumed on one occasion (binge drinking)
- Perception of disapproval of use by peers and adults

However, depending on the period for the project and its goals, policy enactment and reduction of alcohol-related problems may also be outcome measures.

Finally, careful evaluation will contribute to the body of literature on environmental strategies and provide more information on those factors that enhance successful implementation.

Challenges in implementing policy strategies

Environmental prevention is intimidating to many who contemplate working on policy issues. Barriers include lack of knowledge, training, or experience about the political process, or simply the distaste for working in "that arena." People express fears about being controversial, making enemies, being confronted, perhaps even losing their job. These may indeed be valid concerns but there are ways to avoid potential problems and compensate for limitations.

Policy strategies are intended to change the conditions of alcohol use in the community, which is bound to upset those who benefit from the status quo. It can be expected that they will resist, and in some cases, quite strongly, with all their resources and influence, as public health advocates have found when they have come up against the tobacco and alcohol industries. On the community level is concern about relationships within the community—friends, neighbors, and colleagues who have links to the alcohol commercial sector, and the impact advocacy will have on those relationships.

In addition to personal concerns about advocacy, there are institutional barriers.

One consideration is the multiple relationships that occur among community institutions and organizations. Thus, an organization clashing with City Hall on one issue may have legitimate concerns about the impact this disagreement will have on their ability to work together on other issues. Nonprofits concerned about losing public funding may not want to engage in a public challenge.

Those who work in the public sector and for corporations are generally barred from making public or company policy. For example, a public health employee may not publicly support an increase in alcohol taxes if it is not the policy goal of the current administration.

Careful planning and sound community organizing can overcome many of these barriers. A strong, broad-based community coalition including key stakeholders lends credibility and support, and provides a diversity of skills, talents, and expertise, as noted previously. Government agencies, nonprofit organizations such as faith-based, health, and social service organizations can take on various roles or alternate leadership depending on the issue. In the example above concerning increasing taxes, one of the nongovernmental organizations can take the lead; the public health agency could still provide information on the issue.

There are a variety of ways that people can contribute: public speaker, strategist, legal expert, writer, graphic artist, community organizer, media relations specialist, event organizer, etc. With that said, leadership commitment and ability to direct a policy advocacy campaign is critical. Some who are effective leaders in certain areas may not have the desire or temperament to do policy work.

Community members and public health advocates have much to gain by learning and applying environmental strategies. They will not only be able to promote positive change in their communities, but they will increase their capacity to apply these strategies and techniques to a broad range of public health and social issues.

Conclusion

There are many resources available to help prevention professionals and community members who would like to implement policy solutions in their communities. Many advocacy and public health organizations offer suggestions for using the political process successfully. Web sites listed at the end of this document offer a wealth of information on this topic and associated implementation strategies. Also, see Appendix C in this publication, *Tips for Working Effectively with Policymakers.*

The Center for Substance Abuse Prevention PEPS series, although somewhat dated now, is a useful source for program developers. The series on alcohol availability contains three guides targeted respectively to those who want a comprehensive review of research on strategies to control availability (reference guide), a community guide with a more concise review of effective policies targeted to community members and decision makers, and a practitioner's guide for program developers and planners.

This Technical Assistance Research Publication was brought to you by the Community Prevention Institute (CPI). CPI is a project funded and directed by the California Department of Alcohol and Drug Programs and administered by the Center for Applied Research Solutions. CPI offers the Prevention Extension Workshop Series, which aims to make state-of-the-art research and practices in the field of alcohol and other drug (AOD) prevention more accessible to communities throughout California. The series addresses emerging issues and proven practices in the AOD prevention field. Take advantage of these workshops and the on-site technical assistance provided at no cost through CPI. You may specifically request training in how to implement policy strategies to reduce binge and underage drinking in your community at www.ca-cpi.org.

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Websites

APIS Alcohol Policy Information System. NIAAA.

http://alcoholpolicy.niaaa.nih.gov/

Updates on state legislated alcohol policies. Beverage Service Training and Related Practices. State policies, mandated and voluntary.

