# Impaired-Driving Prevention Programs for Youth: Guidelines for Success

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16. Abstract

The guidelines presented here build on the experiences of five county-wide impaired driving prevention programs for youth conducted in Michigan between 1992 and 1995. The programs were sponsored by the Michigan Office of Highway Safety Planning and involved multiple intervention strategies including public information and education, enforcement, and training. Each program targeted youth throughout the county in which it was conducted. These guidelines add to the experience gained from those programs and use relevant findings from the traffic safety literature to present ideas for effective community action in preventing impaired driving by youth.

This document is divided into seven sections. The first section, *Introduction and Basics*, discusses why one should consider organizing an impaired driving prevention program for youth and presents an overview of impaired driving prevention programs for youth. The second section, *Getting Ready*, discusses the processes of problem identification, resource assessment, assessment of other communities' experiences, developing a program concept, and coalition building. The third section, *Making It Happen*, discusses program development, program organization, and program implementation. The fourth section, *Assessing Effectiveness*, focuses on why one should evaluate and what is involved in evaluating program effectiveness. The final three sections list the reports and other publications used in preparing these guidelines, as well as resources that may be helpful in planning, developing, implementing, and evaluating impaired driving prevention programs for youth and agencies and organizations involved with youth or impaired driving issues.

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# *Preface*

As we reviewed materials for the preparation of this document, we found quite a few that focused on singular aspects of impaired driving prevention for youth, such as assessing community needs, working with the media, or developing effective enforcement strategies. However, we found few resources that attempted to bring together all the key issues and processes necessary to build and maintain an active and successful impaired driving prevention program for youth. We hope that this document will serve to fill the need for such a resource.

As you read through this document, it is important to keep in mind what it is, and what it is not. This document is a set of guidelines and summary of issues that you should think about as you consider initiating impaired driving prevention programs for youth in your community. It is not, nor should it be, a cookbook with line-by-line recipes for developing such programs. The reason for this is that each community is unique, with its own history of impaired driving prevention efforts and its own political climate, institutional arrangements, and resource constraints. Therefore, while we can speak about common themes and principles that underlie effective impaired driving prevention programs, each community will need to shape these principles in its own image as it undertakes impaired driving prevention efforts.

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# Summary of Guidelines

Alcohol-impaired driving takes an enormous toll on our youth. More adolescents and young adults in the U.S. die or receive serious injuries from traffic crashes than any other single cause, and alcohol plays a key role in many of these crashes. In 1994, alcohol was a contributing factor in over a third of crash-related deaths to young people age 15 to 20, even though members of this age group cannot legally purchase or possess alcoholic beverages in any state in the U.S.

The good news is that alcohol involvement in crashes among young drivers has declined over the past decade. For example, the number of young people killed in crashes involving an intoxicated young driver declined by over 60 percent between 1982 and 1994, from 2,763 to 1,037. The bad news is that even with these declines in deaths, young people are still over- represented in fatal crashes compared to older people. This is true whether you look at alcohol-related or nonalcohol-related crashes. In 1994, for example, there were 15 young drinking drivers involved in fatal crashes for every 100,000 young licensed drivers, over twice the rate for drivers age 21 and older.

The problem of impaired driving by youth cannot be addressed without recognizing the more general problem of underage drinking. Public hearings on impaired driving by youth conducted by the National Commission Against Drunk Driving in 1987 and 1988 underscore this conclusion with their findings that drinking is endemic among American youth; alcoholic beverages remain easily accessible to youth under age 21; peer pressure encourages young people to drink and leads many adolescents to consider alcohol a necessary accompaniment to social events; advertising normalizes alcohol consumption and makes it more difficult to raise concerns about alcohol abuse; and drinking decreases inhibitions in young people, who all too frequently possess a propensity for taking risks and naively believe that they will not be harmed.

The facts and figures on underage drinking and impaired driving among youth make it clear that these problems require our attention. What is less clear is how communities can best respond and take effective action. How can communities decide if their impaired driving problem warrants intervention? Who should be involved in efforts to reduce impaired driving among youth? How can communities decide what programs will work for them? What are the necessary steps for planning successful programs and carrying them out? What are the barriers communities might encounter and how can they be overcome? In trying to answer these and other questions, it is helpful to look at the experiences of communities that have already initiated impaired driving prevention programs. While each community must ultimately tailor its efforts to fit its own unique character, much can be gained from learning about other communities' successes and failures in planning and implementing such efforts.

The guidelines presented here build on the experiences of five county-wide impaired driving prevention programs for youth conducted in Michigan between 1992 and 1995. The programs were sponsored by the Michigan Office of Highway Safety Planning and involved multiple intervention strategies including public information and education, enforcement, and training. Each program targeted youth throughout the county in which it was conducted. These guidelines add to the experience gained from those programs and use relevant findings from the traffic safety literature to present ideas for effective community action in preventing impaired driving by youth.

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This document is divided into seven sections. In the first section, *Introduction and Basics,* we discuss why you should consider organizing an impaired driving prevention program for youth. We also discuss characteristics of effective impaired driving prevention programs for youth. These characteristics include multifaceted, comprehensive intervention; coordination and teamwork; community involvement; program management; and community fit and program flexibility.

In the second section, *Getting Ready,* we discuss the processes of problem identification, resource assessment, assessment of other communities' experiences, developing a program concept, and coalition building. Our discussions of problem identification and resource assessment focus on what can be gained from these processes and how relevant information can be obtained. Our discussion of assessing other communities' experiences focuses on how to find out about these experiences and how to organize the incoming information in a meaningful way. Our discussion of a program concept includes consideration of a program purpose and groups for involvement, as well as potential program components. Our discussion of coalition building presents ideas for recruitment, achieving active involvement, training, and organization.

In the third section, *Making It Happen,* we begin with a discussion of program development that includes details on setting goals and objectives; establishing activities, tasks, time lines, and responsibilities; and evaluation planning. Next, we consider program organization, focusing on program personnel, media planning, and how to "bring it all together." Finally we consider program implementation, with a discussion of baseline data collection, publicity startup, and program startup.

In the fourth section, *Assessing Effectiveness,* we discuss why you should evaluate your impaired driving prevention program. We also focus on what is involved in evaluating program effectiveness, including identifying program goals, program design, program timing, placement, and process; determining the purpose for evaluation; developing an evaluation design; collecting data or information for evaluation; and presenting your evaluation results.

The fifth, sixth, and seventh sections are primarily reference sections. In the fifth section, *References Used in Preparing Guidelines,* we list the reports and other publications used in preparing these guidelines.

In the sixth section, *Resources to Help You,* we list resources that may be helpful to you in planning, developing, implementing, and evaluating impaired driving prevention programs for youth. Brief descriptions of each resource are also included. Materials included in the resource listing were identified during preparation of the guidelines and are not intended to represent a comprehensive listing of all available resources.

In the seventh and final section, *Directory of Agencies and Organizations,* we list the names and addresses of agencies and organizations involved with youth or impaired driving issues. It is divided into several areas including adult/parent groups, National Highway Traffic Safety Administration regional offices, national groups and organizations involved with impaired driving, national prevention network organizations, professional groups, state highway safety offices, student groups, transportation libraries, and youth traffic safety advocates.

# 1

# *Introduction and Basics*

Most of you probably know what an enormous toll alcohol-impaired driving takes on our youth. More adolescents and young adults in the U.S. die or receive serious injuries from traffic crashes than any other single cause, and alcohol plays a key role in many of these crashes. In 1994, alcohol was a contributing factor in over a third of crash-related deaths to young people, age 15 to 20, even though members of this age group cannot legally purchase or possess alcoholic beverages in any state in the U.S.

The good news is that alcohol involvement in crashes among young drivers has declined over the past decade. For example, the number of young people killed in crashes involving an intoxicated young driver declined by over 60 percent between 1982 and 1994, from 2,763 to 1,037.

The bad news is that even with these declines in deaths, young people are still overrepresented in fatal crashes compared to older people. This is true whether you look at alcohol-related or nonalcohol-related crashes. In 1994, for example, there were 15 young drinking drivers involved in fatal crashes for every 100,000 young licensed drivers, over twice the rate for drivers age 21 and older.

In Michigan, there were 5,837 crash-involved drivers under age 25 in 1994 who had been drinking according to police reports. Of these drinking drivers, a total of 37 died as a result of the crash, 864 received serious injuries, 1,151 received moderate injuries, and 749 received minor injuries. Among Michigan drivers under age 21, the legal age for drinking, the proportion of crashes that involve alcohol is only slightly lower than for drivers age 21-55 and is higher than for drivers over age 55.

The problem of impaired driving by youth cannot be addressed without recognizing the more general problem of underage drinking. Public hearings on impaired driving by youth conducted by the National Commission Against Drunk Driving in 1987 and 1988

underscore this conclusion with their findings that drinking is endemic among American youth; alcoholic beverages remain easily accessible to youth under age 21; peer pressure encourages young people to drink and leads many adolescents to consider alcohol a necessary accompaniment to social events; advertising normalizes alcohol consumption and makes it more difficult to raise concerns about alcohol abuse; and drinking decreases inhibitions in young people who all too frequently possess a propensity for taking risks and naively believe that they will not be harmed.

The facts and figures on underage drinking and impaired driving among youth make it clear that these problems require our attention. What is less clear is how communities can best respond and take effective action. How can communities decide if their impaired driving problem warrants intervention? Who should be involved in efforts to reduce impaired driving among youth? How can communities decide what programs will work for them? What are the necessary steps for planning successful programs and carrying them out? What are the barriers communities might encounter and how can they be overcome? In trying to answer these and other questions, it is helpful to look at the experiences of communities that have already initiated impaired driving prevention programs. While each community must ultimately tailor its efforts to fit its own unique character, much can be gained from learning about other communities' successes and failures in planning and implementing such efforts.

The guidelines presented here build on the experiences of five county-wide impaired driving prevention programs for youth conducted in Michigan between 1992 and 1995. The programs were sponsored by the Michigan Office of Highway Safety Planning and involved multiple intervention strategies including public information and education, enforcement, and training. Each program targeted youth throughout the county in which it was conducted. These guidelines add to the experience gained from those programs and use relevant findings from the traffic safety literature to present ideas for effective community action in preventing impaired driving by youth.

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identification, resource assessment, assessment of other communities' experiences, developing a program concept, and coalition building. The third section, *Making It Happen*, discusses program development, program organization, and program implementation. The fourth section, *Assessing Effectiveness*, focuses on why you should evaluate and what is involved in evaluating program effectiveness. The fifth section, *References Used in Preparing Guidelines*, lists the reports and other publications used in preparing these guidelines. The sixth section, *Resources to Help You*, lists resources that may be helpful to you in planning, developing, implementing, and evaluating impaired driving prevention programs for youth. Brief descriptions of each resource are also included. Materials included in the resource listing were identified during preparation of the guidelines and are not intended to represent a comprehensive listing of all available resources. The final section, *Directory of Agencies and Organizations*, lists the names and addresses of agencies and organizations involved with youth or impaired driving issues.

## Overview of Impaired Driving Prevention Programs for Youth

This section presents a brief overview of the characteristics of effective impaired driving prevention programs for youth. The intent is to highlight some of the essential features of successful impaired driving prevention efforts, based both on the experiences of the five Michigan programs and on findings from the traffic safety literature.

### Multifaceted, comprehensive intervention

Impaired driving among youth is a complex problem that requires a multifaceted, comprehensive approach. The National Highway Traffic Safety Administration (NHTSA) makes it clear that because the causes of youth impaired driving are found in the individual youth, in families, in the peer group, in the community, and in society at large, the prevention solutions must also be found at all of these levels. NHTSA has identified nine elements that should be included in comprehensive efforts to prevent alcohol use and impaired driving by youth. These include school-based programs, extra-curricular activities, community-based initiatives, work-based programs, enforcement, licensing strategies, adjudication, supervision, and legislative strategies. They are described as follows:

▶ School-based programs involve both curricular and noncurricular activities, including formal classroom instruction for students from kindergarten to college, that address alcohol and drug use and impaired driving; school intervention programs designed to address the needs of individual youth with substance abuse problems; and teacher training.

▶ Extra-curricular activities include activities involving students that often occur in a school setting, but are outside the curriculum. Examples include student safety groups, summer camps, statewide conferences, and alcohol-free activities.

▶ Community-based initiatives include grass roots efforts in which young people and adults work together to promote community awareness and activities. This area focuses on the role of parents and the actions that they can take both privately in the home and publicly in citizen groups. It encompasses the activities of activist groups, churches, civic groups, and other community organizations.

▶ Work-based programs involve activities undertaken in the workplace or sponsored by the private sector. These activities include informational activities for young employees, company policies prohibiting the use of alcohol and other drugs during work hours, substance abuse assistance for employees, support for community programs directed at young people, and efforts by retail vendors to stop the sale of alcohol to underage youth.

▶ Enforcement involves police or Alcohol Beverage Control agency activities designed to enforce minimum drinking age and impaired driving laws.

▶ Licensing strategies are generally undertaken at the state level and involve provisional or graduated licensing for youth, licensing sanctions for youth impaired driving, measures to combat the manufacture and use of fraudulent forms of identification, and other programs dealing with the licensure of young drivers.

▶ Adjudication involves activities in which judges or prosecutors play a central role. This area includes strategies for processing, sanctioning, and rehabilitating youthful offenders, programs that provide information or instruction to judges or prosecutors on the problem of youth impaired driving, and activities outside the court in which the judge or prosecutor assumes a leadership role to bring about change in the community.

▶ Supervision involves programs established for youthful offenders after they have been adjudicated. These include screening and referral for drug and alcohol problems, probation, education programs, treatment alternatives, and case management.

▶ Legislative strategies involve laws and policies directed at reducing impaired driving and the use of alcohol and other drugs by youth.

## Coordination and teamwork

The guidelines presented here are built around a comprehensive approach to preventing impaired driving by youth. However, we also recognize that many of you cannot realistically mount such a comprehensive initiative. For those of you who must restrict your efforts to one or just a few areas, you can still apply the lessons learned from more comprehensive efforts because there is a common process that underlies the establishment of prevention programs, regardless of the scope of the efforts undertaken.

While there is widespread agreement that activities, strategies, and programs should be implemented in all of the nine areas identified by NHTSA for communities to effectively address the problem of impaired driving by youth, it is also clear that no single agency or individual can accomplish this alone. A comprehensive approach to reducing impaired driving requires a coordinated effort involving schools, courts, police, health care, business, human service agencies, parents, and youth.

Coordination of efforts to prevent impaired driving by youth is enhanced when there is *communication* and *information sharing* among organizations and agencies concerned with this problem. In fact, sharing of information about target populations, policies and procedures, programs, practices, and resources related to impaired driving by youth has been identified as a prerequisite for an effective community-wide response. Information exchange during program planning may reveal inconsistent, redundant, or contradictory activities occurring in the community that can undermine programming efforts if left in place. For example, messages from police to youth stating that no drinking is acceptable can be significantly undermined by conflicting messages from another organization promoting "safe" drinking among youth. Information sharing during program implementation can enhance the ability and willingness of community organizations to support one another's activities. For example, a police roadblock on high school prom night can be publicized by schools only if schools are informed that it is taking place.

