

Together We Can Help Prevent Alcohol-Impaired Driving

U.S. Department of Justice
National Institute of Justice

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Sponsored by
National Institute on Alcohol Abuse and Alcoholism
National Highway Traffic Safety Administration

In cooperation with
National Association of State Alcohol and Drug Abuse Directors
tional Association of Governors' Highway Safety Representatives

SPECIAL NOTE

First, we would like to extend to you and yours a very safe and healthy holiday season.

Second, we would like to thank the State Alcohol and Drug Abuse and Highway Safety staff who sent in ideas for National Drunk and Drugged Driving Awareness Week. All those that were received as new or updated items are included in this year's edition of the guide. We are aware that this publication does not include all the ongoing alcohol-impaired driving activities in the States, but we hope it provides a broad sampling.

We encourage you to submit your ideas and activities for next year's publication (see last page). We will continue to expand this activity booklet to make next year's effort as comprehensive as possible.

The ideas that were submitted are exciting and should serve to raise national awareness about the problems associated with drinking alcohol or taking other drugs and driving.

Throughout the booklet, you will note that the term "alcohol-impaired" is used instead of the word "drunk." This is important because it is a well known fact that impairment can occur long before a person is intoxicated. This is especially true for young people.

Also included in this booklet is a list of State Alcohol and Drug Agency Directors, State Prevention Representatives, Governors' Highway Safety Representatives, and, in some cases, their Coordinators. Appreciation is extended to the National Association of State Alcohol and Drug Abuse Directors and the National Association of Governors' Highway Safety Representatives for providing these lists. These people can provide valuable expertise in the area of alcohol-impaired driving and its prevention.

Our best wishes in your efforts to prevent alcohol-impaired and drugged driving crashes/accidents and fatalities.

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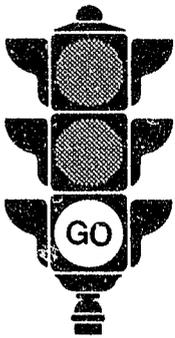
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ACQUISITIONS



THE "COMMUNITY" RESPONSE

TO DRUNK AND DRUGGED DRIVING PROBLEMS

People are rediscovering the great power they have to solve their own problems. Alcohol-impaired and drugged driving accidents and fatalities are one of the greatest problems facing every community in the Nation. The consequences for youth and others are devastating. Every day 11 young Americans die in alcohol-related traffic crashes.

It is important for all parts of the community to come together to address the many factors and causes underlying alcohol and other drug abuse, with special emphasis on promoting safety on our highways. This is one of the reasons that this document was prepared as a collaborative effort by the National Institute on Alcohol Abuse and Alcoholism and the National Highway Traffic Safety Administration, with the National Association of State Alcohol and Drug Abuse Directors and the National Association of Governors' Highway Safety Representatives who provided many ideas for inclusion under each prevention strategy listed in the booklet.

We would like to take this opportunity to thank all of those who provided guidance, suggestions, and ideas for inclusion in this booklet, including the National Institute on Drug Abuse.

We have defined five critical strategies which must work together to prevent alcohol and other drug-related crashes and fatalities:

COMMUNITY

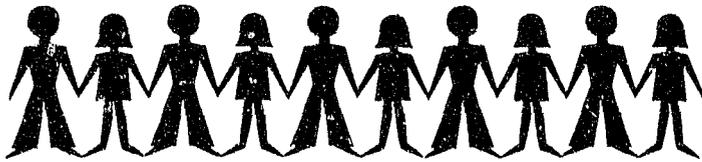
YOUTH

PARENT AND FAMILY

WORKPLACE

SERVER EDUCATION

Others, especially the mass media, can help to reinforce these efforts to ensure that the results are sustained and to announce opportunities for involvement by all those concerned with this tremendous problem.



COMMUNITY STRATEGIES

Developing community projects to prevent alcohol- and other drug-related driving crashes and deaths involves many segments of the community--civic, youth, and voluntary organizations, industry, government, the media, and law enforcement and judiciary segments. You may want to consider some of the following ideas for action.

1. **LOCAL TASK FORCES** Communities can petition local governments to form official task forces to assess the range of alcohol and drug-related driving problems. Task forces then can make recommendations for solving the problem at the community level. You may want to include youth on the task forces so that they become part of the solution.

Community Coalitions - In Kansas, coalitions of concerned community people provide a crucial forum for the sharing of ideas and perceptions about issues related to alcohol and other drugs in the community. Local task forces develop programs for specific populations (i.e. youth, elderly), sponsor non-alcoholic beverage (NAB) contests or parties, and identify funding sources for programs. (Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, 2700 West Sixth Street, Eiddle Building, Topeka, KS 66606; 913-296-3925)

Comprehensive Program - In Sebastian County, Arizona, a task force of interested citizens joined together in 1982 to solve the serious alcohol-impaired driving problem in their area. At that time, Sebastian County ranked second in the State in alcohol-related fatal and serious injury crashes. The task force--comprised of the municipal judge, circuit court judge, police chief, sheriff, city attorney, State police district commander, and mental health center director--directed an intensive needs assessment of the systems, developed a court tracking and case management system, and a work release program, increased enforcement efforts, and started a REDDI (Report Every Drunk Driver Immediately) program. They also worked with local media and merchants to establish a massive public information campaign. As a result of this program, there were no alcohol-related highway fatalities in Sebastian County in 1983. (Office of Highway Safety, 1801 W. Jefferson St., Room 465, Phoenix, AZ 85007)

Local Task Force Coalition - New Jersey's coalition of 14 local task forces keep their statewide coalition going and share information through a new quarterly newsletter entitled, "Road Stand," and through statewide annual conferences. The Drunk Driving Task Forces' activities include enforcement, education,

legislation, community awareness, and rehabilitation/treatment. Contributing to the success of these groups is the active involvement of a number of individuals and groups. (New Jersey Office of Highway Safety, C.N. 048 Stuyvesant Avenue, Trenton, NJ 08625)

2. SOCIAL POLICIES, LAWS, AND REGULATIONS Communities need to develop policies and norms that provide consistent messages about alcohol and other drugs. For instance, in States where the minimum drinking age is 21, it is inconsistent for college campuses to keep policies that allow for drinking of alcoholic beverages by those under the minimum legal drinking age. This consistency requires considerable cooperation among parents, schools, law enforcement agencies, and the private sector. Also, it should include consideration of appropriate behavior and role modeling by adults for youth.

Hearings - In South Carolina, hearings are being held across the State to restrict issuing new beer and wine licenses. A survey showed that young people use beer more than other drugs, and that 9 out of 10 students who use other substances started by drinking beer. Recent legislation raised the drinking age from 19 to 21, effective September 14, 1986. (South Carolina Commission on Alcohol and Drug Abuse, 3700 Forest Drive, Columbia, SC 29204; 803-758-2521 and The Governor's Office of Highway Safety Programs, Division of Public Safety Programs, 1205 Pendleton Street, Columbia, SC 29201; 803-758-2237)

Legislative Approaches - The State of Maine has developed several unique legislative approaches to prevention. They include a law directed at teenagers who face a possible one-year suspension of their licenses if they are tested and found to have a Blood Alcohol Content above 0.02 percent by weight; a law allowing for administrative suspension of a person's license at the time of the filing of charges with the Secretary of State; and mandatory attendance at the education/intervention sessions conducted by the Driver Education Evaluation Program. (Maine Department of Human Services, State House Station #11, Augusta, ME 04333; 207-289-2781)

Education About Administrative Consequences - The Colorado Department of Health has developed materials to educate Certified Colorado Alcohol Evaluators and the public about the administrative consequences of an alcohol-related driving conviction since research has found that the restriction of driving privileges in Colorado is a strong deterrent to further drinking and driving. (Colorado Department of Health, 4210 East 11th Avenue, Denver, CO 80220; 303-331-8211)

Enforcement - Two breath-alcohol testing mobile units (Batmobiles) valued at \$100,000 were acquired through the fund-raising efforts of local citizens and the business community in Orange County, Florida. These people, working in harmony for the good of the community, (along with an original equipment manufacturer), made this state-of-the-art equipment available to assist law enforcement officers in their efforts to combat the drinking and impaired driver. The Mothers Against Drunk Drivers (MADD) chapter in Omaha, Nebraska also supported fundraising activities to purchase equipment for their police department. (Governors' Highway Safety Representative, Department of Community Affairs, 2571 Executive Center Circle East, Tallahassee, FL 32301-8244 or Nebraska Highway Safety Program Office, State House Station 94612, Lincoln, NE 68509)