Alcohol Policy Solutions.

http://www.alcoholpolicysolutions.net/

Website for the Robert Wood Johnson Foundation-American Medical Association national projects, A Matter of Degree: Reducing High Risk Drinking among College Students and Reducing Underage Drinking through Coalitions. Policy and media advocacy materials and tools; college binge drinking case study, media kits; public opinion polls; policy papers.

Berkeley Media Studies Group

www.bmsg.org

Media advocacy case studies, training, issue briefs, framing memos, content analyses of TV and newspaper coverage of various public health topics, including alcohol, youth and violence, and children's health.

Center for Applied Research Solutions

www.cars-rp.org

Home of the Community Prevention Institute and other no-cost technical assistance and training projects, including Safe and Drug Free Schools and Communities, Mentoring and the State Incentive Grant.

California Department of Alcohol and Drug Programs

www.adp.ca.gov/

Prevention Services Division strategic plan, community indicators, prevention resources, grant information, and fact sheets.

Center for Alcohol Marketing and Youth

www.camy.org

Reports and data on alcohol advertising, news releases, fact sheets, and action alerts.

Center for Science in the Public Interest (CSPI). Alcohol Policy Project

www.cspinet.org

Action alerts, public opinion polls, fact sheets, publications, and special projects (e.g., college binge drinking, taxes).

Centers for the Application of Prevention Technologies (CAPT)

www.captus.org

A program of the Center for Substance Abuse Prevention (CSAP). Provides resources and technical assistance regarding the translation of substance abuse prevention research to practice. Contains planning and best practices tools.

Higher Education Center for Alcohol and Other Drug Prevention

www.edc.org/hec

Environmental Risk Assessment Guide. Publications, statistics, case studies on reducing college binge drinking, and news clippings.

Institute for Public Strategies

www.publicstrategies.org

Policy and media advocacy materials and tools, public opinion polls, fact sheets, and issue briefings on environmental prevention strategies and programs.

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.health.org

A variety of publications, statistics, and information about programs and government initiatives.

The National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse)

www.DrugAbuseStatistics.samhsa.gov

Pacific Institute for Research and Evaluation (PIRE). Underage Drinking Enforcement Training Center.

www.udetc.org

Training, publications, guides for communities working to reduce underage drinking through law enforcement environmental strategies. Established by the Office of Juvenile Justice and Delinquency Prevention.

Substance Abuse and Mental Health Services Administration (SAMHSA). Center for Substance Abuse Prevention (CSAP).

www.samhsa.gov

Information on model programs, prevention profiles, state data, fact sheets, training and technical assistance.

University of Michigan Institute for Social Research, Monitoring the Future (MTF), National Results on Adolescent Drug Use.

www.monitoringthefuture.org.

This report, tracking behavior and perceptions of 8th, 10th and 12th graders, appears annually in December. MTF has also collected data on college students.

University of Minnesota, Alcohol Epidemiology Program

www.epi.umn.edu/alcohol

Alcohol policies in the US, research articles on RBS and training of alcohol outlet managers and servers, adolescent drinking, community organizing efforts, community prevention trials, alcohol-involved traffic crashes, natural experiments with changes in state and local alcohol policies, and public opinion surveys.

About the Author

Sandra A. Hoover, Ph.D., M.P.H

Sandra A. Hoover, Ph.D., M.P.H. has approximately twenty years of experience in the alcohol, tobacco and other drug (ATOD) prevention field including work in program design and strategic planning, policy change and advocacy, training and technical assistance for community-based programs, publications, and program management.

Since February 2003, Dr. Hoover has been consulting for national, state, and local organizations, including The Center for Applied Research Solutions in Folsom, California, Johnson, Bassin & Shaw, Inc, in Silver Spring, MD, as well as public and community agencies. Activities include participation in state assessment review teams on ATOD prevention systems, content research and preparation of prevention training courses, issue briefings, fact sheets, and other program materials, and training.