While an organization's ability to collaborate with other agencies may be limited by its mandates or administrative structure, lack of coordination among agencies is more likely to result from "turf" issues, mistrust, and lack of communication, or from differing agendas, priorities, style, or organizational culture. For whatever reasons, cooperation and collaboration are often difficult to achieve. Yet, it is possible for communities to overcome these barriers and establish shared goals and objectives for youth. Once initiated, coordination and collaboration can result in broader support, increased resources, reduced duplication, and stronger programs and

**It is possible to overcome barriers and establish shared goals**

messages. Finally, keep in mind that cooperation can occur at different levels, and ranges from joint development and funding of programs to simply giving feedback on existing programs.

## Community involvement

Successful efforts to reduce impaired driving among youth are built on broad-based community support, and community support begins with community involvement. Many program leaders have learned quickly that broad community involvement provides the foundation for community ownership of their impaired driving prevention program for youth. And regardless of whether programs are initiated at the federal, state, or local level, they must become institutionalized within the local community, that is, "owned by the community," if they are to flourish and survive beyond their initial start-up period.

In broader efforts to reduce death and injury from traffic crashes, the federal government, state highway safety offices, law enforcement, advocacy groups, and emergency medical services have traditionally provided leadership. It has become increasingly apparent, however, that these traditional partnerships must be expanded to include new partners and to better integrate health and medical care, business, and local government partners if comprehensive prevention efforts are to be successful. NHTSA points out that government can be a leader in energizing partners, such as the media, law enforcement, courts, civic organizations, employers, and health care providers, to support injury control activities, establish policies, and initiate environmental changes to reduce injury. Government can also provide the leadership needed to identify problems, determine priorities, and design prevention programs.

The pool of agencies and organizations from which you can draw participants for your program will vary from community to community, depending on community size and other factors. However, segments of the community to consider for involvement include local and state government, the courts, police, schools, public and private health and human service agencies, citizen action groups, business and professional organizations, business and industry, the media, religious organizations, established prevention programs, and, perhaps most importantly, youth and youth organizations.

Because the focus of impaired driving prevention efforts for youth is young people, they need to be brought into the process early on. While this segment of the community is sometimes overlooked, a common theme of many successful efforts to reduce underage drinking is the involvement of youth in planning, organizing, and participating in prevention programs who are representative of the target population. However, meaningful youth involvement does not just happen. Young people need to "own" the problem of impaired driving and feel that it is worthy of their attention. They must be actively recruited to become part of projects targeted to serve them and may need leadership training to make effective contributions at the policy, planning, and implementation levels.

**The focus of youth impaired driving prevention programs is *young people***

## *Program management*
Well conceived and executed management is an important component of successful programs to prevent impaired driving by youth. By effective program management, we mean not only actual implementation but also program planning, development, and evaluation. Although it is tempting to implement a program immediately (that is, to begin it as soon as the idea is conceived) experience with such efforts shows that problems generally arise that a thorough planning approach could have prevented. In fact, offering a program without first undertaking a planning process has been described as baking a cake without a recipe. A thorough process of program management that includes planning, development, implementation, and evaluation allows you to take

advantage of others' hindsight and be foresighted, using a problem-solving approach before problems actually occur.

## *Community fit and program flexibility*

Community impaired driving prevention programs for youth must be compatible with and responsive to the unique characteristics of the communities they are intended to serve. In other words, programs must fit the community. Thus, while these guidelines follow an established process for planning, developing, implementing, and evaluating programs, they must be adapted to fit your particular community and your organization. Keep in mind that few programs are developed in such a perfectly ordered, straight-forward manner as is presented here. Sometimes, new information requires you to go back and rethink earlier decisions before you can move forward again. It is also likely that several stages may occur at the same time. Each stage, however, is distinctly presented in the guidelines so that it can be given careful consideration.

# 2

# *Getting Ready*

## Problem Identification

Establishing an impaired driving prevention program for youth has been described as taking a trip--you need to know where you are going, why you are going there, and the best route to get you there. Problem identification, together with resource assessment, serves as your roadmap. They help you determine the nature and extent of the problem in your community, what is currently being done to respond to the problem, and whether it is appropriate for you or your organization to become involved in solving it.

### *What you gain from problem identification*

Problem identification provides the foundation for every activity that follows as you establish an impaired driving prevention program for youth. Problem identification results in a general description of the problem and provides information about the magnitude of the problem, the location and timing of the problem, and the groups affected by the problem.

While it may seem obvious, we want to emphasize that impaired driving by youth is a problem not simply because it involves the act of drinking and driving by underage youth. It is a problem because the act of drinking and driving by underage youth often has tragic consequences; that is, that young people who drive while impaired by alcohol get into crashes and injure themselves, their passengers, other motorists, and pedestrians. Problem identification needs to address a full range of these dimensions--access to alcohol by youth, underage drinking, the act of impaired driving itself, and the consequences of that act (crashes and injuries).

## General description of the problem area

This effort allows you to answer such questions as:

► What is the existing problem that needs to be addressed?

► Who has brought it to your attention?

► What will happen if nothing is done to solve the problem?

► What are some of the reasons for the problem?

► What are the factors that contribute to the problem?

► What is needed to solve the problem?

The answers to these questions will help you think about how best to respond to the problem. You may identify several factors that contribute to the problem and decide that multiple solutions are needed so that each dimension of the problem can be addressed.

## Magnitude of the problem

Collecting this information allows you to answer such questions as:

► How often does the problem occur?

► How severe is the problem?

► What are the costs of the problem to the community?

The magnitude of impaired driving includes the frequency of underage drinking, the frequency with which impaired driving occurs, the crashes that may result, and the severity of those crashes. It is important to look at crash data to determine how many alcohol-related crashes are occurring and how severe are the resulting injuries. It is also important to try to quantify the costs of these crashes to your community, not only in terms of direct monetary costs such as emergency and medical care, but also in terms of the pain and suffering that these injuries cause.

## Location and timing of the problem

This information allows you to answer such questions as:

► Where does the problem exist?

► When does it occur?

With information on where and when the problem occurs, you can better target your efforts where they will do the most good. For example, we know that in general, young people do their drinking at remote locations such as lakes, beaches, and keg parties, and at special events such as concerts. We also know that their drinking is likely to take place on weekend nights. It is important to find out if these general patterns fit your community as you undertake prevention efforts. If you find, for example, that much of the drinking by young people in your community is done at keg parties, you may want to develop prevention strategies that focus on reducing keg sales to minors by alcohol retail establishments.

### Information about groups affected by the problem

This information allows you to answer the question of:

▶ Who is affected by the problem?

This information is important because it allows you to target your intervention efforts to the groups that will benefit the most. At the same time, targeted groups for program intervention may not be limited to youth. Targeted groups may be part of the problem, for example, adults who supply alcohol to underage drinkers.

Clearly defined problems are problems that you can manage and try to solve. Clear problem statements allow you to assess your resources to deal with problems and to establish your reasons for getting involved. While it is natural to express problems in vague and ambiguous terms at first, you need to continue to improve your problem statements until you have clearly spelled out definitions of key terms and have provided concrete examples. When this does not occur, you may end up with interventions that are too broad or do not have achievable and measurable objectives. At the same time, you need to make sure that your problem statement does not reflect too narrow a view of the problem or contains a premature solution that is not based on facts.

A good problem statement might read something like:

*In Michigan, there were 5,837 crash-involved drivers under age 25 in 1994 who had been drinking according to police reports. Of these drinking drivers, a total of 37 died as a result of the crash, 864 received serious injuries, 1,151 received moderate injuries, and 749 received minor injuries.*

A poor problem statement is more vague:

*In Michigan, alcohol-impaired driving among teens kills and injures far too many innocent persons.*

## *How you get information for problem identification*

Getting information for problem identification can proceed along several lines. In every community there is usually much information that has already been collected by community organizations that is available for public use. Your challenge is to find out where it is and how to obtain it. It is helpful to review available information before you think about going out and collecting new information. Several ways of getting information for problem identification are discussed on the next page.

## Reviewing existing data

Looking at existing data on underage drinking and impaired driving by youth can help you to accurately characterize your local problem and determine its size and scope. Below is a listing of the types of data you should examine and where you might go to find them.

| Types of Data | Where to Look for Them |
|---|---|
| Alcohol-related crashes, injuries, and deaths | Local and state police for local and state data<br>National Highway Traffic Safety Administration for national data (e.g., Fatal Accident Reporting System) |
| Youth arrests for impaired driving | Local and state police |
| Liquor law violations:<br>　　-underage purchase of alcohol<br>　　-underage possession of alcohol<br>　　-underage purchase of alcohol<br>　　-use or possession of fake ID<br>　　-supplying alcohol to minors | Local police<br>Alcohol Beverage Control (ABC) agencies |
| Sale to minor violations by retail liquor establishments, restaurants, and bars | Local police<br>ABC agencies |
| Alcohol-related emergency room admissions | Hospitals |
| School suspensions involving alcohol | Local school systems |
| Student alcohol surveys | Local school systems |
| Criminal youth activities involving alcohol | Criminal justice and juvenile justice systems |

## Talking to people in the community

It is always helpful to talk with adults and young people in the community to find out their perceptions of the problem. You may be surprised to find out how differently problems can be perceived by diverse groups. For example, what parents think about their children's behavior and what young people say about it may be very different. Talking with people can be done on an individual basis, in focus groups, or as part of a sponsored event, such as a teen conference, that gives young people a forum for voicing their concerns and opinions.

## Observing the problem first hand

You may find it helpful to inspect some of the problem areas in your community first hand. For example, observing youth behavior at one of their favorite cruising areas in the

community will tell you something about who is involved, what is occurring, where it is occurring, and a sense of the purpose it serves for youth. Your local police may be helpful in alerting you to favorite drinking hangouts by youth and police may even allow you to ride with them on their patrol of these areas.

**Conducting your own surveys**

Conducting your own surveys is generally not recommended, especially during the initial stage of problem identification, simply because it involves so much time and effort and there are usually other data that are already available for examination. However, if you have exhausted all other possibilities for information gathering and still feel you do not have a firm grasp of the problem and the factors that contribute to it, you may want to consider surveying adults and youth in the community about their attitudes and behavior related to impaired driving by youth. If you decide to conduct your own surveys, it is important to seek assistance from someone who has experience in conducting surveys so that your efforts will provide worthwhile information.

As you gather information for problem identification, whether it be from existing records, community interviews or surveys, or direct observation of behavior, remember that problem identification must be based on facts and not assumptions, conjecture, rumor, or simply faith. For example, people may think

## Problem identification must be based on facts - - not assumptions

there is a problem in the community when, in fact, it either does not exist at all or exists in a very different form. At the same time, it is important not to become so caught up in detailed data collection that you waste scarce resources and delay real action. Although you may want to consider more elaborate data as time goes by, the suggestions presented above should provide you with sufficient information for initial planning. They will also help you identify areas of inquiry if you decide that additional information is needed.

Although much of problem identification occurs before you begin to develop your program, it is a process and not something that you do once and then forget about. Continuing to monitor the problem in your community makes problem identification more than just a tool for helping you shape effective program interventions. It can help you take stock of where your program is going and whether progress is being made in addressing the problem of impaired driving by youth. Having that information available for program participants can help them feel reenergized about their program involvement.

Identifying existing community resources responding to impaired driving by youth is especially important before establishing programs because most communities are already doing at least something to address the problem. Resource assessment helps you determine what your community is doing, what barriers exist to more effective action, and what other efforts may be needed.

## What you gain from resource assessment

The National Highway Traffic Safety Administration (NHTSA) describes resource assessment as the process of assessing the strengths and weaknesses of a community's current efforts in impaired driving prevention among youth. Unless you know what efforts are already underway in your community, it is difficult to know what you should be doing to really have an impact on the problem. You may even decide that there are sufficient efforts underway in your community to combat the problem of impaired driving by youth and your involvement is not needed.

NHTSA has identified three major objectives of resource assessment including:

▶ To catalog programs, strategies, and activities already in place.

▶ To assess the quality of these efforts.

▶ To identify gaps where additional programs, strategies, and activities are needed.

## How you get information for resource assessment

The resources communities have available to combat impaired driving by youth are generally found in public and private agencies and can include policies, procedures, programs, and practices. Identifying what resources your community is currently using to respond to the problem of impaired driving by youth should involve the following:

**Reviewing existing laws and policies**

Looking at your own state and local laws, policies, and regulations on underage drinking and impaired driving can help you identify gaps where new laws are needed or current laws should be strengthened. You can get information about existing laws in your local, state, or university libraries. You can also find out about laws and regulations from your local and state police, Alcohol Beverage Control agencies, judicial personnel such as prosecutors, and your state attorney. Some of the laws you should consider include zero tolerance, server training, administrative license revocation, hours of alcohol sales, registration of kegs, underage curfews, and laws related to underage purchase and possession of alcohol.

## Reviewing current impaired driving prevention programs

Resource assessment includes determining what programs are already in place to prevent impaired driving by youth. For example, your local police department may be operating a program in which police officers talk with teenagers in school about the consequences of alcohol use and impaired driving.

In assessing resources in your community, it is important to gather information not only on written policies, procedures, and programs, but also on actual implementation. You want to ask questions such as: Are these programs really happening? And how often? You may find, for example, that although there are written policies in place, they are rarely followed. Similarly, there may be federally-funded programs in place, but they may fail to serve the population they are mandated to serve.

It is also important to gather the same information from more than one source because different people will view the community's response to the problem differently. The numbers and types of individuals to be interviewed in a given community will vary and may change as you proceed through the resource assessment process. In addition, you may end up defining "community" differently in different situations. For example, in less densely populated areas, the community you assess may include an entire city or even county. In more urban areas, the community you assess may be limited to a single school district or other segment of a larger area. In other words, how you define community may have more to do with how people relate to one another and use resources than with geographic boundaries.

While the task of assessing what is currently being done in your community may seem daunting, there are resources available to help you. For example, NHTSA has developed a resource

**There are resources available to help you**

assessment tool designed to assist you in interviewing key people in community agencies involved with youth (see NHTSA's *Tools for Community Action: Youth Traffic Safety Program* in Resource Section). The assessment tool includes separate sections for each of the nine areas of effective community action--school-based programs, extra-curricular activities, community-based initiatives, work-based programs, enforcement, licensing strategies, adjudication, supervision, and legislative strategies. You can use this tool, or others like it, in its entirety or you can adapt it to fit your situation and needs. You may decide to develop your own assessment tool after reviewing existing tools to get ideas about the kinds of information that will be most helpful to you in assessing your community's resources.

# Assessment of Other Communities' Experiences

Learning about what has worked and not worked in other communities can help you avoid mistakes in your community that may waste time and resources. It is important to organize this information in a meaningful way so that it will be useful to you as you establish your program. This organized information will also help in sharing what you found with others interested in your community's problem. As you learn about other communities' experiences, think about the following:

▶ What was the specific problem in the community that lead to establishment of an impaired driving prevention program for youth?

▶ What were the major goals and objectives of the program?

▶ What strategies were used to achieve the goals and objectives? It may be helpful to categorize these strategies as policy initiatives, public information and education efforts, enforcement efforts, training strategies, and innovative programming. After categorizing, describe activities in each of these areas.

▶ What happened? Was the program evaluated? What were the findings? How well did the program work and what factors contributed to its success or shortcomings?

By answering these questions for the impaired driving prevention programs you learn about, you will begin to get a sense of common themes that underlie successful prevention efforts. You can then apply these themes in establishing your own program.