"Liquor Commission Notification of DUI" (Driving-Under-the-Influence) - A program that brought quick results and considerable publicity is the Honolulu, Hawaii Police Department's "Liquor Commission Notification of DUI." At the time of arrest, the intoxicated driver is asked where he or she was last served alcoholic beverages. The Liquor Commission is notified and follows up to judge if the law was violated. This followup has made bar and restaurant owners very cautious about serving alcohol to intoxicated individuals. Additionally, a new requirement states that a licensed manager must be on the premises at all times. DUI questions have been included in the exam to license managers. Finally, the Liquor Commissioner has participated in numerous seminars, forums, and educational programs to convey the seriousness of responsible serving by management. (Hawaii Department of Transportation, 869 Punchbowl St., Honolulu, HI 96813; 808-548-4655)

Campaign Theme Preventing Sales to/for Minors - The message, "Please - don't buy it for kids-just say no," is the theme of a campaign preventing alcohol sales to and for minors. This campaign is sponsored by the local hospitality industry members of the Kent, Washington Drinking Driver Task Force and includes participating businesses such as City Beverage Distributors, Miller Brands, Southland Corporation, Ad Lib Tavern, Virginia Tavern, and other restaurants. "Don't Buy It For Kids" information will be distributed to retail accounts. Employees of a food center chain are trained to check for valid identification and to watch for youth asking adults to purchase alcohol for them. Southland requires employees to request identification from individuals appearing to be less than 25 years of age. All of the participating restaurants and taverns strictly enforce identification checks. (Washington Traffic Safety Commission, 1000 S. Cherry Road, PD-11, Olympia, WA 98504; 206-753-6197)

3. **NETWORKING** With many public and private community groups becoming involved in prevention, it is critical for organizations to work together to develop consistent solutions with a wide scope. Effective local networks can be a means for making the

most of available resources. For instance, a voluntary group may write a pamphlet or develop a program and a local business might fund the effort if they work together.

Joint Campaigns - In Alabama, the National Council on Alcoholism, with the Alabama Department of Public Safety, the State Safety Coordinating Committee, the Department of Mental Health, the Alabama Jaycees, and the Alabama Beer and Wine Wholesales Association jointly developed and implemented a public education campaign entitled, S.O.B.E.R.--Slow on the Bottle, Enjoy the Road. The campaign featured a kickoff press conference, local television and radio talk show appearances, billboards, bumper stickers, statement stuffers distributed by banks and utilities in their monthly billings, and campaign buttons distributed through driver education classes. (National Council on Alcoholism, Alabama Division, 1116 South Hull St., Montgomery, AL 36104; 205-262-7401)

"Kansas Continuum" - This newsletter contains information covering a wide range of prevention, intervention, and treatment news designed to encourage networking. One edition carried articles on school team training approaches, drinking myths, the Kansas Association of Broadcasters, employee assistance programs, children of alcoholics, communicating with youth, the Kansas Teen Institute, etc. (Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, Riddle Building, 2700 West Sixth Street, Topeka, KS 66606; 913-296-3925)

Breakfast Meetings - In Arizona, the highway safety office invited the top corporations in the State to a breakfast. A formal presentation was given showing the need for a comprehensive public information campaign. Rough sketches of media materials were shown, and the businesses were asked to sponsor items for the campaign. Twenty-three percent of the businesses participated in the successful campaign. They launched the program with a press conference which was covered by all major media. (Office of Highway Safety, 1801 W. Jefferson St., Rm. 465, Phoenix, AZ 85007)

Statewide Effort - A unique twist to networking to reduce impaired driving occurred in the State of Washington through the Washington State Interagency Committee on Alcohol and Traffic Safety (IAC) in 1982. This body, consisting of State representatives, reviewed existing alcohol laws and formulated policies and plans to be implemented in Washington to reduce drunk driving. They developed a comprehensive program, identified roles of different member agencies, and directed specific actions for these agencies. The IAC now works with the Washington Traffic Safety Commission in implementing activities in six major areas: public officials driving-while-intoxicated (DWI) awareness, youthful drivers, citizen involvement to influence drinking drivers, business and industry, professional community, and problem drivers.

The program attempts to reach people where they work and play, at school and in their homes. Six subcommittees form the IAC, in each above-mentioned area, and have specific goals and objectives. Recently the 16 coordinators of local DWI Task Forces joined the IAC and the Washington Traffic Safety Commission's efforts to support a single Statewide theme for Washington State residents. (Washington Traffic Safety Commission, 1000 S. Cherry Road, PD-11, Olympia, WA 98504)

Celebrity Endorsement of Campaign - Dionne Warwick, native of New Jersey, has become the first spokesperson for their S.O.B.E.R. campaign. Slow on the Bottle, Enjoy the Road (for adults) and Stay Off the Bottle, Enjoy the Road (for those under 21) are slogans for a public awareness campaign stressing positive alternatives to drinking and driving. The Office of Highway Safety and the New Jersey Licensed Beverage Association distributed a party pack which includes a responsible party planner, a driving-while-intoxicated (DWI) penalties card, a bumper sticker, cocktail napkins, stirrers, and designated driver cards. The S.O.B.E.R. message also is prominent along the New Jersey coastline, where it is brightly lit on a boat donated by Atlantic Supersign. (New Jersey Office of Highway Safety, C.N. 048, Stuyvesant Ave., Trenton, NJ 08625)

4. **YOUTH ORGANIZATIONS** Youth programs aimed at reducing alcohol- and drug-related traffic crashes and deaths are increasing. Many of these organizations stress positive peer pressure to promote alcohol- and drug-free social activities. Many of these groups focus on preventing drinking and drugged driving crashes by providing alternative activities for teenagers at night and on weekends, such as alcohol-free dances featuring live bands, and supervised camping and field trips.

"Residential" Programs - The Northeastern Ohio Regional Council on Alcoholism, Inc. and the Ohio Department of Highway Safety offers a two day "residential" course for teenagers who have already been trained in the State of Ohio's Teenage Institute for the Prevention of Alcohol and Other Drug Abuse. The course is coordinated with local groups such as Mothers Against Drunk Drivers. As a result of the course, students have developed and distributed information cards in every tuxedo rented in the area on prom and graduation night, performed psychodramas for their peers showing how to resist peer pressure, arranged assemblies for their schools, and other activities. A systematic, comprehensive approach to prevention is stressed. (Northeastern Ohio Regional Council on Alcoholism, Inc., 4959 Mahoning Ave., Youngstown, OH 44515; 216-793-9811)

5. **MEDIA** Local TV, radio, and newspaper operators can contribute positively or negatively to attitudes, perceptions, and knowledge about the effects of alcohol and other drugs on driving skills.

Local newspapers and radio and television stations can be encouraged to make alcohol and other drugs less glamorous and appealing as well as provide current and accurate information. For instance, they can be made more sensitive to programs and ads which depict alcohol and other drug use as an answer for stress or solving problems. Establishing good working relationships with the media can influence editorial policies and media coverage on alcohol- and drug-related traffic accidents. Communities can produce public service announcements and related campaign materials in support of other community prevention programs. The media has the potential for reinforcing and sustaining prevention efforts.

Non-Alcoholic Beverage (NAB) Campaign - Alcohol and Drug Abuse Services of the Kansas Department of Social and Rehabilitation Services launched a Statewide campaign on television and radio to stress that non-alcoholic beverages are an acceptable alternative to drinking alcoholic beverages. The campaign is supplemented with "Bartender Guides" which offer appealing non-alcoholic beverage recipes*, buttons such as the one that reads, "Make the One for the Road a NAB," and a variety of other materials. (Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, 2700 West Sixth, Biddle Building Topeka, KS 66606; 913-296-3925)

* The Alcohol and Drug Abuse Prevention Center in Wichita, Kansas has graciously provided multiple copies of the Bartender Guides available through the National Institute on Alcohol Abuse and Alcoholism. For a free copy, write to the National Clearinghouse for Alcohol Information, Box 2345, Rockville, MD 20852.

"Substance Abuse Awareness" Campaign The Missouri Advisory Council on Alcohol and Drug Abuse conducts an annual Substance Abuse Awareness Campaign. This year's campaign focused on drinking and driving--a devastating duo, and featured scripts for radio public service announcements and a series of newspaper articles. (Department of Mental Health, 2002 Missouri Blvd., P.O. Box 687, Jefferson City, MO 65102; 314-751-4942)

Other Campaigns - Over the years, many campaigns have been conducted. Some of the themes are listed here to provide further ideas--Friends Don't Let Friends Drive Drunk; Too Often It's The People Who Don't Drink Who Get Smashed; Get the Problem Drinker Off the Road--For His Sake and Yours; Fred Can Really Hold His Liquor--Too Bad for Fred; If you Need a Drink to be Social, That's Not Social Drinking; Talk A Problem Drinker Out of Driving; Let's Keep Our Friends Alive; The Silent Treatment is the Worst Treatment for the Disease of Alcoholism; Sobering Advice Can Save a Life; etc.