Dr. Hoover's experience includes working for the Institute for Public Strategies (IPS) where she has served as Director of Policy Development, working in the Border Project to Reduce Underage and Binge Drinking along the San Diego-Tijuana border, coordinating the Southern California Prevention Exchange, and the Technical Assistance and Training Project. Prior to returning to California, Dr. Hoover worked five years as Deputy Director for a Robert Wood Johnson Foundation-funded initiative, A Matter of Degree: Reducing Binge Drinking Among College Students (AMOD) in the American Medical Association's Office of Alcohol and Other Drug Abuse. Previous employment includes ten years at the Maine Bureau of Health as Director of the Community Health Promotion/Chronic Disease Prevention Unit and subsequently, Director of the Tobacco Prevention and Control Unit and Project Manager for the Americans Stop Smoking Intervention Study (ASSIST).

Dr. Hoover is co-author of *Binge Drinking Among College Students*, a chapter in Principles of Addiction Medicine, Third Edition (April 2003). Dr. Hoover has a doctoral degree in cultural anthropology from Indiana University and a Masters in Public Health from the University of Pittsburgh. She has also taught graduate and undergraduate courses in medical anthropology, applied anthropology, and African Studies at the University of Maine, Orono and Duquesne University (Pittsburgh).

APPENDIX A
STRATEGIC ACTION PLAN TEMPLATE

Problem statement (What is the problem? Develop a concise issue statement):

Solution (What is the best way to achieve change?):

Target	Data	Who needs to be involved?	Message	Actions	By Whom	When
Who has authority to implement change?	What data are needed to describe the problem and support the solution?	Who must be mobilized to apply pressure for change?	What message would convince those with the power to act for change?	What needs to be done?	Who will take action?	When does this need to be done?

Adapted from L. Wallack et al. *News for a Change, an Advocate's Guide to Working with the Media*, Sage Publications, 1999.

APPENDIX B
MEDIA ADVOCACY PLAN TEMPLATE

Problem statement (What is the problem? Develop a concise issue statement):

Solution (What is the best way to achieve change?):

Target	Media Channels	Message	Materials	Actions	By Whom	When
A. Who has authority to implement change? e.g. City Council B. Who must be mobilized to apply pressure for change? e.g. voters	What are the best channels to reach targets and those who can apply pressure for change? e.g. newspaper-op ed, radio	What message would convince targets to act for change? Frame for content	What materials need to be created? e.g. fact sheets, media packet, photo, issue brief	What needs to be done? e.g. write op ed, arrange interview with x radio station	Who will take action? e.g. staff, coalition member	When does this need to be done?

Adapted from L. Wallack et al. *News for a Change, an Advocate's Guide to Working with the Media*, Sage Publications, 1999.

Appendix C

Tips for Working Effectively with Policymakers

DO'S for meeting with officials:

- Make an appointment by letter or phone. Sometimes you can just walk in and meet with him or her, but it is not likely.
- Outline in your call or letter the issues you wish to discuss at the meeting. Refer to previous contacts or communications, if any. The official will appreciate a chance to be as knowledgeable about you as possible.
- Restrict your visit agenda to not more than three issues and set priorities.
- Recommend specific solutions to the problems you are discussing.
- Make the people whom the official represents the frame of reference for your presentation. The official will be interested in the problems of your organization as they relate to provision of services to or problems for his/her constituents.
- Develop your presentation so it will be direct, concise, and not excessive in length (plan on 15 minutes). This will help with busy schedules, and your thoughtfulness will be appreciated.
- Prepare a brief written account of the points you wish to make and leave it with the official. This can include documentation of facts you may not have had time to present orally.
- Offer to provide additional information. Ideally, your presentation will inspire him or her to want additional facts.

DON'TS for meeting with officials:

- Don't be late for your appointment.
- Don't be disappointed if the official is late.
- Don't be disappointed if some circumstance prevents the official from making the meeting. Likely, you will see an assistant who will be knowledgeable about your problems and of the official's point of view. You can accomplish just as much under these circumstances. If you can't meet with anyone that day, try again, as (graceful) persistence will pay off.
- Don't overstay your welcome. You may want to come again and this impression will be lasting. Make your brief presentation and if the official wishes to prolong the conversation, you will be able to sense it.
- Don't try to solve all of your problems in one visit. Present only those issues (not more than three) of greatest concern to you and about which the official can do something.

Adapted and excerpted from a variety of sources—Anonymous; Legislative Education Workshop for Nurses; American Home Economics Association; and the Maine Legislature's Clerk of the House.