Information about other communities' experiences can be gathered from a variety of sources. You may want to begin with a brief review of the traffic safety literature to identify successful impaired driving prevention programs in your state or other states. University libraries may have collections of traffic safety materials and may be willing to conduct a search for you or at least give you assistance in conducting your own. All libraries have reference librarians who can help you find materials. Also, most libraries now have Internet access so you can search other library systems for materials. (A directory of transportation libraries and information centers is included in the Resource Section, and selected transportation research libraries are listed in Section 7).

Keep in mind that you do not need to search out and catalog every impaired driving prevention program for youth. There are already a number of publications that have tried to compile and synthesize program results for you. For example, NHTSA regularly publishes a compendium of innovative state and community traffic safety projects, many of which focus on underage drinking and impaired driving by youth. It is called the *Traffic Safety Digest* and can be obtained directly from NHTSA (see Resource Section for

more information). NHTSA also publishes a technology transfer series called *Traffic Tech* that highlights successful strategies for improving traffic safety.

Most states also make an effort to provide information on successful traffic safety strategies. You can contact your state governor's highway safety representative to find out what resources they have available (see listing of agencies and organizations in Section 7). In Michigan, the governor's highway safety representative is the Office of Highway Safety Planning. The office is also part of the National Association of Governor's Highway Safety Representatives, an organization that may have useful information on state activities related to underage drinking and impaired driving by youth. The association, for example, recently compiled case studies of promising approaches in the prevention of underage drinking that identified common themes of successful programs, especially as they related to identifying target groups, developing program countermeasures, strengthening community participation, and building community support.

Another way to find out about other communities' experiences with impaired driving prevention efforts is to talk directly with the personnel of established programs. Many of the publications on promising traffic safety efforts provide information about whom to contact to learn more about program activities. You will also hear about established programs in other communities as you begin to network in your own community. You can ask questions about those programs and find out whom to contact for more information.

## Program Concept

Before you seek community involvement and support for your impaired driving prevention program, you need to have a preliminary vision of what you want your program to be. Deciding on a program concept is important because it gives others a framework for thinking about community action on impaired driving prevention--that is, a frame of reference and something concrete they can respond to in judging what their role can and should be. At the same time, the program concept will necessarily be preliminary at this stage, because as more community members become involved, the program concept will need to evolve to accommodate the interests and capabilities of those people who will become its driving force.

Research on community organization suggests that only when there is community involvement in actual program development can a sense of real community ownership emerge. Community ownership is essential for successful programs. At the same time, it is extremely frustrating for people to be brought into an effort that is so poorly defined that they have no sense of what direction they need to go in, let alone how they should proceed to get there. Developing a preliminary concept of the program that focuses on

overall program purpose and groups for involvement, as well as potential program components, gives people some direction without denying them the opportunity for meaningful input as program development proceeds.

## *Program purpose and groups for involvement*

Presenting a clear statement summarizing your community's impaired driving problem, its impact, and what your program seeks to accomplish, is essential for building your coalition and planning your program. Your statement should convey a sense of excitement and even urgency--the compelling importance of the problem and its significance should move people to want to do something about it. The program purpose should present a reasonable, believable approach to doing something about the problem. For example, local citizens in a county might state, "In our county last year, we had XX traffic deaths due to drunk driving--twice as many as the year before! We propose to develop a program that will prevent drunk driving by training people who sell and serve alcohol to not sell or serve to underage or intoxicated persons."

Once a statement of the problem and program purpose has been developed, you can determine which individuals or groups should be involved. Your program purpose will direct you toward the key people to get involved as you generate ideas for contacts. In the above example, staff from alcohol retail stores and staff from bars and restaurants should be involved, as well as enforcement personnel and concerned families. Others would come to mind as local community members discuss the problem and the potential program.

## *Potential program components*

In the Introduction Section, we described nine components of successful comprehensive efforts to prevent impaired driving by youth. These include school-based programs, extra-curricular activities, community-based initiatives, work-based programs, enforcement, licensing strategies, adjudication, supervision, and legislative strategies. As you develop your program concept, you need to decide which of these desired components can realistically be included in your program.

While a comprehensive approach to impaired driving prevention among youth needs to involve all of these components, it may be that, realistically, you can mount efforts in only one or a few of these areas. Part of your challenge will become selecting the "right" or potentially most effective program

**Potential program components include:**
- **school-based programs**
- **extra-curricular activities**
- **community-based initiatives**
- **work-based programs**
- **enforcement**
- **licensing strategies**
- **adjudication**
- **supervision**
- **legislative strategies**

components, while making sure to coordinate your efforts with those undertaken in other component areas. Because the components are all interrelated, your success will depend to a great extent on how effectively you can collaborate with other agencies, organizations, and programs involved in impaired driving prevention. For example, if your program focuses on increased enforcement of impaired driving laws for youth, you will need to know what laws apply in your community and whether they are adequate to accomplish your goals. In addition, your interventions will have implications for the adjudication of court cases for impaired driving by youth. Court personnel need to be aware of the increased enforcement, prosecutors must be willing to pursue the resulting court cases, court calendars must be adjusted to accommodate increased caseloads that might occur, and treatment agencies need to cooperate to ensure that treatment is available for those who need it.

It is not our intent to tell you what components you should include in your program or what their content should be. The content of your program must build directly on the problem identification and resource assessment processes you undertake and the unique characteristics of your own community. In addition, as you find out more about effective strategies that have been used

**Program content must build directly on problem identification and resource assessment**

to combat similar problems in other communities, you will use that information to refine your program concept.

Our intent in this section is to lay out for you what the potential components of an impaired driving prevention program for youth are and what might be entailed in each of these areas. NHTSA has already invested a great deal of time and effort in identifying components of a comprehensive approach to preventing impaired driving by youth, as noted earlier. NHTSA's detailed descriptions of these components are contained in the document *Tools for Community Action: Youth Traffic Safety Program*. In addition, the National Commission Against Drunk Driving has established recommendations for programming in each of these areas, based on public hearings on the problem of impaired driving by youth. These recommendations are contained in the document *Youth Driving Without Impairment*. These documents provide an excellent starting point for you to think about what you want your program to focus on; they are referenced in both the References Section and the Resources Section. Many of the other materials listed in the Resources Section also contain useful information about potential program components.

# Coalition Building

Coalition building is one of the most important tasks of establishing an impaired driving prevention program for youth. It determines not only your success in getting your program off the ground and running successfully, but more importantly, the extent to which your program will become institutionalized and sustained in the community. At the same time, building and maintaining a community coalition is one of the more difficult challenges you will face, not only because it draws on experience in community organizing that you may not have, but also because it is so heavily influenced by a host of community characteristics and forces that may be beyond your control. This section provides some tips for making this process go as smoothly as possible.

Coalition building is an especially critical part of impaired driving prevention efforts for youth because the problem is so complex and affected by so many different components of a community. Yet experience suggests that, in many communities, key organizations involved with youth are either unaware of one another's activities or engaged in contradictory activities that undermine one another's effectiveness. Building a community coalition helps you overcome these problems and establish a coordinated and comprehensive approach to impaired driving prevention for youth.

A community coalition can strengthen your prevention efforts in other ways as well. It can provide the knowledge you need to adapt general models of impaired driving prevention to your community's unique circumstances. It can enhance the credibility of your program by showing the community that your program is endorsed by respected citizens, groups, and organizations. Coalition members potentially can contribute time, funds, labor, and materials for the program. They can also be effective spokespeople for the program. Their stature in the community can lead to increased media coverage for the program. Finally, a community coalition can make it possible to coordinate your program with other community efforts.

**Coalition building is an ongoing, dynamic process**

It is important to realize that building a community coalition is an ongoing, dynamic process, that in many ways resembles art more than science. It takes time, perseverance, and continued effort to recruit coalition members, to engage them as active participants in the process of program establishment, to provide them with the training skills they need, and to create a structure that is conducive to effective community action. Some guidelines follow that can help you in this challenging process.

## Recruitment

Community coalitions should be broad-based, with representation from local government, criminal and juvenile justice court systems, police, schools, public and private health and human service agencies, citizen action groups, business and professional organizations, business and industry, the media, religious organizations, established prevention programs, and youth. In addition, you may already be in touch with representatives of state organizations who you can recruit to serve on your coalition.

The experience of many communities makes it clear that effective coalitions need to include people who have clout--that is, people who have the authority to make things happen in their organizations and in the community. In the area of local government, for example, these people might include, among others, the mayor, the president of the city council, and the head of the department of parks and recreation. In the area of law enforcement, these people might include the sheriff, local chiefs of police, and upper management in state police, among others.

Bringing on board key decision makers from community organizations will increase your chance of gaining community "buy-in" and support for the program. At the same time, it is important to bring people on board who are genuine advocates for your program and are not there just because it's their job. It is also important to involve people directly affected by the problem, even if they do not hold positions of authority or agree with others regarding the problem or potential solutions. In the case of impaired driving by youth, this means the young people themselves.

Your efforts to identify potential coalition members should begin early. As you conduct your problem identification and resource assessment, you will begin to identify people who may be interested in serving on your coalition. You want to establish your coalition early enough so that it can be involved in program planning and development. At the same time, you need to present potential coalition members with a preliminary vision or concept of the program

**Your coalition building efforts should begin early**

so that they have a sense of what needs to be done and how they might make a contribution. Otherwise, you risk bringing people on board who become frustrated and lose interest because they lack a sense of direction or simply have nothing to do.

While it is desirable to have a coalition that can focus its efforts exclusively on underage drinking and impaired driving by youth, this may not be practical in your community. You may find that your community just cannot support one more community coalition. In smaller communities, this may be due simply to a lack of resources--not enough community leaders or advocates to go around. In larger communities, you may find that there are already so many impaired driving prevention initiatives underway that there is no support for yet another program. For whatever

reasons, you may have to make use of existing structures in the community rather than create a new one. There may already be an established coalition in the community that is willing to support your program as part of its mission. If this happens, you are not so much recruiting people to serve on a coalition as recruiting a coalition to serve your program.

## *Active involvement*

The experience of many communities suggests that a coalition may lose momentum once it has been formed and has to get down to business. Despite agreement that something should be done about impaired driving by youth, the problem may seem so complex and unmanageable that people simply do not know where to start. Some of the things to consider as you try to actively involve participants in your program are discussed below.

Promoting active involvement in your program begins with how you define the problems and issues you are bringing people together to address. It is important to make sure that these issues or problems are significant, solvable, simple, and specific. If this is the case, people are less likely to become disappointed or develop negative attitudes about achieving program goals. Make sure you convey your sense of excitement regarding doing something concrete about this important problem. A "good" issue has been described as one that is simple and specific enough so that any member of the coalition can explain it in a sentence or two, unites members and involves them in a meaningful way to resolve the issue, affects many people, and provides opportunities for community growth such as leadership experience.

**A good issue is simple and specific**

Research on community organizing suggests that coalition members are motivated to stay involved when they feel part of a successful, effective effort. They need to see positive results from their involvement and they need to see them sooner rather than later. Goals that are too broadly defined or too long-term can deter active involvement. Special events, targeted projects, and manageable tasks that are compatible with the overall goals of the program can contribute to a sense of ongoing action and help sustain interest in and excitement about your program.

To assist communities involved in coalition building for childhood injury prevention, the National SAFE KIDS Campaign has identified barriers to maintaining momentum and suggested ways to overcome them. These ideas can be helpful in thinking about how to engage members of coalitions involved in impaired driving prevention efforts.

Identified barriers include:

▶ Turf issues (e.g., that isn't a police issue, it's a traffic engineering issue).

▶ Inadequate participation by members, especially in planning sessions, regular meetings, events, and leadership positions.

▶ Ineffective coalition activities due to lack of planning, lack of targeting, excessive use of time and resources, inadequate number of people reached, and poor group dynamics.

Suggestions for keeping coalition members motivated include:

▶ Acknowledge and applaud short-term efforts.

▶ Assign specific tasks with deadlines to specific individuals--that is, ask members to do something. Then, use what they do. Do not drop it or forget about it.

▶ Keep coalition members focused on their assigned activities.

▶ Recruit a variety of new members on an ongoing basis.

▶ Replace members who leave the coalition and reassign their responsibilities immediately.

▶ Recognize successes and exemplary efforts with awards, certificates, presentations, or news conferences.

▶ Survey members periodically to assess their interests, level of commitment, and resources.

## Training

One important tenet of community organizing is that you must start where people are. Most of the people you recruit to serve on your coalition will not be experts in impaired driving prevention. They may not even be conversant in issues related to alcohol, youth, or traffic safety. They will need training--training to increase their awareness of youth alcohol issues, and, more importantly, leadership training to build competence in problem solving and community action. Leadership training should be directed at program planning and development skills such as identifying community problems and needs, achieving a working consensus on goals and priorities, agreeing on strategies to achieve these goals, and collaborating effectively in the required actions. Other important skills are interpersonal skills, meeting facilitation, and ways of working through bureaucracies to bring about change.

Most communities have learned quickly that leadership training needs to be concrete and responsive to community needs. Participants need specific information about how to

**Training needs to be concrete and responsive to community needs**

function effectively and they need opportunities to actually work through examples of effective leadership that reflect the realities of their community circumstances. Failure to adapt training to local circumstances and concerns leads to frustration on the part of participants and may result in people dropping out of the process before it has even gotten off the ground. To find out about opportunities for effective training in your community, you may want to seek advice from local colleges or organizations that have been involved in endeavors similar to yours.

Communities have also found that the *timing* of training may be as important as the content. It is premature to begin training people who are not sure what the program is about and where it is intended to go. The experience of trying to get people to go in the same direction when that direction is unclear has proven very frustrating for some community programs. At the same time, training cannot be done too late in the process or participants will struggle because their leadership skills are underdeveloped.

## *Organization*

A coalition needs a formal organization so that it can function effectively and provide stability and continuity for members. Most community coalitions are organized around multiple levels of membership. First, there is usually some type of steering committee, comprised of five to ten members, "steering" coalition efforts. The steering committee works closely with the program coordinator, generally focusing on planning and oversight rather than day-to-day program management.

The second level of membership is usually comprised of community teams or committees organized around type of program intervention or strategy (such as enforcement, education, or policy initiative) or segment of the community (such as geographic or school district boundary). Community teams or committees are more directly involved in carrying out program activities.

The third level of membership is generally comprised of the general membership of the coalition. This includes individuals in the community and representatives of community organizations who may be interested in either long-term program involvement or in participating only in a specific program activity or event.

The National SAFE KIDS Campaign has identified several steps that can help unify coalitions involved in childhood injury prevention efforts. You may find them helpful in thinking about impaired driving prevention. They include:

- ▶ Establish an identity for the coalition.

- ▶ Hold regular meetings.

- ▶ Encourage participation in meetings by varying meeting locations and seeking input from members on their organizations' activities.

- ▶ Determine a structure for meeting agendas.

- ▶ Develop a structure that allows all members to stay involved (e.g., committees or teams).

- ▶ Produce coalition information materials.

- ▶ Use a coalition membership application.

- ▶ Set realistic goals to promote coalition growth and success.

# 3

# *Making It Happen*

Program development is essentially the process of establishing a basis for program decisions and then determining what to do and how to do it. Strong program development enables you to carry out your program smoothly and with as few surprises as possible.