Drunk Driving Awareness Month - In 1984, Delaware conducted comprehensive awareness activities during the entire month of

December. In a concerted, vigorous manner, the following indicate a selection of numerous projects undertaken: State mail and employee paychecks franked with messages, information displayed at banks and post offices by high school students, banners displayed at gas stations, worksite programs initiated, print and electronic messages communicated, 5,000 party kits distributed, driving-under-the-influence (DUI) exhibits displayed at major malls, press conferences conducted, sobriety checkpoints conducted, and ads run asking parents to prohibit consumption by minors. In large part, these activities were conducted by local DUI task forces, citizen activist groups, and students. (Delaware Department of Public Safety, Office of Highway Safety, Suite 363, Thomas Collins Bldg., 540 S. Dupont Highway on Water St., Dover, DE 19901; 302-736-4475)

6. **SAFE RIDES** Use of alternative transportation systems for adults can be encouraged. Some examples are Dial-A-Ride, Safe Rides, and Call-A-Cab. You can work with local businesses, taxi companies, radio and television stations, and with local service groups to promote this activity in your community. Promote the "designated driver" concept--one who does not drink--for parties, outings, and other events. This has been a successful long-term prevention practice in foreign countries and is becoming more and more frequent in the United States.

Safe Rides - The United States Jaycees, with the Wine and Spirits Association of America, offers a safe rides program through the holiday season. (United States Jaycees, P.O. Box 7, Four West 21st St., Tulsa, OK 74121)

"The Designated Driver: Being A Friend" - The National Safety Council is expanding their "designated driver" campaign, initiated in December 1984. This year's effort includes a "designated driver" kit. The theme encourages adults to use alternative methods of transportation if they have been drinking. (National Safety Council, 444 North Michigan Avenue, Chicago IL 60611; 312-527-4800)

7. **TAX LAWS** Some States are exploring options for raising funds for prevention, enforcement, and rehabilitation programs through excise taxes on alcohol and other ways such as through increasing fees and fines for an offense and using the funds for prevention efforts.

Increasing Taxes - New Jersey and Utah increased their taxes on alcoholic beverages by providing substantial funds for alcohol programs. Utah provided more than 4 million dollars to cities and counties for anti-drunk driving programs. New Jersey raised 11 million dollars dedicated to alcohol education, rehabilitation, and enforcement programs. (Division of Motor Vehicles, State of New Jersey, 25 S. Montgomery St., Trenton, NJ 08666; 609-292-4570 and Commissioner of Public Safety, 4501 South 2700 West, Salt Lake City, UT 84119; 801-965-4461)

Raising Funds Through Increased Fees - New York redistributes all driving-while-intoxicated (DWI) fine revenues back to the counties for DWI alcohol counter-measure programs. These funds are used only for alcohol program efforts. New York raises over 11 million dollars per year. (Governor's Highway Safety Representative, Swan Street Building-Empire State Plaza, Albany, NY 12228; 518-474-0841)

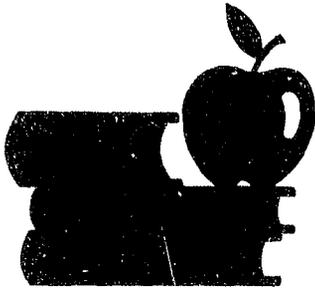
8. **COMMUNITY-BASED COUNSELING** Community agencies may offer a range of educational, early intervention, and treatment services. The services should focus on preventing alcohol- and drug-related problems such as truancy, poor school performance, depression, and violence. Student assistance programs and self-help groups have been found to be useful for young people.

Day Treatment Center for Youth - The Eagleville Hospital in Pennsylvania operates a day treatment center for 12 to 18 year olds who are having problems in the school system or with their families, or who are under the jurisdiction of the criminal justice system. These youngsters are at high risk for developing alcohol and other drug problems and some already have such problems. This is part of a research effort and is thought to provide an alternative to high school counseling programs, incarceration, or inpatient treatment for many young people. (Eagleville Hospital, P.O. Box 45, Eagleville, PA 19408)

9. **HEALTH PROMOTION** Many people have developed health values that communities may capitalize upon for the prevention of drug, alcohol, and other problems. There is renewed interest in health and, because of many drinking and driving prevention programs, an increased interest in safety. High risk alcohol choices are not compatible with the new lifestyles. Highlighting community action can include messages aimed to prevent alcohol-impaired and drugged driving.

10. **SAFETY MESSAGES** The message that wearing a safety belt can be effective protection against serious injury or death should be included in all educational and outreach activities.

Posters for Gas Stations - New Hampshire borrowed the original idea from Minnesota--borrowed poster negatives from the Department of Transportation--obtained endorsement from the Association of Gasoline Retailers--and is borrowing members of Students Against Driving Drunk (SADD) to distribute the posters--to launch a campaign with the theme, "Wouldn't It Be A Pain To Lose Your Driver's License? In New Hampshire, It's Getting Tough for Drunk Drivers." SADD members also will distribute "DWI is Dumb" bumper stickers. (Department of Health and Welfare, Office of Alcohol and Drug Abuse Prevention, Hazen Drive, Concord, NH 03301; 603-271-4627)



YOUTH STRATEGIES

Doing something about alcohol and other drugs in the schools is a big job. But individuals do not have to do it alone. By working together, parents, school administrators, town or city officials, professionals, and other concerned citizens can make a difference. Once implemented, any program should be reviewed regularly by school administrators to ensure it meets the needs of the community. Here are a few ideas for action.

1. SCHOOL POLICIES To help prevent alcohol-impaired and drugged driving crashes, clear policies regarding the use and possession of alcohol and other drugs both on and off school property are critical. Parents, school officials, students, law enforcement officials, and alcohol and other drug professionals should all be involved in the development of the policies to ensure their effectiveness. School policies can address issues such as enforcement of rules, referrals for treatment when appropriate, and the comprehensiveness of educational curricula. To have the greatest impact--once they are put in place--these policies should be fairly and uniformly enforced.

Model School Policy - Pennsylvania and Maryland have developed model school policies dealing with educational prevention programs, teacher training, rights of students, referral and treatment, emergency health care, roles of school staff, disciplinary actions, liaison with law enforcement agencies, student, parent, and community involvement, and other important issues. (ENCORE, P.O. Box 2773, Harrisburg, PA, 17105 and Maryland State Department of Education, Division of Instruction, 200 West Baltimore St., Baltimore, MD 21201)

2. POSITIVE PEER PROGRAMS These programs use student peers as role models, facilitators, helpers, and leaders for other school-age children, particularly in grade 7-12. They can be targeted to alcohol- and drug-related accidents or they can be general alcohol/drug education programs. For example, they can provide help to young people who are experiencing problems, who are undergoing normal adolescent stresses and want to confide in someone, and who want to participate in school and community service activities. School administrators must be prepared to provide extensive support and guidance in order to ensure successful implementation of peer programs.

Natural Helpers - Started in Seattle, Washington, the Natural Helpers Program is based on the premise that students with problems naturally seek out other students--and occasionally teachers or other school staff. The Natural Helpers Program uses this existing helping network and provides training to students and adults who are already serving as informal helpers. It gives them the skills they need to more effectively help young people who seek them out. (Natural Helpers Program, 9131 California Avenue, S.W., Seattle, WA 98136; 206-932-8409)

3. **PEER RESISTANCE PROGRAMS** Peer resistance or "saying no" programs have been developed to teach young people (primarily those in grades 7-10) to resist peer pressure to use cigarettes, alcohol, and marijuana. These programs generally help students learn that the use of these substances is not nearly as common as they perceive, that "everybody" is **not** doing it, and that there are clear ways to say "no" when these substances are offered or made available. Specific techniques include role modeling, videotaped practice in saying "no," assertiveness training, public commitments not to use psychoactive substances, and understanding methods that promote cigarette and alcohol use. Such programs can help to reduce fatalities and injuries resulting from alcohol and other drug use.

Saying No Programs - Behavioral technologies for prevention are underway across the country to train people to say "no" to harmful substances. These approaches derived from successful smoking prevention strategies and relevant social psychological and behavioral theory and findings. (Health Behavior Research Institute, University of Southern California, 1985 Zonal Avenue, Los Angeles, CA 90033) These efforts are being supported by the media. During the last few years, the National Institute on Alcohol Abuse and Alcoholism released a campaign with the theme, "How Do You Say No to a Drink--Anyway You Want to," and the National Institute on Drug Abuse released a campaign with the theme, "Just Say No." "Just Say No" Clubs have sprung up around the country.