## *Goals and objectives*

Setting goals and objectives allows you to specify what you want to accomplish with your program. Goals and objectives become the framework around which you build your program. While goals and objectives are defined somewhat differently by different people, we think it is helpful to think of them in the following way:

*Goals*
Goals are broadly stated desirable outcomes of your program. They are an outgrowth of identified issues and problems. They are intended to be broad, extensive statements that form the basis for any undertaking. Thus, generalizations and less specific statements can be used as goals (e.g., *our program goal is to prevent alcohol-impaired driving crashes among young people*).

*Objectives*
Objectives are succinct statements of desired outcomes of activities that address key elements of goals. They are measurable and can be achieved with reasonable efforts and activities. Objectives should flow logically from their related goals that you have established (e.g., *our objective is to increase the perception among high school students that if they drink and drive, they will be caught and punished*).

The ultimate goal of most impaired driving prevention programs is to reduce injuries and deaths from alcohol-involved traffic crashes. However, there are usually a host of

other program goals and their related objectives that involve changes in behavior, knowledge, attitudes or opinions, administration, or some outcome resulting from those changes.

The objectives you establish for your program will provide the basis for decisions about what your program will be, what it will do, and how it will do it (that is, the strategies you will use to affect the problem). Your objectives will also guide efforts to determine whether your program has been a success. It is therefore essential that program objectives be clear, specific, and reasonable. Many communities have found that two of the strongest influences on whether objectives are achievable are the extent to which they are specific and reasonable, and the extent to which people are supported as they work to achieve them.

**Program objectives must be clear, specific, and reasonable**

Research in organizational planning suggests that effective strategies must be technically workable, politically acceptable to key stakeholders, and consistent with an organization's philosophy and core values. They must also be ethical, moral, and legal, and they must specifically deal with the issues or problems they are intended to address.

As you take on the challenge of developing clear, specific, and reasonable objectives, keep in mind that you do not have to start from scratch--you do not need to reinvent the wheel. Considerable efforts have already been undertaken to identify meaningful program objectives and effective strategies for achieving them. You can build on these objectives and strategies and adapt them to your own community circumstances. Many of the resources listed in the Resource Section contain information on program objectives and strategies.

## Activities, tasks, time lines, and responsibilities

Once you have established goals and objectives for your program, you need to identify the activities and tasks that must be undertaken to accomplish the goals and objectives, and determine when they must be completed and by whom. This process of figuring out exactly what it will take to make your goals and objectives a reality is often called action planning. Action planning is critical to the success of your program because it takes your vision of what you want to accomplish with your program and grounds it in a concrete plan of what needs to occur on a day-to-day basis.

The activities and tasks you establish must be driven by your goals and objectives, but they should also take into consideration the resources available in your organization and your community. Activities and tasks must be workable and there should be a person responsible for each activity and task. When resources are limited, it may make more sense to plan a few activities and do them well, rather than to plan so many activities that you overextend your program and do nothing well.

The clearer and more complete your program activities, tasks, time lines, and responsibilities are, the better able you will be to provide a focus and direction for your program that can survive changes in program leadership and personnel that often occur along the way. Many community programs have experienced, first hand, the frustration of losing key personnel and the time and effort it takes to get back on track. Strong action planning can help you maintain program continuity in the face of such changes.

The experience of communities involved in childhood injury prevention efforts suggests that action planning can benefit prevention programs, and especially community-based coalitions, in several ways. Action planning not only helps direct coalition efforts and provides a means of setting priorities for coalition activities; it also serves as an ongoing checklist of coalition progress and a means for self-evaluation. Further, by providing a summary of the coalition's purpose and the steps coalition members have planned to achieve their goals, action plans serve as an ideal information and recruitment tool, assisting potential members, funding sources, the media, and the general public in decision making about whether to support the coalition's efforts.

## Evaluation planning

While most of us engage in a form of evaluation every day as we make decisions about how things are going in our lives, the more formal process of evaluation required to assess the effectiveness of your program may be new to you. In the next section, we provide a detailed description of the evaluation process and guidelines for conducting program evaluation. We encourage you to read the section carefully and to seek out other resource materials on evaluation even if you plan to use an "outside expert" for evaluating your program. Understanding the evaluation process will allow you to work effectively with that expert and will help you in other areas of program management as well.

**The time to plan your evaluation is well before the program begins**

Planning your program evaluation needs to begin early on so that impartial, explicit judgments can be made about your program that are based on facts and opinions, gathered in a systematic and timely manner. The time to plan an evaluation that best suits your program and the capabilities of your organization is well before your program actually begins. If baseline data are needed, they must be collected before any program activity occurs. Otherwise, it is extremely difficult to reach meaningful conclusions about changes that may have occurred during your program. If you decide to use someone with expertise and training in evaluation, that person needs to be brought in during the program planning stage.

The experience of many community programs reinforces the importance of early planning for evaluation. The lack of early evaluation planning has resulted in confusion about how to proceed, and wasted time and effort because information needed for

program evaluation was not available, data were collected at the wrong time, or data were never collected. This lack can result in loss of community interest and loss of program funding.

## Program Organization

Before you can carry out your program you need to organize and prepare for it. The more carefully and thoroughly you organize and complete your preparations, the easier it will be to implement your program and the greater will be its impact.

### Program personnel

Organizing your program begins with selecting and training your program personnel. Identifying the types of program personnel needed and the specific qualities sought in each program staff person should be done in relation to your program goals and objectives and action plan. Once hired, program personnel should be given, preferably in writing, important information about the program and what they are expected to contribute. Clearly written job expectations help to eliminate confusion about job responsibilities and provide program continuity, especially when changes in program leadership and personnel occur.

Program personnel may need special training to help them perform more effectively. Some important aspects of training were presented in our earlier discussion of coalition building. You may want to explore other types of training that could benefit your particular mix of program staff.

### Media planning

Getting organized also includes planning for media coverage for your program. The media play a key role in making the community aware of your prevention efforts and building support for your program. Resource materials on planning media coverage are contained in the Resource Section. A brief summary of planning activities is provided below:

▶ Decide who you want to contact. News reporters in your community--reporters and editors at local television, radio, and print news outlets--are powerful links to the community. It is vital that you work with them. You can get current media directories from your local library or ask your local MADD chapter to share their press lists.

▶ Decide when and how you will get your information out. Messages can be packaged in a variety of ways including media advisories, press releases, news

conferences, print and broadcast editorials, talk shows, and special events. Building a successful media campaign involves using all possible channels of communication.

▶ Decide what types of written materials about your program you need to prepare. It is helpful to include information regarding what your program is about, who it is for, who is presenting or sponsoring it, when it will occur, where it will occur, and who to contact for further information.

## *Bringing it all together*

A successful program requires good coordination and communication. Before you implement your program, try to bring all program participants together to review the goals and objectives and to make sure that the action plan is well understood. This is the time to clarify any confusion about how the program will be implemented and administered and ways in which communication about problems or needed changes should take place.

## Program Implementation

## *Baseline data collection*

If any data collection is required before you begin your program, this is the time to do it, before program startup. Baseline data collection is considered the first step in the implementation phase. Even publicity can affect your baseline measurement so you need to begin gathering data well before your program is publicized.

## *Publicity startup*

Once you have collected your baseline data, you can announce your program, that is, launch your media campaign. The National Highway Traffic Safety Administration has identified three key elements of launching a media campaign, including writing a press release, preparing a press kit, and holding a news conference. They are summarized below:

▶ Write a press release. Describe the program briefly, using short words, sentences, and paragraphs, and a combination of facts and quotes. The press release should be no more than one or two pages, double-spaced, with the date and information on who to contact at the top.

▶ Prepare a press kit. The press kit serves as a written overview of the news conference and also provides background information on your program. The

press kit includes the agenda for the news conference, the press release, prepared remarks from speakers, and an information sheet.

▶ <u>Organize a news conference</u>. A kick off news conference provides an interactive setting for announcing your program to the media and the community. Community leaders and other representatives of your program should be there to answer questions and talk about the program.

## *Program startup*

You are now ready to begin your program. There should be nothing magical about this. If you have planned your program thoroughly, all you need to do is put your plan into action. Good luck and have fun. As it is said, "Keep your eye on the ball and follow through." Stay tuned in to progress so that you can learn early about anything that is not going just as you had anticipated (and often things do not). The earlier you fine-tune these situations, the more successful and efficient your program will be.

# 4

# *Assessing Effectiveness*

## Why Evaluate?

Evaluation is a critical, but often overlooked, component in the development and implementation of impaired-driving prevention programs. This is especially true for community efforts that are run with volunteer staffs and small budgets. However, programs run with limited resources are the types of programs that can benefit most from evaluation. Effective evaluation provides the information necessary to help concentrate available resources where they have the most effect.

Evaluation findings can be used to support programming decisions and funding requests to program sponsors. Sponsors typically want to know the outcome of programs they support, and effectiveness

**Community efforts run with small budgets have the most to gain from a good evaluation**

evaluations provide much of the information they require. Effectiveness results are also valuable for supporting requests for funding to continue successful programs, as well as for modifying or enhancing programs that didn't achieve all they were expected to. The more thorough the evaluation, the more useful it will be for supporting proposed program changes.

Program participants are generally interested in the outcome of the program in which they were involved. Systematic evaluations can help to answer questions they may have, and may encourage their future participation. Another important use of evaluation data is public relations, that is, distribution of selected results from the evaluation to the media. These data may be used to support the project (e.g., let's congratulate the PTA for their 95% Prom Pledge commitment), enlist further support for the project (e.g., while 85% of bars refused service to the minor "buyers," we still have bars serving minors alcohol), or as a means of providing feedback to the community.

There are many ways to provide information to answer questions important to the evaluation of program effectiveness. Evaluations of program effectiveness should be able to answer questions such as:

▶ Was the program conducted as planned?

▶ Did the program reach the intended target group?

▶ Did the program achieve what it intended to (e.g., change behavior or attitudes, educate people)?

▶ What did the program cost (in terms of dollars, person-hours of effort, donated materials)?

## What is Involved in Evaluating Program Effectiveness?

Effective evaluation planning begins with a clear understanding of the goals, objectives, and activities used in the program being evaluated. Detailed information on program goals, design, timing, placement, and process are necessary for the development of an evaluation plan.

### Program goals

Goals for impaired-driving prevention programs usually involve changes in *behavior* (e.g., underage drinking), *knowledge* (e.g., effects of alcohol on driving), *attitudes* (e.g., perceived ease of obtaining alcohol), *opinions* (e.g., morality of drinking and driving), or *administration* (e.g., number of police officers required for event supervision), or some subsequent *outcome* resulting from changes in behavior, knowledge, attitudes, or administration (e.g., alcohol-related fatal crashes). Usually programs have several goals.

### Program design

In addition to identifying program goals, you must also identify the design of the program before beginning to develop an evaluation plan. Some programs are one-shot interventions. These one-shot interventions happen at one, relatively brief point in time. An example of a one-shot intervention would be a special alcohol-impaired driving assembly at school (given that the assembly was not part of a larger, comprehensive project).

In contrast to the one-shot approach, programs often involve several separate but related program components. A multiple intervention program for impaired driving generally involves several programs designed to change a variety of related behaviors, knowledge, and attitudes in different environments in different ways. Such a multiple intervention program might include promoting the use of designated drivers, establishing "tipsy taxi" services to provide rides for people who drink too much, and increased enforcement of laws prohibiting service of alcohol to minors. While the ultimate

outcome of each of these programs is a decrease in alcohol-impaired driving, resulting in fewer crashes and injuries, each individual program in the larger package has a different specific target and desired outcome.

Evaluation of multiple interventions is often conducted at two levels. First, multiple intervention programs can often be considered as several interventions and evaluated as such. These evaluations should be designed separately to take advantage of the unique situations surrounding each individual intervention. Second, there should be an attempt to determine the effect of the multiple intervention program taken as a whole, answering questions such as: How did the overall prevention program affect the incidence of alcohol-impaired driving crashes?

## *Program timing, placement, and process*

As we just discussed, some programs involve one or more interventions implemented over an extended period of time, while others may be implemented as one-shot interventions over a relatively brief amount of time. It is important to consider the timing of your program when you develop your evaluation plan. Measuring program effects before they have had a chance to occur or too late after program implementation can result in underestimating the impact of your program.

Program placement is also a critical program component to consider for evaluation planning. By program placement we mean the physical location where the program's activities take place. Evaluation plans should take advantage of opportunities created by program placement. To the extent possible, program plans should include evaluation planning in the beginning rather than as an afterthought to take full advantage of opportunities and to avoid problems that may arise from delayed evaluation planning.

In addition to their impact on designing specific evaluation components, measuring the "process" of the program is essential. What we mean is that you must document and understand exactly what activities made up the program in order to be able to

**You have to know what the program involved to determine which activities worked and which did not**

determine which were responsible for its success or lack thereof. Keep track of such items as which schools gave your special student presentation, what the content of the presentation was, who attended the presentation, and when those presentations were made, as well as more mundane issues such as how many posters were distributed, to whom, and when.

## *Determining the purpose for evaluations*

The first step in designing an evaluation plan is to determine the purpose of the evaluation. For example, one may want to conduct an evaluation of a special enforcement project to fulfill the requirements of the funding agency, to gather data to determine changes that could be made to enhance the effectiveness of the program, to gather data necessary for supporting an expansion of the program to other jurisdictions, or any combination of these goals. Identifying the "why" of the evaluation is the first step in the design process. Why a program is evaluated determines, in large part, the questions the evaluation should be designed to answer. Some example questions evaluations may be designed to answer are listed below.

### Behavior Questions:

▶ Did the program reduce the number of attempted alcohol purchases by minors?

▶ Did the program reduce the number of alcohol sales to minors?

### Knowledge Questions:

▶ Did the program increase students' knowledge regarding which drink contains more alcohol -- a can of beer or a shot of vodka?

▶ Did the program increase students' knowledge regarding whether or not drinking coffee can "sober you up" quicker because it speeds up alcohol metabolism?

### Attitude/Opinion Questions:

▶ Did the high school students think the program involved them actively?

▶ Did the program affect student's perceptions of the threat of arrest for drunk driving?

### Outcome Questions:

▶ Did the number of youth-involved alcohol-impaired driving crashes decrease?

▶ Did the number of injuries resulting from youthful alcohol-impaired driving decrease?

### Administrative and Process Questions:

▶ How many officers were required for the project?

▶ What community agencies were represented by participation in the project?

## *Evaluation design*

Evaluation design is guided primarily by the type of questions you want to answer. However, many practical considerations influence what type of design can and can't be used for your evaluation. No single design is appropriate for any and all evaluations. The design must be carefully matched to the evaluation questions you want to answer and the unique characteristics of the program being evaluated.

### One-Shot Test

The one-shot test is the simplest type of evaluation. The one-shot test involves measuring the variables of interest at a single point in time. The best examples of one-shot tests are attitude, opinion, or knowledge surveys. This design can inform you about the current state of factors of interest. The design is best used when planning a program in order to determine the current state of affairs for planning purposes.

### Cross-Sectional Design

A cross-sectional design also involves collecting data at only one point in time; however, in cross-sectional designs, comparisons can be made between different subdivisions (cross-sections) of the data. These subdivisions are generally two or more groups that differ in some meaningful way. Common cross-sections include male-female and age-based groupings. While the cross-sectional design is most appropriate for pre-program planning, program effects can be estimated to a limited degree using the cross-sectional design. To make estimates of program effectiveness, you must be able to demonstrate clearly that a subgroup did experience and a subgroup did not experience the intervention program.

### Pre-Post Design

The pre-post design is the simplest design for evaluating program effectiveness. In this design, data are collected prior to the program and after the program is completed. The post-program data are then compared to the pre-program data. Differences in pre-versus post-program data comparisons may then be attributed to the program. This type of evaluation design is most appropriate for programs conducted at a single site over a short period of time. There may, however, be factors other than the program that are responsible for the changes observed, especially in the case of long-term or multi-site programs. For example, some event other than the intervention may have been responsible for the change, or the observed change may be part of a long-standing trend in the factor of interest.

### Reversal Design

The reversal design gets its name from the pattern of data collection. That is, you first collect baseline (pre-program) data, then collect data during the program, then collect data after the program has ended (return to baseline or reversal condition). A program's effectiveness is judged by comparing the data collected during the baseline period to the program period data and to the follow-up period data. The benefit of the reversal design

over the simple pre-post design is the inclusion of a follow-up period as a *control* period. A control period serves as a basis to judge whether it was the program that caused the observed changes from the baseline period rather than other outside factors coincident with the program implementation. In this design, a program would be said to have caused any observed changes is there was a change from baseline to the program period that was observed to reverse itself (return to baseline levels) after the program was ended. Clearly many (if not most) programs are designed to have lasting effects. The reversal design is most appropriate for programs that are expected to have only short-term effects.

### Control-Group Design

In a control-group design, one group is selected to receive the program while a second group does not receive the program. The second group serves as the *control* or comparison group. If a difference is detected between the program group and the control group, then the program is said to have caused the difference. An important step in using the control-group design is selection of the control group. It is important that the control group be as similar as possible to the group that receives the program. The control-group design is often combined with the pre-post or reversal designs described earlier to increase the ability of the evaluator to determine if any observed differences are the result of the program or due to other causes.

## *What information/data to collect*

There are many ways to collect data on factors of interest to your program and evaluation. Data collection procedures need to match the goals of the evaluation and the resources available for data collection.

### Behaviors

The three most common strategies for collecting data on people's behavior are self-report, observation, and physical trace analysis. Self-report is simply the result of asking someone what they do or have done in the past (e.g., *Have you ever driven while impaired by alcohol?*). Unfortunately, as the behavior being evaluated becomes more sensitive, people tend to give self-report answers that are less truthful and perceived as being more desirable or they choose not to answer the question. Problems associated with self-report can be overcome by actually observing people's behavior. However, be aware that people may behave differently if they know they are being observed than if they are being observed unobtrusively. Behavior can also be measured using trace analysis. Trace analysis is simply measuring physical traces that people leave when they engage in a behavior. For example, one may examine how successful a new alcohol prohibition in a park has been by counting the number and type of alcoholic beverage containers discarded in the park.

### Knowledge, Attitudes and Opinions

Knowledge, attitudes, and opinions are all measured using the same basic strategies: questionnaires (surveys or tests), interviews, and group discussion. There are two basic types of items used in questionnaires: multiple response and open-ended. Multiple

response items are like those in a multiple-choice test -- subjects pick which response they like from a list of alternatives. Open-ended questions, on the other hand, require subjects to provide a response to an item without suggested response choices on the survey form. Questionnaires are good for gathering information from a large number of people using an identical format. Interviews are good for gathering detailed data from a limited number of subjects, but the data can be difficult to code for data analysis. Group discussions are good when interpersonal interaction is desired for respondents to provide answers, and to provide rich context information. Unfortunately, the data gathered from group discussions can be especially difficult to code or interpret for traditional data analysis.

## *Presenting evaluation results*

As important as evaluation is, it is equally important that results from evaluations be presented to sponsors, program participants, and the media in a way that meets their needs. Keep in mind that different users have different needs and uses for evaluation results.

### Writing for the Sponsor

Sponsors are interested in evaluation results because they want to know what they got for their money, whether or not to continue to fund your project, and whether or not to expand funding for similar projects. Typically sponsors require the most detailed summaries of evaluation efforts. A good rule for preparing reports to the sponsor: *Provide enough detail about your project and evaluation so that someone without any familiarity with the project can reproduce your work exactly from the detailed description.* A detailed evaluation report will have the following sections:

(1) Executive summary -- 2-3 page overview of the report;
(2) Background and introduction -- lay the groundwork for why you conducted the program and outline the program's goals and objectives and how these were to be achieved;
(3) Methods -- detail goals of the evaluation and how the program was evaluated;
(4) Results -- detail the actual observations and measurements found;
(5) Discussion -- detail your interpretations of the results and their ramifications.

### Writing for Program Participants

Program participants and sponsors both typically want answers to the same questions. However, participants often prefer more simple, straightforward answers to the key questions addressed in the evaluation. The report for participants should be structured in the same basic format as the report to the sponsor, but the participants' report may be written in a more direct style. You generally can't go wrong with writing a detailed report for both audiences, but often participants and their decisionmakers are more interested in the simple "bottom line" than are sponsors. That is, they want to know if the program worked, and, if not, how to fix future programs to increase the likelihood they will work.

## Writing for the Media

The media can be your ally or your foe. The key to which side they seem to be on is generally determined by how you present your program results. Media reports are almost always constrained by time and space. The likelihood that a story about your program will be covered by the broadcast or print media is often governed by how simply you can convey your results and how relevant the material can be made to seem to an audience. Remember, while most reporters are honorable, treat all comments as "on-the-record" no matter what assurances are given. "Off-the-record" comments are often perceived by the reporter as being more genuine and even more interesting than on-the-record comments and thus have a way of slipping into stories.

# 5

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National Highway Traffic Safety Administration (1995). *Youth Traffic Safety Programs: Campaign Safe & Sober Seventh Quarter Planner.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 319.

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Shope, J.T., Waller, P.F., and Lang, S.W. (submitted for publication). *Driving Behavior among High School Seniors by Gender: Implications for Prevention of Traffic Crashes and Driving Offenses.*

Streff, F.M. (1990). *Evaluating Traffic Safety Programs: A Manual for Assessing Program Effectiveness.* Ann Arbor, MI: The University of Michigan Transportation Research Institute.

# 6

# *Resources to Help You*

Beer, P., Giannini, C., Mackie, K., Scaffa, M., Stanley, A., and Swift, R. *"The Road Not Taken": A Critical Examination of Underage Drinking In The Greater Washington, DC Metropolitan Area.* Vienna, VA: Washington Regional Alcohol Program. Gene Smith, ed.

*This document reports findings from a year-long assessment of the underage drinking problem in the greater Washington D.C. metropolitan area. The information is based on surveys, a review of current laws and regulations, youth input through a youth congress, focus groups, media reports, and current data. Areas highlighted that require future action include enforcement, prevention and education, public policy, communication, and coordination.*

Beer, P., Giannini, C., Mackie, K., Scaffa, M., Stanley, A., and Swift, R. *Making a Difference: A Strategic Plan of Action on Underage Drinking.* Vienna, VA: Washington Regional Alcohol Program. John Boyd, ed.

*This document is a strategic plan of action developed by community and youth representatives in the greater Washington D.C. metropolitan area that contains an extensive listing of recommended solutions to the underage drinking problem. The authors note that the plan is not necessarily designed to be used in its entirety. Rather, communities can choose from it the strategies that best meet their individual needs and concerns.*

Beer, P.M. *Underage Drinking Is Preventable Not Inevitable: A "How To" Guide to Coalition Building.* Vienna, VA: Washington Regional Alcohol Program. Trina Brugger Leonard, ed.

*This "how to" booklet on coalition building resulted from an effort to develop a model underage drinking prevention program that can be replicated in other areas. It contains information on what a coalition is, the advantages and disadvantages of coalition building, who should participate, how to maintain participants' interest, and general guidelines for coalition building. Also included is summary information on a successful community coalition in Maryland, and sample coalition materials.*

Beer, P.M. *Underage Drinking Is Preventable Not Inevitable: A "How To" Guide to Legislative Advocacy.* Vienna, VA: Washington Regional Alcohol Program. Trina Brugger Leonard, ed.

*This "how to" booklet on legislative advocacy resulted from an effort to develop a model underage drinking prevention program that can be replicated in other areas. It contains information on what advocacy is, techniques for effective advocacy, and tools of advocacy. Also included are samples of a letter, a telephone script, and handouts.*

Beer, P.M. *Underage Drinking Is Preventable Not Inevitable: A "How To" Guide to Media Relations.* Vienna, VA: Washington Regional Alcohol Program. Trina Brugger Leonard, ed.

*This "how to" booklet on media relations resulted from an effort to develop a model underage drinking prevention program that can be replicated in other areas. It contains information on the basic principles of media relations, channels of communication, tools of communication, and ideas for media coverage. Also included are samples of a news advisory, a news release, and handouts.*

Beer, P.M. *Underage Drinking Is Preventable Not Inevitable: A "How To" Guide to Needs Assessment/Strategic Planning.* Vienna, VA: Washington Regional Alcohol Program. Trina Brugger Leonard, ed.

*This "how to" booklet on needs assessment/strategic planning resulted from an effort to develop a model underage drinking prevention program that can be replicated in other areas. It contains information on what a needs assessment is, the advantages of a needs assessment, elements of a needs assessment, and how to develop a strategic plan. Also included are samples of a community assessment form, an adult and a youth questionnaire, a work plan, and a time line.*

Beer, P.M. *Underage Drinking Is Preventable Not Inevitable: A "How To" Guide to Underage Drinking Enforcement.* Vienna, VA: Washington Regional Alcohol Program. Trina Brugger Leonard, ed.

*This "how to" booklet on underage drinking enforcement resulted from an effort to develop a model underage drinking prevention program that can be replicated in other areas. It contains information on obstacles to youth impaired driving enforcement, how to overcome barriers to underage enforcement, keeping underage drinking enforcement a priority, and enforcement activities such as sponsoring a law enforcement conference, forming an alcohol task force, and conducting sting operations. Also included are samples of a roll call questionnaire and an underage enforcement work session tool.*

COSMIS Corporation and the Johns Hopkins University (1995). *Understanding Youthful Risk Taking and Driving.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 318.

> *This report summarizes findings from a literature review intended to assess the state of knowledge on the risk taking behavior of young people. It includes information on youthful risk taking behaviors, such as substance use, as well as risk taking and driving among youth, including impaired driving.*

Diver, J. (1991). Keys to Coalition Building: Twelve Tips for Success. *Childhood Injury Prevention Quarterly.* Spring Issue, 13-15.

> *This article presents basic guidelines for establishing successful grassroots coalitions, drawing on the author's experience as National SAFE KIDS Field Director. These guidelines incorporate the National SAFE KIDS Campaign's multi-faceted approach to injury prevention and are intended to address the ongoing needs of coalitions, regardless of their level of development.*

Filkins, L.D. (1990). *Evaluation Plan: Jackson County Comprehensive Traffic Safety Program.* Ann Arbor, MI: The University of Michigan Transportation Research Institute, Report No. UMTRI-90-21.

> *This document presents an evaluation plan developed for a comprehensive traffic safety program conducted in Michigan. The evaluation strategy recommended for the program consisted of performance evaluations of each individual countermeasure project within the larger program; a performance evaluation of the entire program to determine whether the goals of the program were achieved; and an effectiveness evaluation to determine the bottom-line impact on crashes. While the plan was developed for a specific program, the information it contains can be adapted to other programs.*

Klein, T.M., and Burgess, M. (1996). *Alcohol Involvement in Fatal Traffic Crashes 1994.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 343.

> *This report, sponsored by the National Highway Traffic Safety Administration, presents estimates of alcohol involvement in fatal traffic crashes that occurred during 1994. The data are abstracted from the Fatal Accident Reporting System. The data may be useful in providing background information on the problem of impaired driving.*

Leaf, W.A. and Preusser, D.F. (1995). *Evaluation of Youth Peer-to-Peer Impaired Driving Programs.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 309.

*This document presents findings from an evaluation of several chapters of Students Against Drunk Driving (SADD) in Arizona, Ohio, and Wisconsin. The purpose of the evaluation was to identify characteristics of exemplary peer-to-peer high school organizations against drinking and driving and to evaluate their impact on student attitudes, drinking and driving related behaviors, and motor vehicle crashes.*

McHenry, R.E. and Cortelyou, C. Eds. (1993). *Directory of Transportation Libraries and Information Centers in North America.* Washington D.C. Special Libraries Association.

*This document contains listings of transportation libraries and information centers in North America in alphabetical order by organization name, with subject, geographic, database, and personnel indices included.*

Michigan Office of Highway Safety Planning (1993). *State of Michigan: Highway Safety Plan, Fiscal Years 1993-1995.* Lansing, MI: Michigan Office of Highway Safety Planning.

*This document provides background information on the problem of impaired driving in Michigan (as well as other traffic safety issues), describes efforts that have been undertaken to resolve the problem (including policy efforts, enforcement, public information and education, and innovative programming), and identifies goals, objectives, and tasks to address the problem of impaired driving.*

Michigan Office of Highway Safety Planning and Michigan Department of State Police (1995). *1994 Michigan Traffic Crash Facts.* Ann Arbor, MI: The University of Michigan Transportation Research Institute.

*This document provides data on crashes in Michigan obtained from 1994 Michigan Traffic Crash Report Forms (UD-10) submitted by local police departments, sheriff jurisdictions, and the state police. It may be useful in providing background information on the problem of impaired driving in Michigan.*

National Association of Governors' Highway Safety Representatives and National Association of State Alcohol and Drug Abuse Directors (1995). *Promising Approaches in the Prevention of Underage Drinking: Case Studies of State Activities.* Report was financed with a grant from the National Highway Traffic Safety Administration and the Center for Substance Abuse Prevention.

*This document presents ten case studies of programs to prevent underage drinking. The programs were identified through a survey of members of the National*

*Association of Governors' Highway Safety Representatives and the National Association of State Alcohol and Drug Abuse Directors designed to assess what states were doing to prevent underage drinking and to examine the extent of interagency cooperation within these efforts. The programs highlighted in this document were ones considered to be particularly effective or promising.*

National Commission Against Drunk Driving (1989). *Youth Driving Without Impairment: Report on the Youth Impaired Driving Public Hearings--"A Community Challenge."* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 347.

*This document presents findings from five public hearings conducted in 1987-1988 on the problem of impaired driving by youth. It is organized around the nine impaired driving prevention program component areas identified by NHTSA as part of a comprehensive approach to impaired driving prevention for youth. It contains findings relative to each component area, as well as recommendations for efforts that should be undertaken in each area.*

National Highway Traffic Safety Administration (1987). *Join the Celebration: Project Graduation.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 063.

*This manual is intended as a guide for planning safe graduation parties. It outlines innovative and entertaining events free of drugs and alcohol. Information is included on planning activities and themes; generating interest from other students, school personnel, parents, and the community; and organizing committees (e.g., fundraising, public relations). Also included are samples of a news release, prizes, public service announcements, a letter to parents, and a senior survey, as well as fundraising ideas.*

National Highway Traffic Safety Administration (1989). *Taking the Lead: A Student Traffic Safety Action Handbook.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 422.