Students Against Drinking and Driving (SADD) Program in Delaware Promotes Alcohol-Free Lifestyles - Members of SADD have written and produced public service announcements; developed alcohol-free safe driving banners (4' x 20'); hosted booths; developed a curriculum; hosted an "awareness day" prior to their prom; participated in a "Facial White-Out," representing the staggering statistics that someone is killed every 23 minutes by an alcohol-impaired driver; prepared articles for their weekly newspaper; composed a song; conducted a "Youth Alcohol Awareness Conference;" conducted surveys; and prepared reports to demonstrate the need for continued prevention education for young high school students in an attempt to change social acceptance of alcohol use. (Delaware SADD, The Resource Center of the YMCA, 1137 S. State St., Dover, DE 19901)

"Resisting Pressures to Drink and Drive" - This video program for junior and senior high school students was produced by Nebraska Educational Television under a contract with the Division of Alcoholism and Drug Abuse. The program deals with the facts, pressures, softer strategies, stronger strategies, and alternatives. (Alcoholism/Drug Abuse Division, Box 94728, Lincoln, NE 68509; 402-471-2851)

4. ALCOHOL, DRUG, AND SAFETY INFORMATION PROGRAMS These programs vary widely and are designed to provide accurate and current information about alcohol, other drugs, and safety to raise awareness about the potential consequences associated with the use in relation to highway safety and other issues. Also included is information about the impact of advertising, realistic information about the actual extent of alcohol and other drug use, facts about highway safety, and information about genetic/environmental predisposition to alcoholism. These programs may be taught by a variety of people--health educators, teachers, volunteers from the recovering community, health care providers, safety specialists, and others.

ROADD (Reduce Our Adolescent Drinking and Driving) - The ROADD program in Westchester County, New York, is an education program aimed at preventing drinking and driving among high school students. ROADD is funded entirely by Westchester County's Stop-DWI program, which in turn receives moneys from the fines of convicted drunk drivers. The program consists of a six-session educational series for juniors and seniors, usually presented as part of the health or physical education curricula. ROADD is an adjunct to the Student Assistance Program (SAP) in Westchester County. ROADD Health Educators identify and refer problem drinkers, drug abusers, or children of alcohol or drug abusing parents to the SAP. They also are available to assist any in-school drinking and driving activities and community groups. (ROADD, 228 Fisher Avenue, White Plains, NY 10606; 914-997-7277)

"Friday Night Live" - The Alaska Council on Prevention of Alcohol and Drug Abuse, in cooperation with Diamond High School in Anchorage, sponsored a drinking/driving spectacular, "Friday Night Live." The activity included a 12-minute slide presentation using 9 slide projectors and an 8 by 24 foot screen and speakers from the Anchorage Police Department and Mothers Against Drunk Drivers. Students are encouraged to form a Youth Drinking and Driving Task Force that will explore becoming part of the solution. (Alaska Council on Prevention of Alcohol and Drug Abuse, Inc., 7521 Old Seward Highway, Anchorage, AK 99502; 907-349-6602)

Awareness Materials - Staff of the Division of Alcohol and Drug Abuse and the Governor's Highway Safety Program in Mississippi developed alcohol- and drug-impaired driving awareness materials with input from a State parent group organization DREAM (Drug Research and Education Association in Mississippi), and the

Mississippi Highway Patrol. Community alcohol and drug abuse coordinators distributed letters signed by the Governor to school principals, colleges, and radio stations. Materials sent included fact sheets, resource lists, posters, and live announcer copy for radio spots. (Mississippi Department of Mental Health, Division of Alcohol and Drug Abuse, 1102 Robert E. Lee Building, Jackson, MS 39201; 602-359-1297)

News Articles - The State of Rhode Island encourages school newspaper editors to editorialize about alcohol-impaired driving and work with their school coordinators network to disseminate copies of Peggy Mann's article, "Driving on Drink and Pot," to local prevention and treatment programs. (Rhode Island Department of Mental Health, Mental Retardation and Hospitals, Division of Substance Abuse, Substance Abuse Building, Cranston, RI 02920; 401-464-2091)

Placemat Aimed at Students - The State of Iowa developed a placemat which is directly aimed at students. Local prevention specialists and community groups in Iowa distributed over 10,000 copies for use in fast food and other family restaurants. The placemats also were reprinted by others, including the State of Maine Alcohol and Drug Clearinghouse which distributed 500,000 copies. (Iowa Department of Substance Abuse, 507 10th Street, Colony Building, Suite 500, Des Moines, IA 50319; 515-281-3641)

IS IT WORTH THE PRICE?

Being arrested for drunk driving is very expensive. After adding attorney fees and the increased cost of auto insurance after a drunk driving arrest, Marion High School students figured it would cost them a minimum of \$3,200 to be arrested. Here is a list of what students can buy with \$3,200.

One year of college	400 albums or tapes	80 pairs of shoes	2,660 gal. of gas	119 pairs of jeans		
Two-fifths of a new car	9,143 candy bars	2,286 fast-food hamburgers	12,800 arcade video games	914 movies	246 concerts	2,133 school activities
3,555½ school lunches	6,400 doughnuts	64 ski trips (\$50 per trip)	17.8 portable stereos	6,400 soft drinks	324.9 pizzas	376½ haircuts

Gazette Graphics

5. **COMPREHENSIVE PROGRAMS INCLUDING CURRICULA** Many curricula and materials attempt to increase students' knowledge about their own health and safety as well as to help students assess their feelings and values. Such programs often emphasize communication skills, understanding and improving decisionmaking, and enhancing self-esteem. They may be specific to different drugs, but they may also be "generic" in the sense of enhancing safe, healthy, constructive lifestyles. Many of these programs have teacher training components.

Curriculum to Reduce Driving-While-Intoxicated (DWI) - The State of Michigan has developed a curriculum funded by the National Highway Traffic Safety Administration through the Michigan Department of State Police. The curriculum and related materials are used by teachers, community substance abuse professionals, and others involved with youth, aged 16 to 24 years. Four models were tested and each stressed the acquisition of basic facts about alcohol's effects on driving because motivation to act was found to increase once information is learned. (Prevention Services, Office of Substance Abuse Services, Department of Public Health, 3500 North Logan Street, P.O. Box 30035, Lansing, MI 48909; 517-373-6307 and The Office of Highway Safety Planning, 111 S. Capitol Avenue, Lansing, MI 48913; 517-373-8011)

6. **STUDENT ASSISTANCE PROGRAMS** These programs can serve primary prevention purposes when set up for those who may be at high risk for developing alcohol, drug, and other problems. They can serve as an intervention tool with students who already have developed problems. Often modeled after Employee Assistance Programs in business and industry, they may use professionals or trained student counselors to assist students in dealing with their problems. They also help students find needed services through referrals to local health and counseling agencies.

Student Assistance Program - The Student Assistance Program was developed in Westchester County, New York, and uses professional counselors to provide alcohol and drug abuse prevention and intervention services for high school students who have alcoholic parents, have been abusing alcohol or other drugs, and/or exhibit behavioral and academic problems. Students experiencing stress that could be related to parental or student alcohol or other drug abuse also are served. The program uses individual, group, and family counseling services and works extensively with local parent and community groups. (Westchester County Student Assistance Services, 228 Fisher Avenue, White Plains, NY 10606; 914-997-7277)

7. **CONFERENCES FOR YOUTH** Conferences can be an effective means to reach youth. Often the conference itself offers youth an opportunity to share information about programs, gives new life to existing programs, and provides opportunities for initiating new activities to bring back to the community. It can also offer an opportunity to network with other groups and organizations

to reduce adolescent drinking or to intervene with drinking/driving behavior.

Statewide Youth Conference - A California conference, "Keep Friendships Alive by Teenwork '85," resulted in numerous post conference activities. Held during Spring vacation week in Anaheim, California, students from 24 counties were represented. They developed action plans for projects ranging from public awareness, newsletters, local conferences, project graduation, plus counseling to networking with the California Highway Patrol and citizen activist groups. The conference will be repeated next year due to the enthusiastic response from those who attended. (State Alcohol Coordinator, Office of Traffic Safety, 7000 Franklin Blvd., Suite 300, Sacramento, CA 95823; 916-445-0527)

New Association Formed - In Liberty, Missouri, participants at a National Teen Institute Conference created the National Association of Teen Institutes. By-laws were written, goals and objectives were set, and guidelines were set for new Teen Institutes. National and local marketing, public relations, and networking strategies were shared. Participants left the three-day meeting with a sense of pride and accomplishment knowing a national organization was created to empower kids with the ability to live chemically-free. (NTS-01, National Highway Traffic Safety Administration, 400 7th St., S.W., Washington, DC 20590)

HOW DO YOU SAY 'NO' TO A DRINK?

(Turn Card Over)

A message from the National Institute on Alcohol Abuse and Alcoholism

HOW DO YOU SAY 'NO' TO A DRINK?

Anyway You Want To!