*This manual is intended for officers of school groups and organizations and students wishing to organize safety projects. It contains information on the skills and activities necessary for successful programs. Included are sections on getting started, setting goals, ideas for safety activities, and putting it all together. Also included is a listing of resources with the names of individuals/organizations to contact for more information, fact sheets, and suggestions for fundraising.*

National Highway Traffic Safety Administration. *Traffic Tech: NHTSA Technology Transfer Series.* Washington D.C.: U.S. Department of Transportation, published beginning in 1990.

*This is a NHTSA publication to disseminate information about traffic safety programs, including evaluations, innovative programs, and new publications. Copies are available free from NHTSA's evaluation staff (telephone 202-366-2759).*

National Highway Traffic Safety Administration (1991). *Tools for Community Action: Youth Traffic Safety Program.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 769.

*This document is divided into three major sections. The first section presents a detailed overview of each of the nine impaired driving prevention program component areas (identified by NHTSA as part of a comprehensive approach to impaired driving prevention for youth) and highlights programs, activities, and strategies in each area. It is described as a "primer" in youth impaired driving prevention that can be used to familiarize communities with the issues involved in impaired driving prevention. The second section provides a listing of existing programs in each of the nine areas, including a brief description of the program and a contact telephone number. The third section contains an assessment tool that can be used by communities for resource assessment.*

National Highway Traffic Safety Administration (1993). *Enforcement of Underage Impaired-Driving Laws: Issues, Problems, Recommended Solutions.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 920.

*This report focuses on the enforcement of impaired driving laws for offenders under age 21. It contains information on underage drinking, impaired driving enforcement, obstacles to youth impaired driving enforcement, effective enforcement strategies, special youth enforcement strategies, an assessment of youth impaired driving enforcement, and ideas for what can be done to address the problem.*

National Highway Traffic Safety Administration (1993). *Saturation Patrols Targeting Impaired Driving: Guidelines for Community-Based Alcohol Enforcement Programs.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 807 983.

*This manual is intended as a tool to assist law enforcement agencies interested in the development, implementation, and management of saturation patrols (that is, concentrated enforcement activity in high-volume crash areas), especially those patrols that emphasize the detection of impaired drivers. Information is included on problem identification, program goals and objectives, planning, operational considerations, support resources, media activities, and program evaluation.*

National Highway Traffic Safety Administration (1993). Literature Review of Alcohol Traffic Safety Evaluation Studies, 1980-1989. *Traffic Tech: NHTSA Technology Transfer Series.* **49**. Washington D.C.: U.S. Department of Transportation.

*This document summarizes a review of literature evaluating the effect of countermeasures to reduce alcohol-impaired driving. It is part of Traffic Tech, a NHTSA publication to disseminate information about traffic safety programs, including evaluations, innovative programs, and new publications. Copies are available free from NHTSA's evaluation staff (telephone 202-366-2759).*

National Highway Traffic Safety Administration. *Traffic Safety Digest: A Compendium of Innovative State and Community Traffic Safety Projects.* Washington D.C.: U.S. Department of Transportation, published beginning in 1993.

*This publication comes out quarterly and highlights innovative state and community traffic safety projects related to alcohol and other drugs, emergency medical services, motorcycle safety, occupant protection, pedestrian and bicycle safety, police traffic services, traffic records, community and corridor traffic safety programs, safe communities, and injury prevention. Included for each project is information on problem identification, goals and objectives, strategies and activities, and results.*

National Highway Traffic Safety Administration (1994). *Youth Fatal Crash and Alcohol Facts.* Washington D.C.: U.S. Department of Transportation.

*This document contains charts, graphs, and bulleted information describing fatality trends for youth. Much of the data presented are from the Fatal Accident Reporting System, National Center for Statistics and Analysis, National Highway Traffic Safety Administration. Information is included on frequencies and rates of youth crash fatalities overall, as well as alcohol-related crashes and fatalities.*

National Highway Traffic Safety Administration (1995). *Impaired Driving: Campaign Safe & Sober Fifth Quarterly Planner.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 259.

*The goal of NHTSA's Campaign Safe and Sober is to reduce U.S. alcohol-related fatalities to 15,400 and increase safety belt use to 75 percent by 1997, using enforcement supported by public information and education. This fifth quarterly planner provides new and updated information on impaired driving programs. Included are data on alcohol use and crash-related injuries and fatalities, information on successful efforts to address impaired driving (including enforcement and worksite programs), legislative updates with suggestions on what can be done to strengthen traffic safety laws, tips for working with the media, a literature review of alcohol traffic safety evaluation studies, opportunities for different types of traffic safety related training, and listings of selected agencies and organizations.*

National Highway Traffic Safety Administration (1995). *Youth Traffic Safety Programs: Campaign Safe & Sober Seventh Quarter Planner.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 319.

*The goal of NHTSA's Campaign Safe and Sober is to reduce U.S. alcohol-related fatalities to 15,400 and increase safety belt use to 75 percent by 1997, using enforcement supported by public information and education. This seventh quarterly planner provides new and updated information on traffic safety programs for youth. Included are data on alcohol use and impaired driving by youth, information on successful youth prevention programs and strategies, legislative fact sheets, and listings of traffic safety organizations and youth traffic safety advocates.*

National Highway Traffic Safety Administration (1996). *Graduated Driver Licensing System for Young Novice Drivers: Guidelines for Motor Vehicle Administrators.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 331; produced in cooperation with the American Association of Motor Vehicle Administrators.

*This publication presents guidelines for an improved graduated driver licensing system to assist states in licensing novice drivers and motorcycle operators. It contains information on what graduated driver licensing is and why it is needed, and describes the stages of graduated licensing as well as the components of a graduated licensing system. Also included are examples of successful graduated licensing programs in three states and a bibliography of key references related to graduated driver licensing systems.*

National Highway Traffic Safety Administration Office of Traffic Safety Programs (1996). *Traffic Safety Materials Catalog.* Washington D.C.: U.S. Department of Transportation, Report No. DOT HS 808 337.

*This catalog lists materials available from the Traffic Safety Programs Resource Center of NHTSA, responsible for distributing injury prevention and public health materials to national organizations, public and private interest groups, corporations, educational institutions, law enforcement agencies, other federal agencies, state and local governments, NHTSA regional offices, and the general public. The Center's activities support NHTSA's Office of Traffic Safety Programs mission to provide national leadership and technical assistance to states and local communities in developing, implementing, evaluating, and disseminating information about traffic safety programs. Each entry in the catalog provides an order number, a description or annotation, the year the item was published, the format, and the audience for which an item is directed. Available materials include audiovisuals, handouts, reproducible handouts, reports, and manuals.*

National Safe Kids Campaign (1995). *Chapter Five: Coalition Building in Striving for Excellence: Coalition Leadership Manual.* Washington D.C.: The Children's National Medical Center.

*This document contains information on the role of the National SAFE KIDS Campaign Field Team in coalition building, the functions of a SAFE KIDS coalition and standards of performance and self-evaluation, the steps in coalition building, tips for launching a coalition, and how to manage coalition transition.*

Pacific Institute for Research and Evaluation (PIRE). *Community Systemwide Response.* A manual prepared under Grant No. 90-JS-CX-K004 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, and funding support from the National Highway Safety Administration, U.S. Department of Transportation.

*This manual presents a system-wide response to the problems of impaired driving and abuse of alcohol and other drugs that is centered around the juvenile justice system. The manual contains sections on background (the social costs of substance abuse and impaired driving, how these problems arise, and proposed solutions), mechanics (the steps involved in a community system-wide response), tools (advice and methods for enhancing collaboration, conducting marketing, facilitating meetings, analyzing community-wide problems and resources, and monitoring progress), and resources (glossary, names of agencies that operate prevention programs, and tips on obtaining financial support for programming).*

Streff, F.M. (1990). *Evaluating Traffic Safety Programs: A Manual for Assessing Program Effectiveness.* Ann Arbor, MI: The University of Michigan Transportation Research Institute.

*The focus of this manual is on the design of practical evaluations for assessing traffic safety program effectiveness. It contains information on identifying program components and goals; the components necessary for designing an effective evaluation; how to communicate evaluation findings to program sponsors, program participants, and the media; and suggested ways of identifying resources for assistance in conducting evaluations. This manual was used as the basis for the section on assessing program effectiveness in these guidelines.*

# 7

# *Directory of Agencies and Organizations*

## Adult/Parent Groups

Al-Anon Family Groups Headquarters, Inc.
Box 182 Madison Square Station
New York, NY 10010

Alcoholics Anonymous
Box 459 Grand Central Station
New York, NY 10017

Emergency Nurses CARE, Inc.
c/o Barbara Foley, Executive Director
P.O. Box 4571, 18 Lyman Street
Westborough, MA 01581

National Families In Action
2296 Henderson Mill Road
Suite 204
Atlanta, GA 30345

Mothers Against Drunk Driving
(MADD)
511 E. John Carpenter Freeway
Suite 700
Irving, Tx 75062

National Extension Homemakers
Council
c/o Fayola Muchow, Project Director
Route 4, Box 245
Sioux, Falls, SD 57107

National PTA Drug and Alcohol
Prevention Project
Safety Belt-Child Restraint Project
700 North Rush Street
Chicago, IL 60611

Parent Resources Institute on Drug
Education(PRIDE)
Suite 210
Hurt Bldg.
10 Hurt Plaza, N.E.
Atlanta, GA 30303

Remove Intoxicated Drivers(RID)
P.O. Box 520
Schenectady, NY 12301

# National Highway Traffic Safety Administration (NHTSA) Regional Offices

REGION I
(CT, ME, MA, NH, RI, VT)
Regional Administrator, NHTSA
Volpe National Transportation Systems
Center
Kendall Square
Code 903
Cambridge, MA  02142
(617) 494-3427

REGION II
(NY, NJ, PR, VI)
Regional Administrator, NHTSA
222 Mamaroneck Avenue
Suite 204
White Plains, NY  10605
(914) 682-6162

REGION III
(DE, DC, MD, PA, VA, WV)
Regional Administrator, NHTSA
BWI Commerce Park
7526 Connelley Drive
Suite L
Hanover, MD  21076-1699
(410) 768-7111

REGION IV
(AL, FL, GA, KY, MS, NC, SC, TN)
Regional Administrator, NHTSA
1720 Peachtree Road, N.W.
Suite 1048
Atlanta, GA  30309-2439
(404) 347-4537

REGION V
(IL, IN, MI, MN, OH, WI)
Regional Administrator, NHTSA
19900 Governors Drive
Suite 201
Olympia Fields, IL  60461
(708) 503-8822

REGION VI
(AR, LA, NM, OK, TX, Indian Nations)
Regional Administrator, NHTSA
819 Taylor Street
Room 8A38
Fort Worth, TX  76102-6177
(817) 334-3653

REGION VII
(IA, KS, MO, NE)
Regional Administrator, NHTSA
6301 Rockhill Road
Room 100
Kansas City, MO  64131
(816) 822-7233

REGION VIII
(CO, MT, ND, SD, UT, WY)
Regional Administrator, NHTSA
555 Zang Street
4th Floor
Lakewood, CO  80228
(303) 969-6917

REGION IX
(AZ, CA, HI, NV, American Samoa,
Guam, N. Mariana Islands)
Regional Administrator, NHTSA
201 Mission Street
Suite 2230
San Francisco, CA  94105
(415) 744-3089

REGION X
(AK, ID, OR, WA)
Regional Administrator, NHTSA
3140 Jackson Federal Building
915 Second Avenue
Seattle, WA 98174
(206) 220-7640

## National Groups and Organizations Involved with Impaired Driving

AAA Foundation for Traffic Safety
1440 New York Avenue, N.W.
Suite 201
Washington, DC 20005
(202) 638-5944

Advocates for Highway and Auto Safety
777 North Capitol Street, N.E.
Suite 410
Washington, DC 20005
(202) 408-1711

Alliance Against Intoxicated Motorists
(AAIM)
870 Higgins Road
Suite 131
Schaumburg, IL 60173
(708) 697-2246

Alliance of American Insurers (AAI)
1501 Woodfield Road
Suite 400W
Schaumburg, IL 60173
(708) 330-8542

American Association of Motor Vehicle
Administrators (AAMVA)
4200 Wilson Boulevard
Suite 1100
Arlington, VA 22203
(703) 522-4200

American Automobile Association
(AAA)
1000 AAA Drive
Heathrow, FL 32756-5063

American Coalition for Traffic Safety,
Inc. (ACTS)
1110 North Glebe Road
Suite 1020
Arlington, VA 22201
(703) 243-7501

American Trauma Society
8903 Presidential Parkway
Suite 512
Upper Marlboro, MD 20772
(301) 420-4189

Center for Substance Abuse Prevention
(SAMHSA/CSAP)
Rockwall II
5600 Fishers Lane
Suite 800
Rockville, MD 20857
(301) 443-9936

Center for Substance Abuse Prevention's
National Clearinghouse for Alcohol and
Drug Information
P.O. Box 2345
Rockville, MD 20747-2345
(800) 729-6686

Children's Safety Network (CSN)
2000 15th Street, N.W.
Suite 701
Arlington, VA 22201
(703) 524-7802

Emergency Nurses Cancel Alcohol
Related Emergencies (EN C.A.R.E.)
770 Grafton Street
Shrewsbury, MA 01545
(508) 753-7222

Insurance Institute for Highway Safety
(IIHS)
1005 North Glebe Road
Suite 800
Arlington, VA 2201
(703) 247-1500

International Association of Chiefs of
Police (IACP)
515 North Washington Street
Alexandria, VA 22314-2357
(703) 836-6767

International Association of Directors of
Law Enforcement Standards and
Training
550 North Monmouth Avenue
Monmouth, OR 97361
(503) 838-8484

Mothers Against Drunk Driving
(MADD)
511 East John Carpenter Freeway
Suite 700
Irving, TX 75062
(214) 744-MADD

National Association of Governors'
Highway Safety Representatives
(NAGHSR)
750 1st Street, N.E.
Suite 720
Washington, DC 20002-4241
(202) 789-0942

National Association of Independent
Insurers (NAII)
2600 River Road
Des Plaines, IL 60018
(708) 297-7813 x219

National Association of State Alcohol
and Drug Abuse Directors (NASADAD)
444 North Capitol Street, N.W.
Suite 642
Washington, DC 20001
(202) 783-6868

National Association of Women
Highway Safety Leaders
7206 Robin Hood Drive
Upper Marlboro, MD 20772
(301) 868-7583

National Black Alcoholism Council, Inc.
1629 K Street, N.W.
Suite 802
Washington, DC 20006
(202) 296-2696

National Coalition of Hispanic Health
and Human Services Organizations
(COSSMHO)
1501 16th Street, N.W.
Washington, DC 20036
(202) 387-5000

National Commission Against Drunk
Driving
1900 L Street, N.W.
Suite 705
Washington, DC 20036
(202) 452-6004

National Council on Alcoholism and
Drug Dependence, Inc.
12 West 21st Street
7th Floor
New York, NY 10010
(212) 206-6770 or (800) 622-2255

National Head Injury Foundation (NHIF)
1776 Massachusetts Avenue, N.W.
Suite 100
Washington, DC 20036
(202) 296-6443

National Highway Traffic Safety
Administration
Traffic Safety Programs
NTS-10 or NTS-22
400 7th Street, S.W.
Washington, DC  20590
(202) 366-6616 or (202) 366-9588