1. 'No, thanks, I'm driving.'
2. 'No, thanks, I don't drink.'
3. 'No, thanks, I want to stay in control.'
4. 'No, thanks, I'm in training.'
5. 'No, thanks, drinking makes me tired.'
6. 'No, thanks, if I drink I'll lose my privileges.'
7. 'No, thanks, I usually end up embarrassing myself.'
8. 'No, thanks, what else have you got?'
9. 'No, thanks, I'm on a diet.'
10. _____

(Fill in your own refusal)



PARENT AND FAMILY STRATEGIES

Parents and families are often severely affected by alcohol and other-drug related motor vehicle accidents. They also are often the most dedicated activists. Here are some ways to organize and take action.

1. PARENT SUPPORT GROUPS These groups are formed by parents for parents. Through support groups, parents help one another cope with the alcohol-impaired and drugged-driving problem in their neighborhoods. Parent groups often develop guidelines for acceptable behavior (e.g., establishing curfews), chaperone social events for teenagers, and help other parents supervise young people's activities to ensure that they are free of alcohol and other drug use, including where driving will be involved.

Pride, Inc. - In August 1976 a group of parents in Atlanta, Georgia, made the shocking discovery at a backyard birthday party that their sixth- through eighth-grade children were regularly smoking marijuana and occasionally drinking. After going through a painful process of denial, guilt, and accusation, the parents decided to join together to understand why their children were routinely "getting high," what the effects of such drug use might be, and, finally, what they as parents should do about it. As a result of this and similar experiences, Pride Inc. was established to provide facts, support, guidelines, and other programs to prevent alcohol and other drug use among youth. (Pride, Inc., Georgia State University, Suite 1216, 100 Edgewood Avenue, N.E., Atlanta, GA 30303)

2. PARENT ACTION GROUPS Often growing out of parent support groups, parent action groups work with Federal, State, and local governments, schools, law enforcement agencies, and businesses to influence social policies regarding alcohol and other drug use. Examples can include efforts to develop and modify school alcohol and other drug policies, eliminate sales of drug paraphernalia, demand stricter enforcement of alcohol and other drug laws and stronger prosecution of offenders, raise the minimum legal age for purchase, sale or consumption of alcohol, and get legislation and local ordinances passed that will safeguard health and well-being. In addition, parent groups can encourage health, driver education, and science curricula in schools to include components related to drinking/drugged driving as well as safety belt use.

National Federation of Parents for Drug-Free Youth - This Federation is active throughout the Nation. Members have lobbied to raise the minimum purchase age to 21, supported legislation that created

a "National Drug Abuse Education and Prevention Week," and have held annual conferences that attract very high level officials and celebrities. Members protest against organizations that support "responsible use" messages for youth, make publications available, and support the establishment of new parent action groups. A youth group, the National Federation of Youth for a Drug-Free America, has grown out of this effort. (National Federation of Parents for Drug-Free Youth, 8730 Georgia Avenue, Suite 200, Silver Spring, MD 20910; 301-585-5437)

3. FAMILY LIFE SKILLS DEVELOPMENT These strategies enable parents and children to communicate more effectively and learn interpersonal skills. They are effective for both primary prevention and early intervention for substance abuse and other problems. Family life skills programs emphasize important aspects of family health such as positive role modeling, effective problem solving, and building self-esteem.

Developing Capable People - A major effort in Kansas is the development of trainers available in local communities to facilitate a family skills program, "Developing Capable People." Additional training is being planned. The program provides ideas regarding how parents can help their children develop self-discipline, self-esteem, listening skills, the ability to deal with peer pressure, and a variety of other issues related to alcohol and other drug abuse. (Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, 2700 West Sixth, Biddle Building, Topeka, KS 66606; 913-296-3925)

Talking to Teenagers - The Indiana Governor's Task Force To Reduce Drunk Driving sent a direct-mail letter to the parent of every licensed teenage driver (16-19) in the State asking them to talk to their teenagers about the dangers of drinking and driving. Included in the envelope was a brochure giving discussion questions and a small bumper sticker. (Governor's Representative for Highway Safety, State Capitol, Rm. 210, Indianapolis, IN 46204)

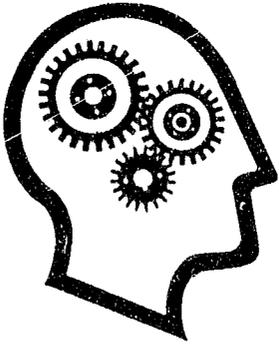
4. PARENT DRUG AND ALCOHOL EDUCATION PROGRAMS Through these programs, parents learn about the pharmacology of drugs and alcohol and the harmful impact these substances can have. Then, armed with this knowledge, parents can become influential partners with community prevention agencies concerned about alcohol-impaired and drugged driving accidents by offering educational courses and information briefings in school or community settings. Parents also can serve as effective role models for their children by not driving after drinking or taking medications.

Straight Talk - Gerri Silverman of the National Federation of Parents for Drug-Free Youth speaks to fifth through eighth graders, giving them straightforward factual information in a one and

a half hour program. She involves the students in role playing with peers and uses experiments with chemicals to emphasize specific points. She provides handouts to students and teachers. (The Chemical People, WQED, 4802 Fifth Avenue, Pittsburgh, PA 15213; 412-622-1491)

The Bellbrook Ohio Police Department - In cooperation with the Ohio Department of Highway Safety, the Bellbrook Ohio Police Department developed and printed materials dealing with alcohol, drugs and driving. Each resident in the community received the information. Educational seminars were given to school personnel, concerned parents, and law enforcement personnel to increase the awareness of the drinking/driving problem among the community's teenagers. (Office of Governor's Highway Safety Representative, Department of Highway Safety, P.O. Box 7167, Columbus, OH 43205)

Parent Alcohol Program - The Maryland Institute for Emergency Medical Services Systems has developed a parent/student education program shown extensively at school assemblies and parent/teacher meetings in the State of Maryland. The basic concept behind this program is that parents can help protect their teens from the hazards of drinking, and drinking and driving. The Parent Alcohol Program (PAP) offers parents an opportunity for self assessment, parent intervention, and for role playing to prepare parents to deal with their teens at home. (Maryland Department of Transportation, Office of Transportation Planning, P.O. Box 8755, BWI Airport, MD 21240-0755; 301-859-7157)



WORKPLACE STRATEGIES

Alcohol and other drugs pose a major problem to the workplace in terms of worker safety, health, and productivity. Below are listed some action plans.

1. ALCOHOL AND DRUG POLICIES One important aspect of alcohol and other drug abuse prevention in the workplace is for employers and unions to have appropriate, clear, and fair policies relating to alcohol and drug use that are consistently enforced, e.g., prohibiting driving of company vehicles after drinking or taking psychotropic drugs. Once the policies are in place, decisions about appropriate prevention, intervention, and treatment programs can be made. These policies should include a special education and training course related to alcohol-impaired and drugged driving and safety belt usage for those employees whose duties involve driving.

Live for Life - Inaugurated in 1979, the Johnson & Johnson Live for Life Program is a comprehensive health promotion effort intended ultimately for Johnson & Johnson employees worldwide. The program began with appropriate policies, goals and objectives, structure and services. The program's mission is to provide Johnson & Johnson employees, their families, and the community with the direction and resources needed to achieve healthier lifestyles and contain illness care costs. A special program, called Decisions for Life, focuses on the role of alcohol in our lives and our society. It addresses attitudes, facts, behavior, family, and alternatives. (Johnson & Johnson, 1 Johnson & Johnson Plaza, New Brunswick, NJ 08933)

2. SOCIAL RESPONSIBILITIES In addition to the moral responsibility an employer has for the safety of his or her employees, organizations also have a legal responsibility. For example, a corporation may be held responsible for having served an already-intoxicated employee alcoholic beverages at a company party. If that individual commits a driving-while-intoxicated or driving-under-the-influence offense, the corporation may be held liable. Programs providing alternative means of transportation could be instituted.

Burger King/Florida - Burger King Corporation has a deep interest in the subject of teenage alcohol abuse. In the State of Florida alone, Burger King employs approximately 13,000 crew members, a very large proportion of them teenagers. The corporation recognizes drinking and driving as a lethal combination, especially among inexperienced teenage drivers. The Corporation is planning

to develop a training program for its employees, but also plans to extend its influence beyond its own workforce to the patrons it serves. For instance, crew members could be trained to spot people who are driving under the influence and encourage them to park their cars and find safer ways to their destinations. (Burger King/Florida, c/o Fred Burns, 514 S.W. 133 Avenue, Fort Lauderdale, FL 33325)

3. ALCOHOL AND OTHER DRUG INFORMATION AND EDUCATION PROGRAMS

Accurate information about the negative health and safety effects of alcohol/drug use is as important at the workplace as in the classroom. Educational programs can provide information on driving skills and provide reinforcement for non-use of alcohol and other drugs.

Woodstock Job Corps Center - During their first week at the Woodstock Job Corps Center, students view a role-playing segment staged by the Senior Counselor, Mental Health Consultant, and students active in the Big Brother/Big Sister program. Each of the skits presented ends with the central character's saying "no" to drinking on the job, skipping school or classes to get high, or getting in a car with a person who is or has been drinking. After the skits, the role players and students discuss how the abuse or use of alcohol can adversely affect job performance. This is followed by weekly "rap sessions" on abuse-related topics. (Woodstock Job Corps Center, P.O. Box 8, Woodstock, MD 21163)

Corporate Organization Drunk Driving Campaign - Launched in June, 1984 in conjunction with the Indiana State Chamber of Commerce, this campaign enlists private sector support through disseminating information about drunk driving to employees, customers and/or members; implementing employee assistance programs; and formulating official policy regarding alcohol consumption during business hours and at company functions. To date, this program has reached 2 million "Hoosiers". (Indiana Office of Traffic Safety, Indiana Department of Highways, 801 State Office Bldg., Indianapolis, IN 46204)

4. EMPLOYEE ASSISTANCE PROGRAMS (EAPS) Many employers, both public and private have formed programs that help troubled employees, including those with alcohol and other drug problems. Employees may be referred by EAPs to other programs and community agencies where this is appropriate. Confidentiality is assured. An EAP can be an intervention strategy to prevent alcohol- and drug-related driving accidents from occurring, especially around holiday times. Clear prevention policies can be developed regarding company functions where alcoholic beverages may be served.

Opryland Employee Assistance Programs (EAPs) - Opryland's management believes that personal problems, left unattended, can significantly reduce an employee's productivity and impact on health and safety. Opryland's EAP provides in-house crisis intervention, counseling, and a referral system through which employees and their families can receive a wide range of services from mental health agencies in middle Tennessee. A wellness component offers free medical screening and workshops on such health topics as "how to stop smoking" and "weight control" and a self-development program. (Opryland EAP, c/o Edward Jeffrey, 2411 Pennington Bend, Nashville, TN 37214)



SERVER EDUCATION STRATEGIES

Over the last year, the public has become increasingly aware of the terms "server responsibility," "server intervention," and "server liability." Numerous programs have been initiated by the public and private sectors to train bartenders and other servers of alcohol, including parents and other adults in the community. These servers can be taught skills to help reduce the number of drinking and driving accidents and fatalities.

More and more restaurant, tavern, and bar owners, managers, bartenders, waiters, and waitresses are being educated about the signs of intoxication, methods of dealing with intoxicated patrons, and specific intervention techniques in preventing alcohol-impaired patrons from driving. Their concern is both humanitarian and practical. In many States, the drinking establishment can be sued for serving an intoxicated patron.

Restaurant Association - The Colorado-Wyoming Restaurant Association (CWRA) has begun an "Alcohol Awareness Program." Conceived by CWRA for use by food and beverage industry employees, operators, and owners, the primary function is to help curb the number of drunk drivers on the roads by educating personnel who are directly involved in selling and serving alcoholic beverages. In 1984, 35 seminars trained 2,000 servers. They plan to reach another 4,000 servers in 1985. The program has received excellent reviews and wide media coverage. (Division of Highway Safety, 4201 East Arkansas Avenue, Denver, CO 80222 or Wyoming Highway Safety Department, Highway Safety Branch, P.O. Box 1708, Cheyenne, WY 82002-9019)

State of Massachusetts - The Commonwealth of Massachusetts has taken a very progressive, affirmative posture in promoting driving-under-the-influence (DUI) awareness among alcohol servers and liquor/alcoholic beverage retailers. During the 1984 summer months, a pilot liquor-license holders' awareness forum was conducted in Essex County under the sponsorship of the County District Attorney's Office. Over 300 licensees were in attendance for the day-long program. It was considered a huge success and a strong network for conducting such programs was developed. That network included representatives from the Massachusetts District Attorney's Association, local law enforcement, local liquor commissions, the Massachusetts Alcoholic Beverage Control Commission, the Massachusetts Division of Alcohol Prevention Centers, the Governor's Highway Safety Bureau, Massachusetts Registry of Motor Vehicles, Massachusetts Criminal Justice Training

Council, private attorneys, and the National Highway Traffic Safety Administration. As a result, the Governor directed the Governor's Highway Safety Bureau (GHSB) to conduct similar programs in every county in the Commonwealth. The program was funded entirely by registration fees. (Governor's Highway Safety Representative, 100 Cambridge St., Rm. 2104, Boston, MA 02202)

City of Madison, Wisconsin - A city ordinance in Madison, Wisconsin requires all applicants applying for a liquor license or for a bartender's license to successfully complete a 12-hour Bartender Alcohol Awareness Program (BAAP). A minimum competency program, it focuses on city liquor ordinances, applicable State laws and statutes (and court decisions), police department enforcement policies, attitudes about alcohol, alcoholism and its treatment, calculation of BAC levels, and the responsible marketing of alcoholic beverages. The course was developed and coordinated by Madison Area Technical College. The cost to participants is less than 10 dollars. Initial evaluations indicate that the course has met one of its three goals--to significantly increase student competence and knowledge. Its other two goals include reducing alcohol-related automobile crashes and reducing police calls to taverns. (Public Safety Coordinator, Madison Area Technical College, 2203 International Lane, Madison, WI 53704)

Capital Centre - Washington, D.C. - This 20,000 seat sports/entertainment arena is the home of the Washington Bullets of the National Basketball Association and Washington Capitals of the National Hockey League. Its owner has joined forces with the arena's food and beverage vendor, Ogden Food Service Corporation in a comprehensive program to reduce excessive drinking by its patrons. This program consists of special training for vendors, refusing to serve underage patrons, a public awareness campaign, and alternative transportation. The campaign consists of telescreen announcements/public service announcements, signs, buttons, posters, cards, and napkins using the theme, "Friends Don't Let Friends Drive Drunk," or "Who's Driving," or announcing, "We Do Not Serve Intoxicated Beverages," or "Your Birthday Must Be Before July 1, 1964 in Order to Purchase Alcohol." The results of these efforts have contributed to the impaired driving issue receiving considerable exposure in the Washington, D.C. area. The Capital Centre has also broadened its efforts in supporting a community Washington Regional Alcohol Program (WRAP) effort. (Capital Centre, 1 Harry S. Truman Dr., Landover, MD 20786)

Responsible Hosting - The Washington Traffic Safety Commission and its 16 local driving-while-intoxicated (DWI) Task Forces distributed Statewide 150,000 party packets containing: a recipe booklet with tips on giving responsible parties, a brochure about DWI, designated driver stickers, coasters/napkins, and

a letter to a host or hostess explaining the project. Most of the local task forces sponsor responsible parties for the community inviting local celebrities, politicians and the media (State of Washington, Washington Traffic Safety Commission, 1000 S. Cherry St., MS/PD-11, Olympia, WA 98504; 206-753-6197)

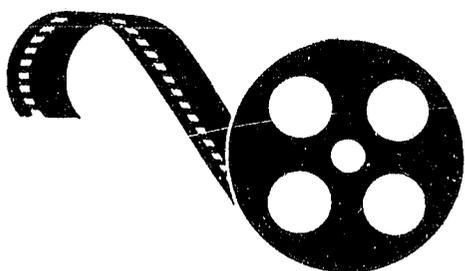
Responsible Serving of Alcohol - ERIN, Inc. (Maine Holiday Inns) has developed materials for their members to use to prevent alcohol-related accidents and fatalities. The program includes a low and no alcohol drink menu called, "Spirits for the Driver," policies including no free drinks and no overpouring, ways to identify intoxicated guests and persons under the legal minimum purchase age, ways for members to educate and train staff, educate customers, promote low-alcohol and non-alcoholic drinks, provide alternative transportation, and discourage rapid consumption of alcohol. The customer is given a card that offers free coffee or soda, a ride home, and a free drink to the intoxicated person the next time he or she visits that establishment. (Maine Department of Human Services, State House Station #11, Augusta, ME 04333; 207-289-2781)

H.E.A.R.T. - Help End Alcohol-Related Tragedies - The South Carolina Hotel and Motel Association and the South Carolina Restaurant Association in cooperation with the South Carolina Commission on Alcohol and Drug Abuse have put together a media campaign. Also, in conjunction with the South Carolina Governor's Office of Highway Safety, they have produced a skills training seminar for hospitality industry employees. A videotape accompanies the manual that covers alcohol and its effects, drinking and driving, and what you can do. (Division of Prevention, Education, and Intervention, South Carolina Commission on Alcohol and Drug Abuse, 3700 Forest Drive, Suite 300, Columbia, SC 29204; 803-758-3866 and The Governor's Office of Highway Safety Programs, Division of Public Safety Programs, 1205 Pendleton Street, Columbia, SC 29201; 803-758-2237)

H.E.A.R.T.