National Prevention Network (NPN) c/o
NASADAD
444 North Capitol Street, N.W.
Suite 642
Washington, DC  20001
(202) 783-6868

National Safety Belt Coalition
1019 19th Street
Suite 401
Washington, DC  20036
(202) 296-6263

National Safety Council (NSC)
1121 Spring Lake Drive
Itasca, IL  60143-3201
(708) 285-1121

National Sheriffs' Association
1450 Duke Street
Alexandria, VA  22314-3490
(703) 836-7827

National Troopers Coalition
27373 Mosbaugh Road
Arcadia, IN  46030
(317) 636-0929

Network of Employers for Traffic Safety
(NETS)
1900 L Street, N.W.
Suite 705
Washington, DC  20036
(202) 452-6005

Remove Intoxicated Drivers (RID) USA,
Inc.
P.O. Box 520
Schenectady, NY  12301
(518) 393-4357

Students Against Driving Drunk
(SADD)
P.O. Box 800
Marlboro, MA  01752
(508) 481-3568

U.S. Indian Health Service
12300 Twinbrook Parkway
Suite 610
Rockville, MD  20852
(301) 443-1054

# National Prevention Network Organizations

**ALABAMA**
Department of Mental Health
P.O. Box 3710
Montgomery, AL 36193

**ALASKA**
Department of Health
P.O. Box H
Juneau, AK 99811

**ARIZONA**
Office of Comm. Behav. Health
2632 East Thomas
Phoenix, AZ 85016

**ARKANSAS**
Office of Alcohol and Drug Abuse
Prevention
Donaghey Plaza North, Suite 400
P.O. Box 1437
Little Rock, AR 72203

**CALIFORNIA**
Alcohol & Drug Program
1700 K Street, 5th Floor
Sacramento, CA 95814

**COLORADO**
Alcohol and Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, CO 80220

**CONNECTICUT**
Alcohol and Drug Abuse Commission
900 Aslyum Avenue, 3rd Floor
Hartford, CT 06105

**DELAWARE**
Division of Alcoholism & Drug Abuse
1901 N. Dupont Highway
Newcastle, DE 19720

**DISTRICT OF COLUMBIA**
Health Planning and Development
1660 L Street, NW
Washington, DC 20036

**FLORIDA**
Department of Health & Rehab. Services
1317 Winewood Blvd. Bldg. 6
Tallahassee, FL 32301

**GEORGIA**
Alcohol and Drug Services
878 Peachtree Street, NE
Suite 318
Atlanta, GA 30309

**HAWAII**
Drug Abuse Office
Department of Health
P.O. Box 3378
Honolulu, HI 96801

**IDAHO**
Division of Family and Children and
Services
Dept. Of Health & Welfare
450 West State Street, 7th Floor
Boise, ID 83720

**ILLINOIS**
Dept. Of Alcoholism and Substance
Abuse
222 South College
Springfield, IL 62704

**INDIANA**
Division of Addiction Services
Department of Mental Health
117 East Washington Street
Indianapolis, IN 46204

IOWA
Division of Substance Abuse
Department of Public Health
321 E. 12th St.
Des Moines, IA 50319

KANSAS
Alcohol and Drug Abuse Services
300 SW Oakley
Biddle Building
Topeka, KS 66606

KENTUCKY
Division of Substance Abuse
Department of Health Services
275 East Main Street
Frankfort, KY 40621

LOUISIANA
Office of Alcohol and Drug Abuse
1201 Capitol Access Road
P.O. Box 3868
Baton Rouge, LA 70821

MAINE
Office of Substance Abuse
State House Station #1594 Stone Street
Augusta, ME 04333

MARYLAND
State Alcohol & Drug Abuse
Administration
201 West Preston Street
Baltimore, MD 21201

MASSACHUSETTS
Division of Substance Abuse Services
150 Tremont Street
Boston, MA 02111

MICHIGAN
Office of Substance Abuse Services
Department of Public Health
P.O. Box 30206
Lansing, MI 48909

MINNESOTA
Chemical Dependency Program Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

MISSISSIPPI
Division of Alcohol and Drug Abuse
Department of Mental Health
Robert E. Lee State Office Bldg. 11th
Floor
Jackson, MS 39201

MISSOURI
Division of Alcohol and Drug Abuse
Department of Health
1706 E. Elm St.
Jefferson, MD 65109

MONTANA
Alcohol and Drug Abuse Division
Department of Institutions
1539 11th Avenue
Helena, MT 59601

NEBRASKA
Division of Alcoholism & Drug Abuse
Department of Public Institutions
P.O. Box 94728
Lincoln, NE 68509

NEVADA
Bureau of Alcohol and Drug Abuse
Department of Human Resources
505 East King Street
Carson City, NV 89710

NEW HAMPSHIRE
Office of Alcohol & Drug Abuse
Prevention
105 Pleasant Street
Concord, NH 03301

NEW JERSEY
Division of Alcoholism Drug Abuse and
Addiction Services
Department of Health
CN 360, Room 400
Trenton, NJ 08625

NEW MEXICO
Department of Health
Behavioral Health Services Division
Room 3200 North
1190 Street Francis Drive
Santa Fe, NM 87501

NEW YORK
Division of Alcoholism & Alcohol
Abuse
194 Washington Avenue
Albany, NY 12210

NEW YORK
Division of Substance Abuse Services
Executive Park South, Box 8200
Albany, NY 12203

NORTH CAROLINA
Alcohol and Drug Abuse Section
Division of Mental Health and
Mental Retardation Services
325 North Salisbury Street
Raleigh, NC 27611

NORTH DAKOTA
Division of Alcoholism & Drug Abuse
Department of Human Services
Professional Building
1839 East Capitol Ave.
Bismark, ND 58501

OHIO
Department of Alcohol & Drug
Addiction Services
Two Nationwide Plaza, 12th Floor
Columbus, OH 43216

OKLAHOMA
Department of Mental Health
P.O. Box 53277 Capitol Station
Oklahoma City, OK 73152

PENNSYLVANIA
Drug & Alcohol Programs
Department of Health
P.O. Box 90
Harrisburg, PA 17108

RHODE ISLAND
Office of Substance Abuse
P.O. Box 20363
Cranston, RI 02920

SOUTH CAROLINA
Commission on Alcohol and Drug
Abuse
3700 Forest Drive
Colombia, SC 29204

SOUTH DAKOTA
Division of Alcohol and Drug Abuse
Kneip Building
700 Governors Drive
Pierre, SD 57501

TENNESSEE
Bureau of Alcohol & Drug Abuse
Services
Department of Health
Cordell Hull Building, Room 255
Nashville, TN 37247

TEXAS
Commission on Alcohol and Drug
Abuse
720 Brazos Street, Suite 403
Austin, TX 78701

UTAH
Department of Social Services
Division of Substance Abuse
P.O. Box 45500
Salt Lake City, UT 84145

VERMONT
Office of Alcohol and Drug Abuse
Programs
103 South Main Street
Waterbury, VT 05676

VIRGINIA
Department of Mental Health, Mental
Ret. & Substance Abuse
P.O. Box 1797
Richmond, VA 23214

WASHINGTON
Division of Alcoholism and Substance
Abuse
Department of Social and Health
Services
Mail Stop OB-21W
Olympia, WA 98504

WEST VIRGINIA
Division of Alcohol & Drug Abuse
State Capitol
1800 Washington Street, East
Room 451
Charleston, WV 25305

WISCONSIN
Office of Alcohol & Drug Abuse
1 West Wilson Street
P.O. Box 7851
Madison, WI 53707

WYOMING
Alcohol and Drug Abuse Programs
Hathaway Building
Cheyenne, WY 82002

AMERICAN SAMOA
Social Services Division Alcohol and
Drug Program
Government of American Samoa
Pago Pago, AS 96799

GUAM
Department of Mental Health and
Substance Abuse
P.O. Box 9400
Tamuning, GU 96911

PUERTO RICO
Department of Anti-Addiction Services
Box 21414, Rio Piedras Station
Rio Piedras, PR 00928

VIRGIN ISLANDS
Division of Mental Health, Alcoholism
and Drug Dependency
Department of Health
Charles Harwood Memorial Hospital
Christianstead, St. Croix VI 00820

# Professional Groups

Alcohol and Drug Abuse Education
Program
U.S. Office of Education
400 Maryland Avenue, SW
Washington, DC 20202

Alcohol and Drug Problems Association
of North America (ADPA)
Suite 1275
1400 I Street, NW
Washington, DC 20005

Alcohol Research Information Services
1106 East Oakland Avenue
Lansing, MI 48906

American Association of School
Administrators
1801 N. Moore Street
Arlington, VA 22209

American Automobile Association
Traffic Safety Services
1000 AAA Drive
Hearthrow, FL 32746

American Coalition for Traffic Safety
(ACTS)
919 18th Street, NW
Suite 1000
Washington, DC 20006

American College of Emergency
Physicians
P.O. Box 619911
Dallas, TX 75261

American Council for Drug Education
Suite 110
204 Monroe Street
Rockville, MD 20850

American Driver and Traffic Safety
Education Association
239 Florida Avenue
Salisbury, MD 21801

American Medical Association
515 N. State Street
Chicago, IL 60610

American Society of Addiction Medicine
5225 Wisconsin Avenue, NW, #409
Washington, DC 20015

American Nurses' Association
Member Services Department
2420 Pershing Road
Kansas City, MO 64108

American Public Health Association
1015 15th Street NW
Washington, DC 20006

American Red Cross
17th and D St., NW
Washington DC 20006

Association for the Advancement of
Health Education
1900 Association Drive
Reston, VA 22091

Drug Enforcement Administration
(DEA)
President's Drug Awareness Campaign
U.S. Department of Justice
Washington, DC 20537

Community Prevention Professional
Education
P.O. Box 11
Center City, MN 50012

Internat'l Association of Chiefs of Police
1110 N. Glebe Road
Arlington, VA 22201

JACS Foundation
(Jewish Alcoholics, Chemically
Dependent and Significant Others)
New York Board of Rabbis
197 E. Broadway
New York, NY 10002

National Association of Alcoholism and
Drug Abuse Counselors
3717 Columbia Pike
Arlington, VA 22204

National Association of Governors'
Highway Safety Representatives
444 North Capitol Street, NW
Suite 530
Washington, DC 20001

National Association of State Alcohol
and Drug Abuse Directors
444 North Capitol St. Suite 642
Washington, D.C. 20001

National Black Alcoholism Council
1629 K Street, NW
Suite 802
Washington, DC 20006

National Clearinghouse for Alcohol and
Drug Information(NCADI)
Box 2345
Rockville, MD 20852

National Counil on Alcohol Problems
706 Fleming Blvd. 218 Sixth Avenue
Des Moines, IA 50309

National Council on Alcoholism (NCA)
12 West 21st Street, 8th Floor
New York, NY 10010

National Extension Homemakers
Council
Route 4, Box 245
Sioux Falls, SD 57107

National Head Injury Foundation
1140 Connecticut Avenue, NW
Suite 812
Washington, DC 20036

National Highway Traffic Safety
Administration
Office of Safety Programs
NTS-21
400 Seventh Street, SW
Washington, DC 20590

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611

National Sheriffs Association
1450 Duke Street
Alexandria, VA 22314

National Transportation Safety Board
800 Independence Avenue, SW
Washington, DC 20594

Office for Substance Abuse Prevention
5600 Fishers Lane, Room 9A-54
Rockville, MD 20857

Pacific Institute for Research &
Evaluation
7315 Wisconsin Avenue
Suite 900E
Bethesda, MD 20814

Roberts, Fitzmahon & Associates
9131 California Avenue, SW
Seattle, WA 98136

Traffic Safety Now, Inc.
c/o Motor Vehicles Manufacturers
        Association
7430 Second Avenue #300
Detroit, MI 48202

The White House
Drug Abuse Policy Office
Washington, DC 20500

Women for Sobriety
P.O. Box 618
Quakertown, PA 18951

# State Highway Safety Offices

**ALABAMA**
Governor's Highway Safety
Representative
Dept. of Economic & Community
Affairs
P.O. Box 5690
401 Adams Avenue
Montgomery, AL 36103-5690
(205) 242-8672

**ALASKA**
Governor's Highway Safety
Representative
Highway Safety Planning Agency
P.O. Box 111200
450 Whittier Street
Juneau, AK 99811
(907) 465-4374

**AMERICAN SAMOA**
Governor's Highway Safety
Representative
Dept. of Public Safety
American Samoa Government
P.O. Box 1086
Pago Pago, AS 96799
011 (684) 633-1111

**ARIZONA**
Administrator
Governor's Office of Highway Safety
3010 North Second Street
Suite 105
Phoenix, AZ 85012
(602) 255-3216

**ARKANSAS**
Coordinator
Traffic Safety Section
State Highway & Transportation Dept.
P.O. Box 2261
11300 Baseline Road
Little Rock, AR 72203-2261
(501) 569-2648

**CALIFORNIA**
Governor's Highway Safety
Representative
Office of Traffic Safety
Business, Transportation & Housing
Agency
7000 Franklin Boulevard
Suite 440
Sacramento, CA 95823
(916) 445-0527

**COLORADO**
Governor's Highway Safety
Representative
Office of Transportation Safety
Dept. of Transportation Safety
4201 East Arkansas Avenue
Denver, CO 80222
(303) 757-9440

**CONNECTICUT**
Governor's Highway Safety
Representative
Dept. of Transportation
Division of Highway Safety
P.O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546
(203) 594-2370

DELAWARE
Governor's Highway Safety
Representative
Dept. of Public Safety
P.O. Box 818
Dover, DE 19903-0818
(302) 739-4321

DISTRICT OF COLUMBIA
Governor's Highway Safety
Representative
Dept. of Public Works
Transportation Safety Branch
Frank D. Reeves Center
2000 14th Street, N.W.
6th Floor
Washington, DC 20009
(202) 939-8000

FLORIDA
Governor's Highway Safety
Representative
Dept. of Transportation
605 Suwanne Street
MS 57
Tallahassee, FL 32399-0450
(904) 922-5820

GEORGIA
Governor's Highway Safety
Representative
The Equitable Building
100 Peachtree Street
Suite 2000
Atlanta, GA 30303
(404) 656-6996

GUAM
Governor's Highway Safety
Representative
Dept. of Public Works
542 North Marine Drive
Tamuning, GU 96911
011 (671) 646-3101

HAWAII
Administrator
Motor Vehicle Safety Office
Dept. of Transportation
1505 Dillingham Boulevard
Room 214
Honolulu, HI 96817
(808) 832-5820

IDAHO
Governor's Highway Safety
Representative
Dept. of Transportation
P. O. Box 7129
3311 West State Street
Boise, ID 83720
(208) 334-8807

ILLINOIS
Governor's Highway Safety
Representative
Dept. of Transportation
Division of Traffic Safety
P.O. Box 19245
3215 Executive Park Drive
Springfield, IL 62794-9245
(217) 782-4972

INDIAN NATIONS
Program Administrator
Indian Highway Safety Program
Bureau of Indian Affairs
P.O. Box 2006
Albuquerque, NM 87103
(505) 766-2863

INDIANA
Office of Traffic Safety
ISTA Building
150 West Market Street
Suite 330
Indianapolis, IN 46204
(317) 232-1299