**HELP END ALCOHOL
RELATED TRAGEDIES**



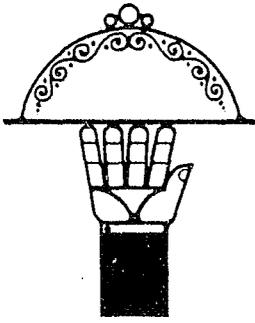
MEDIA RELATIONS

The mass media can be the most efficient way to get information out to the public. Organizations, institutions, and individuals can address important national, State, and local issues, such as alcohol-impaired and drugged driving, through public service channels of radio and television stations and newspapers. The key to success in obtaining media coverage is in the approach. Listed below are some suggestions for ways to work with the media:

1. **FAMILIARIZE YOURSELF WITH MEDIA PERSONNEL** Scan the newspapers and know who frequently writes about subjects related to alcohol and other drugs. The name of the author usually appears in a by-line above the article. You can also call the media to get names of specific reporters assigned to cover alcohol- and drug-related driving issues in the community.
2. **MAKE A PERSONAL CONTACT** Call to make a personal appointment, or invite the reporter to visit a local program. You also may call and suggest possible features. A personal visit or at least a telephone call will identify you as a "real" person rather than just a name.
3. **WRITE A SIMPLE NEWS RELEASE** Send a clear, comprehensive, one-page fact sheet containing all the needed information about your event or program. Make it sound special.
4. **WATCH YOUR LANGUAGE** Every discipline or professional has its own vocabulary that needs to be translated for the outsider. Clarify any concepts or expressions which are not "common language." Do not use acronyms.
5. **GIVE SUFFICIENT ADVANCE NOTICE** The more lead time, in most cases, the better the chances for obtaining coverage. If possible, allow four weeks notice.
6. **FOLLOW UP WITH A "THANK YOU"** Every success and every opportunity achieved should be followed with a thank you. You will increase your chances at being remembered favorably.

Sources:

Tim Hayes, Vice President/Community Relations, KPNX-TV, Phoenix, AZ
Lance Villard, National Institute of Mental Health, Region IV, Atlanta, GA



National Clearinghouse
for Alcohol Information

TIPS FOR HOSTS AND HOSTESSES

GUIDELINES TO REDUCE RISKS ASSOCIATED WITH ALCOHOL USE

1. Don't make drinking the main focus or activity of your social event. Plan stimulating activities to avoid letting people cluster into groups of heavy or non-heavy drinkers.
2. Provide nutritious and appealing food when alcohol is served to slow down the effects of alcohol.
3. Don't push drinks. Respect an individual's decision not to drink. Provide equally attractive and accessible nonalcoholic drinks when alcohol is served. Recipes for exciting nonalcoholic drinks are available from the National Clearinghouse for Alcohol Information.
4. Carefully measure all drinks so that a person can know exactly how much she or he has drunk. Be aware that open bars encourage heavy drinking.
5. Avoid carbonated mixers in favor of drinks such as fruit juices. Carbonation speeds alcohol absorption.
6. Avoid serving after-dinner drinks--serve coffee, tea, or other nonalcoholic beverages instead. Cut off drinks at least one hour before the party ends.
7. Know that drunkenness is neither healthy, safe, or amusing. Excusing unacceptable behavior just because someone has had "too much to drink" serves no purpose; accepting drunkenness only rewards alcohol misuse.
8. When entertaining, assume responsibility for your guests. If someone does drink too much, provide transportation home, a taxi, or overnight accommodations. Friends don't let alcohol-impaired friends drive.
9. Some States have laws which state that servers of alcoholic beverages may be held liable for injuries caused by those who consumed alcoholic beverages in your home, office, or other establishment. Play it safe and don't let your guests drink too much.
10. At parties with youths, be conscious of the drinking age. In most States it is illegal for youths to consume and/or purchase alcoholic beverages.

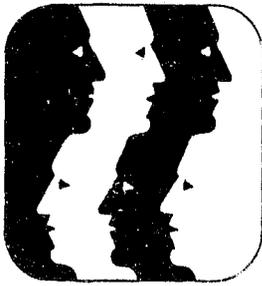


National Clearinghouse
for Alcohol Information

TIPS FOR GUESTS

GUIDELINES TO REDUCE RISKS ASSOCIATED WITH ALCOHOL USE

1. Know that you may choose not to drink and can say "no" to alcoholic beverages for any reason.
2. Measure the alcohol you use in mixed drinks -- 1-1/2 ounces of distilled spirits in a mixed drink is about equal to the alcohol in one 12-ounce beer or 5 ounces of table wine. Diluting spirits with water or fruit juice will slow absorption down.
3. If you decide to drink alcoholic beverages, be particularly cautious about using alcohol when you are going to drive, when other drugs are taken, or when you are depressed or lonely.
4. Drink slowly and avoid gulping a drink; remember that alcohol is a drug.
5. Know that the calorie content of alcoholic beverages varies considerably. For example, 4 ounces of wine contain about 100 calories; sherry or port--200; 12 ounces of beer--160; and 1 and 1/2 ounces of distilled spirits--110 calories. Over the course of a year, 2 cans of beer a day in excess of your normal caloric needs could result in a 33-pound weight gain. A daily glass of wine could add 10 pounds a year.
6. Don't drink and drive. Avoid riding with a driver who is under the influence of alcohol.
7. If you are a woman, realize that alcohol will have a greater effect on you even if you weigh the same as most men. If you are pregnant or nursing, the safest choice for you and your baby is **not** to drink.
8. Don't drink alone.
9. Recognize that the use of alcohol for purposes of coping with problems is high risk behavior. If you feel you are having a problem with alcohol, discuss that problem with someone. Sources of help are available from your State Alcohol Authority or from the National Clearinghouse for Alcohol Information.
10. Recognize that, for those individuals who suffer from the illness of alcoholism or for those who experience problems with alcohol, the best decision is **not** to drink.



QUESTIONS AND ANSWERS ON HANGOVERS

What is a hangover and what causes it?

Hangover has been simply defined as the unpleasant state that follows a period of intoxication by an alcoholic beverage. More specifically, it is any one or a combination of conditions that include a headache (often throbbing), nausea, tremors, nervousness, depression, hot flashes and cold chills, vomiting, and diarrhea. Blackouts occur during drinking; hangovers occur after drinking. Having a blackout is one of the danger signals of a serious alcohol problem. Hangover symptoms can occur several hours after drinking and sometimes progress in severity and discomfort for many hours. Generally speaking, the heavier the drinking, the more severe the symptoms and the likelihood of their occurring.

It is generally agreed that no one condition resulting from alcohol ingestion is responsible for producing hangover. There are probably a combination of nervous, hormonal, metabolic, and even mental changes that result in the unpleasant symptoms. Some authorities feel that congeners or other processing in alcoholic beverages may cause or intensify hangovers. Congeners are chemicals that are the by-product of fermentation or distillation. Congeners remain after these processes are introduced into the beverage for flavoring. Other theories for hangovers include disturbance of inner ear function (balance, dizziness), accumulation of acetaldehyde (a highly toxic breakdown product of alcohol metabolism), fluid electrolyte (water) imbalance, and gastrointestinal irritation. Some authorities have found that guilt over drinking, negative feelings about drinking, anxiety, or tension may bring on a hangover. Regardless of the mechanism, it takes overindulgence in alcohol consumption to bring about a hangover.

What can you do to sober up fast?

Nothing! Only time! The body generally eliminates the consumed alcohol at the rate of one drink (1/2 ounce of pure alcohol) every two hours. Researchers have been studying various chemicals to speed up alcohol metabolism or to block the effects of alcohol. These chemicals are called amethystic agents because the ancient Greeks believed that the amethyst would protect a person from

the effects of alcohol. They include propranolol--a drug used to treat high blood pressure and certain heart disorders, fructose, vitamins, etc. None of the amethystic agents reduced hangover symptoms. In a recent study, tolfenamic acid (TA), a potent inhibitor of prostaglandin (PG) biosynthesis, was significantly better in reducing the reported hangover symptoms than a placebo. (Kaivola, S., et al., "Hangover headache and prostaglandins: - Prophylactic treatment with tolfenamic acid; Cephalalgia, 3(1983)).

How do you cure a hangover?