IOWA
Director
Governor's Traffic Safety Bureau
307 East 7th Street
Des Moines, IA 50319-0248
(515) 281-3907

KANSAS
Administrator
Office of Traffic Safety
Thatcher Building
217 S.E. 4th Street
2nd Floor
Topeka, KS 66603
(913) 296-3756

KENTUCKY
Governor's Highway Safety
Representative
State Police Headquarters
919 Versailles Road
Frankfort, KY 40601-9980
(502) 695-6300

LOUISIANA
Governor's Highway Safety
Representative
Highway Safety Commission
P.O. Box 66336
Baton Rouge, LA 70896
(504) 925-6991

MAINE
Governor's Highway Safety
Representative
Bureau of Highway Safety
State House Station No. 42
Augusta, ME 04333
(207) 624-8756

MARYLAND
Governor's Highway Safety
Representative
State Highway Administration
707 North Calvert Street
Baltimore, MD 21203-0717
(410) 333-1111

MASSACHUSETTS
Governor's Highway Safety
Representative
Governor's Highway Safety Bureau
100 Cambridge Street
Room 2104
Boston, MA 02202
(617) 727-5073

MICHIGAN
Governor's Highway Safety
Representative
Office of Highway Safety Planning
P.O. Box 30633
4000 Collins Road
Lansing, MI 48909-8133
(517) 336-6477

MINNESOTA
Director
Office of Traffic Safety
444 Cedar Street
Suite 100-B
Town Square
St. Paul, MN 55101-2156
(612) 296-3804

MISSISSIPPI
Governor's Highway Safety
Representative
P.O. Box 23039
401 North West Street
8th Floor
Jackson, MS 39225-3039
(601) 359-7880

MISSOURI
Governor's Highway Safety
Representative
Division of Highway Safety
1719 Southridge Drive
Jefferson City, MO 65110
(314) 751-7643

MONTANA
Governor's Highway Safety
Representative
Highway Traffic Safety Division
State Capitol
1301 East Lockey
Helena, MT 59620
(406) 444-3412

NEBRASKA
Administrator
Office of Highway Safety
P.O. Box 94612
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-2515

NEVADA
Office of Traffic Safety
Dept. of Motor Vehicles & Public Safety
555 Wright Way
Carson City, NV 89711-0099
(702) 687-5720

NEW HAMPSHIRE
Governor's Highway Safety
Representative
Highway Safety Agency
Pine Inn Plaza
117 Manchester Street
Concord, NH 03301
(603) 271-2131

NEW JERSEY
Governor's Highway Safety
Representative
Division of Highway Traffic Safety
225 East State Street
CN-048
Trenton, NJ 08625
(609) 633-9300

NEW MEXICO
Bureau Chief
Traffic Safety Bureau
P.O. Box 1149
604 West San Mateo
Santa Fe, NM 87504-1149
(505) 827-0427

NEW YORK
Executive Director
Governor's Traffic Safety Committee
Empire State Plaza
Swan Street Building
Albany, NY 12228
(518) 474-3135

NORTH CAROLINA
Governor's Highway Safety
Representative
215 East Lane Street
Raleigh, NC 27601
(919) 733-3083

NORTH DAKOTA
Governor's Highway Safety
Representative
Dept. of Transportation
603 East Boulevard Avenue
Bismarck, ND 58505-0700
(701) 224-2581

COMMONWEALTH OF THE
NORTHERN MARIANA ISLANDS
Governor's Highway Safety
Representative
Dept. of Public Safety
Commonwealth of The Northern
Mariana Islands
P.O. Box 791
Civic Center; Susupe Village
Saipan, MP 96950
011 (670) 234-8536

OHIO
Deputy Director
Dept. of Public Safety
P.O. Box 7167
240 Parsons Avenue
Columbus, OH 43266-0563
(614) 466-3250

OKLAHOMA
Coordinator
Highway Safety Office
3223 North Lincoln Boulevard
Oklahoma City, OK 73105
(405) 521-3314

OREGON
Governor's Highway Safety
Representative
Traffic Safety Section
State Library Building
4th Floor
Salem, OR 97310
(503) 378-3669

PENNSYLVANIA
Governor's Highway Safety
Representative
Commonwealth of Pennsylvania
1220 Transportation & Safety Building
Harrisburg, PA 17120
(717) 787-6815

PUERTO RICO
Executive Director
Traffic Safety Commission
Box 41289
Minillas Station
Santurce, PR 00940
(809) 723-3590

RHODE ISLAND
Coordinator
Governor's Office of Highway Safety
345 Harris Avenue
Providence, RI 02909
(401) 277-3024

SOUTH CAROLINA
Governor's Highway Safety
Representative
Dept. of Public Safety
5410 Broad River Road
Columbia, SC 29210
(803) 896-7832

SOUTH DAKOTA
Governor's Highway Safety
Representative
Dept. of Commerce and Regulation
State Capitol Building
910 East Sioux
Pierre, SD 57501
(605) 773-3178

TENNESSEE
Governor's Highway Safety
Representative
Dept. of Transportation
James K. Polk State Office Building
505 Deaderick Street
Suite 700
Nashville, TN 37219
(615) 741-2848

TEXAS
Director
Traffic Operations Division
Dept. of Transportation
125 East 11th Street
(D-18STO)
Austin, TX 78701-2483
(512) 416-3200

UTAH
Governor's Highway Safety
Representative
Dept. of Public Safety
4501 South 2700 West
Salt Lake City, UT 84119
(801) 965-4611

VERMONT
Coordinator
Highway Safety Agency
State Street
Montpelier, VT 05602
(802) 828-2665

VIRGINIA
Governor's Highway Safety
Representative
Dept. of Motor Vehicles
P.O. Box 27412
2300 West Broad Street
Richmond, VA 23269-0001
(804) 367-6602

VIRGIN ISLANDS
Governor's Highway Safety
Representative
Virgin Islands Office of Highway Safety
Lagoon Street Complex, Fredriksted
St. Croix, VI 00840
(809) 776-5820

WASHINGTON
Governor's Highway Safety
Representative
Traffic Safety Commission
1000 South Cherry Street
MS/PD-11
Olympia, WA 98504
(206) 753-6197

WEST VIRGINIA
Governor's Highway Safety
Representative
Highway Safety Division
1204 Kanawha Boulevard East
Charleston, WV 25301
(304) 558-8814

WISCONSIN
Governor's Highway Safety
Representative
Dept. of Transportation
P.O. Box 7910
Hill Farms State Office Building
4802 Sheboygan Avenue
Suite 120B
Madison, WI 53707-7910
(608) 266-1113

WYOMING
Governor's Highway Safety
Representative
Highway Safety Program, DOT
P.O. Box 1708
5300 Bishop Boulevard
Cheyenne, WY 82002-9019
(307) 777-4450

# Student Groups

Alateen
Box 182 Madison Square Station
New York, NY 10010

National FFA Organization
National FFA Center
5362 Mt. Vernon Highway
P.O. Box 15160
Alexandria, VA 22309

National 4-H Council
7100 Connecticut Avenue
Chevy Chase, MD 20815

National Student Safety Program(NSSP)
c/o American Driver and Traffic Safety
Education
239 Florida Avenue
Salisbury, MD 21801

Project Graduation
National Highway Traffic Safety
Administration
Department of Transportation
400 Seventh Street, SW NTS-21
Washington, DC 20590

The Peer Resource Education Program
(PREP)
Brenda Stanislawski
Ozaukee Council on Alcohol and Other
Drug Abuse
125 North Franklin St.
Port Washington, WI 53074

# Transportation Libraries

Northwestern University Transportation
Library
1935 Sheridan Rd.
Evanston, IL 60208-2300
(708) 491-5273

Texas Transportation Institute
Library Research Program
Texas A & M University
College Station, TX 77943-3135
(409) 845-1636

Transportation Research Board Library
National Research Council (U.S.)
2101 Constitution Ave. N.W.
Washington, D.C. 20418
(202) 334-2989

University of California, Berkeley
Institute of Transportation Studies
Library
412 McLaughlin Hall
Berkeley, CA 94720
(510) 642-3604

University of Michigan
Transportation Research Institute Library
2901 Baxter Rd.
Ann Arbor, MI 48109
(313) 764-2171

Volpe National Transportation Systems
Center
Technical Reference Center
Kendall Square
Cambridge, MA 02142
(617) 494-2306

## Youth Traffic Safety Advocates

AAA Foundation for Traffic Safety
1440 New York Avenue, N.W.
Suite 201
Washington, DC 20005
(220) 638-5944

Advocates for Highway and Auto Safety
750 First Street, N.E.
Suite 901
Washington, DC 20002
(202) 408-1711

Alliance Against Intoxicated Motorists
(AAIM)
870 Higgins Road
Suite 131
Schaumburg, IL 60173
(708) 697-2246

American Academy of Pediatrics (AAP)
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove, IL 60009-0927
(708) 981-7935

American Automobile Association
(AAA)
1000 AAA Drive
Heathrow, FL 32746-5063
(407) 444-4000

American Coalition for Traffic Safety
(ACTS)
1110 North Glebe Road
Suite 1020
Arlington, VA 22201
(703) 243-7501

American Council for Drug Education
204 Monroe Street
Suite 110
Rockville, MD 20850
(301) 294-0600

American Probation and Parole
Association
P.O. Box 11910
Lexington, KY 40578
(606) 244-8215

American School Health Association
(ASHA)
Maternal and Child Health Bureau
5600 Fishers Lane
Room 18A 34
Rockville, MD 20857
(301) 443-4026

Association of Asian/Pacific Community
Health Organizations (AAPCHO)
1212 Broadway
Suite 730
Oakland, CA 94612
(510) 272-9536

Boys and Girls Clubs of America
1230 West Peach Tree Street
Atlanta, GA 30309
(404) 815-5700

Boy Scouts Explorers
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015
(241) 580-2000

Center for Substance Abuse Prevention
(SAMHSA/CSAP)
5600 Fishers Lane
Rockwall II
Suite 800
Rockville, MD 20857
(301) 443-9936

Children's Safety Network (CSN)
2000 15th Street, N.W.
Suite 701
Arlington, VA 22201
(703) 524-7802

Circle K International
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268
(317) 875-8755

CSAP's National Clearinghouse for
Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686

D.A.R.E. America
P.O. Box 3108
Oakton, VA 22124
(703) 860-3273

DECA
1908 Association Drive
Reston, VA 22091
(703) 860-5000

Department of Education
600 Independence Avenue, S.W.
The Portals
Suite 4500
Washington, DC 20202-6140
(202) 260-2840

Department of Justice, Office of Juvenile
Justice and Delinquency Prevention
(OJJDP)
633 Indiana Avenue, N.W.
Washington, DC 20531
(202) 307-5914

Emergency Medical Services for
Children (EMSC)
National Resource Center
Children's National Medical Center
111 Michigan Avenue, N.W.
Washington, DC 20010
(301) 650-8143

Emergency Medical Services for
Children (EMSC)
National EMSC Resource Alliance
(NERA)
1124 West Carson Street
Building N-7
Torrance, CA 90502
(310) 328-0720

Emergency Nurses Association (ENA)
3345 Runnymede Place, N.W.
Washington, DC 20015
(202) 364-2461

Emergency Nurses Cancel Alcohol
Related Emergencies (EN C.A.R.E.)
1515 Jefferson Davis Highway
#911
Arlington, VA 22202
(202) 366-2683

4-H Extension Service
U.S. Department of Agriculture
South Building
CSREES Room 3444
Washington, DC 20250-0925
(202) 720-8857

Future Farmers of America (FFA)
National FFA Center
5632 Mount Vernon Memorial Highway
P.O. Box 15160
Alexandria, VA 22309-0160
(703) 360-3600

Future Homemakers of America
(FHA/HERO)
1910 Association Drive
Reston, VA 22091
(703) 476-4900

International Association of Chiefs of
Police
515 North Washington Street
Alexandria, VA 22314-2357
(703) 836-6767

Insurance Institute for Highway Safety
(IIHS)
1005 North Glebe Road
Suite 800
Arlington, VA 22201
(703) 247-1500

Just Say No International
2101 Webster Street
Suite 1300
Oakland, CA 94612
(800) 258-2766

Key Club
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268
(317) 875-8755

Mothers Against Drunk Driving
(MADD)
511 East John Carpenter Freeway
Suite 700
Irving, TX 75062
(214) 744-MADD

National Association for Native
American Children of Alcoholics
1402 3rd Avenue
Suite 1110
Seattle, WA 98101
(206) 467-7686

National Association of Governor's
Highway Safety Representatives
(NAGHSR)
750 First Street, N.E.
Suite 720
Washington, DC 20002
(202) 789-0942

National Association of School Resource
Officers (NASRO)
4222 Old Dominion Road
Orlando, FL 32812
(407) 859-2196

National Association of State Alcohol
and Drug Abuse Directors (NASADAD)
444 North Capitol Street, N.W.
Suite 642
Washington, DC 20001
(202) 783-6868

National Association of Student
Councils (NASC)
National Association of Secondary
School Principals
1904 Association Drive
Reston, VA 22091-1537
(703) 860-0200

National Association of Teen Institutes
(NATI)
1800 North Meridian Street
Suite 402
Indianapolis, IN 46202
(317) 926-6100

National Black Alcoholism Council, Inc.
(NBAC)
1629 K Street, N.W.
Suite 802
Washington, DC 20006
(202) 296-2696

National Coalition to Prevent Impaired
Driving (NCPID)
313 East Anderson Lane
Building III
Suite 101
Austin, TX 78752
(512) 452-0141

National Commission Against Drunk
Driving (NCADD)
710 11th Avenue
Suite 215
Greeley, CO 80631
(800) 972-4636

National Council of Juvenile and Family
Court Judges
University of Nevada
P.O. Box 8970
Reno, NV 89507
(702) 784-1663

National Council on Alcoholism and
Drug Dependence, Inc. (NCADD)
12 West 21st Street
7th Floor
New York, NY 10010
(212) 206-6770 or (800) 622-2255

National PTA
330 North Wabash Avenue
Suite 2100
Chicago, IL 60611-3690
(312) 670-6782

National Safety Council (NSC)
1019 19th Street, N.W.
Suite 401
Washington, DC 20036
(202) 293-2270

National SAFE KIDS Campaign
111 Michigan Avenue, N.W.
Washington, DC 20010-2070
(202) 884-4993

National School Health Education
Coalition (NSHEC)
1400 Eye Street, N.W.
Suite 520
Washington, DC 20005
(202) 408-0222

National Sheriffs' Association
1450 Duke Street
Alexandria, VA 22314
(703) 836-7827

National Student Safety Program
(NSSP)
American Driver & Traffic Safety
Education Association (ADTSEA)
Highway Safety Center
Indiana University of Pennsylvania
Indiana, PA 15705-1092
(412) 357-4051

Network of Employers for Traffic Safety
(NETS)
1900 L. Street, N.W.
Suite 705
Washington, DC 20036
(202) 452-6005

Remove Intoxicated Drivers (RID) USA,
Inc.
P.O. Box 520
Schenectady, NY 12301
(518) 393-4357

Students Against Driving Drunk
(SADD)
P.O. Box 800
Marlboro, MA 01752
(508) 481-3568

Urban Youth Coalition
1253 Clinton Avenue
Irvington High School
Irvington, NJ 07111
(201) 399-6918