The only cure available for a hangover is avoiding it in the first place. The hangover is the result of overindulgence in alcohol. To reduce the likelihood of hangover, if you choose to drink, is to drink moderately, both in quantity and over time. Some hints on moderation are:

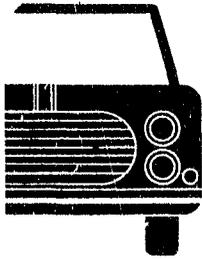
- o Space drinks -- one an hour for a 160-pound man will result in little accumulation of alcohol in the bloodstream over three to four hours.
- o Measure the alcohol you use in mixed drinks -- 1-1/2 ounces of distilled spirits in a mixed drink is about equal to the alcohol in one 12-ounce beer or 5 ounces of table wine. Diluting spirits with water or fruit juice will slow absorption down.
- o Sip drinks slowly to avoid a rush of alcohol to the brain. Gulping drinks will give you a headstart on a hangover.
- o Drink in a relaxed atmosphere -- your chances of avoiding a hangover are better if you relax to have a drink than if you have a drink to relax.
- o Eat while you are having a drink. Food helps to slow absorption of alcohol. Salty foods also will slow absorption, but they have a tendency to make you thirsty and drink more. Meats, cheeses, and vegetables and dips are more likely to be effective than salty foods.

If you've failed at prevention, the sad news is that there is no available cure for hangover. Again, time is the only thing that will repair the damage. Most doctors prescribe rest, solid foods as soon as you can handle them, and aspirin or acetaminophen for pain.

One other thing you should know about hangover: your driving ability may be diminished as much as 20 percent during a hangover,

even though your blood alcohol concentration has returned to zero.

Provided by: National Clearinghouse for Alcohol Information (NCALI). For additional information about alcohol abuse and alcoholism, contact NCALI at P.O. Box 2345, Rockville, MD 20852; (301) 468-2600.



FACTS

NATIONAL ALCOHOL-IMPAIRED DRIVING STATISTICS

The Alcohol-Impaired Driving Problem

1. More than half of all Americans will be involved in an alcohol-related traffic accident in their lifetime.
2. Over the last 10 years, 250,000 Americans lost their lives in alcohol-related traffic accidents. This is 25,000 deaths each year; 500 every week; 71 every day; 1 every 20 minutes.
3. Approximately 540,000 people are injured each year in alcohol-related crashes; about 52,000 of them seriously.
4. Between 50 percent and 55 percent of all fatal accidents involve a drinking driver or pedestrian; between 45 percent and 50 percent of all fatally injured drivers were legally intoxicated in most States.
5. Americans between the ages of 5 and 34 are more likely to be killed in a traffic accident than any other single cause; alcohol is involved in at least half of these fatal crashes.
6. In 1982, over 70 percent of fatally injured drivers of light trucks and vans had been drinking; 62 percent of these drivers were at legally intoxicated levels.
7. Alcohol-involved drivers use seat belts at half the rate of sober drivers. In crashes, this increases the chances of the alcohol-involved driver being seriously injured or killed.
8. The fatally injured victims of alcohol-involved crashes include the following: 52 percent of the victims are the alcohol-involved drivers themselves; 11 percent are drinking pedestrians; 20 percent are passengers in the drinking driver's vehicle; and the remaining 17 percent are passengers, drivers or pedestrians not in the drinking driver's vehicle.

Is the problem changing?

9. The proportion of fatally injured drivers found to be intoxicated (their blood alcohol content (BAC) was .10 percent or greater) has dropped. The percentages were 50 percent in 1980; 48 percent in 1982; 46 percent in 1983; and 43 percent in 1984 according to States statistics.

10. In 1982, 39 percent of all the alcohol-involved fatally injured drivers were at BACs that were twice the legal limit (the legal limit is .10 percent in most States)--certainly indicative of problem drinking. In 1983, that figure has dropped to 37 percent according to States with more complete alcohol testing.

Alcohol-Impaired Driving and Young People

11. Although 16-24 year olds comprise only 20 percent of the licensed drivers in this country and account for less than 20 percent of the total vehicle miles traveled, they are involved in 42 percent of all fatal alcohol-related crashes.
12. Drivers between 16 and 24 have twice as many fatal crashes per mile driven as older drivers. When alcohol is involved, the fatal crash rate of young drivers is three times greater than that of older drivers.
13. Approximately 9,000 people between 15 and 24 years old were killed in alcohol-related traffic crashes in 1984, and an additional 220,000 were injured.

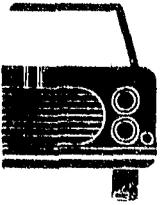
Teenagers

14. Almost 60 percent of the fatally-injured teenage drivers (aged 15-19) were drinking prior to their crash. Forty-three percent were legally intoxicated, according to the laws in most States.
15. Although teenage drivers drove less than 6 percent of the vehicle miles traveled in the U.S. in 1982, they accounted for almost 15 percent of the alcohol-related fatal crashes.
16. The leading cause of death for teenagers (15-19) is motor vehicle accidents, accounting for 45 percent of their deaths. The next leading cause, accidents of other types (falls, drowning, etc.), accounts for 13 percent of their deaths. Alcohol is involved in at least half of the motor vehicle accident deaths. Therefore, alcohol-involved motor vehicle accidents are the leading cause of death for teenagers (about 23 percent of their deaths).

Enforcement and Social Aspects

17. Beer accounts for half of all the alcohol consumed in this country.
18. Between 7 p.m. and 3 a.m. on weekends, in some parts of the country, 10 percent of all drivers are legally impaired or drunk.

19. The average BAC of arrested drunk drivers is .20%; the average BAC of alcohol-involved fatally injured drivers is .16%. This is roughly 12-15 drinks of 86 proof liquor or 9-11 cans of beer in four hours for a 180 pound man.
20. When the police indicate alcohol involvement at the scene of a fatal crash and the driver is subsequently tested for alcohol, 95 percent of the time the driver has a positive BAC. Thus, the police observations are usually correct. In fact, 80 percent of the police-designated alcohol-involved drivers are later found to be legally intoxicated (BAC \geq .10 percent).
21. During the period between midnight and 4 a.m. on any night of the week, between 75 percent and 90 percent of all fatally injured drivers had been drinking prior to the crash.
22. Of all the surviving intoxicated drivers in fatal crashes (i.e., those who were tested and found to have a BAC .10 percent or greater), only 50 percent were actually cited for driving while intoxicated (DWI) or driving under the influence of liquor (DUIL). Five percent of these intoxicated drivers were cited for vehicular homicide or involuntary manslaughter, while 20 percent were only cited for speeding, reckless driving, or some lesser infraction. Fifteen percent were not charged with any violation, and in the remaining 10 percent it was unknown if the driver was charged with any violation.



DATA SOURCES

ALCOHOL-IMPAIRED DRIVING FACTS - JUNE 1984

The Alcohol-Impaired Driving Problem

1. National Accident Sampling System 1982 Report. Approximately 15 million people were involved in reported crashes in 1982. Ignoring repeaters, 1 out of every 15 persons is involved in a crash each year ($15/220$ U.S. population). The average person is involved in a crash once every 15 years. The average life expectancy is about 75 years, therefore, the average person will be involved in 5 crashes in their lifetime ($75/15 = 5$). Thirteen percent of all crashes involve alcohol, therefore, the probability of being in an alcohol-related crash is $.13 \times 5$ crashes = $.65$ for the average person. Or, 1 out of every 2 people (actually 65 out of every 100) will be in an alcohol-related crash in their lifetime.
2. Fatal Accident Reporting System 1980-1983 Reports. Approximately 25,000 people are killed per year in alcohol-related crashes. $25,000/52$ weeks = 500 each week; $500/7$ days = 71 per day; $71/24 = 3$ per hour or 1 every 20 minutes.
3. National Accident Sampling System 1983 Report.
4. Fatal Accident Reporting System 1982 Report. Fifteen States with alcohol reporting; Tracking Alcohol Involvement in U.S. Highway Crashes, Fell, 1983.
5. U.S. Department of Health and Human Services, Health, 1980, 1981. Motor Vehicle Accidents listed as No. 1 cause of death for age groups 5 to 34. At least 50 percent alcohol--involved from Fatal Accident Reporting System 1982 Report.
6. Fatal Accident Reporting System 1982 Report. Chapter on alcohol involvement for drivers by vehicle type driven. Drivers of light trucks and vans had highest alcohol rates.
7. Fatal Accident Reporting System 1982 Report. Tracking Alcohol Involvement in U.S. Highway Crashes, Fell, 1983.
8. Fatal Accident Reporting System 1983 Report.

Is the problem changing?

9. Fatal Accident Reporting System 1980-1984 Reports. Fifteen alcohol reporting States; Alcohol Involvement in U.S. Traffic Crashes: Where it is Changing, Fell, 1983, also Assessment of 1982 Traffic Fatality Decrease, Hedlund, 1983.
10. Fatal Accident Reporting System 1982-1983 files. Fifteen alcohol reporting States.

Alcohol-Impaired Driving and Young People

11. Federal Highway Administration 1982 (licensed drivers), National Personal Transportation Service 1977 (Vehicle Miles Traveled), Fatal Accident Reporting System 1982 Report, 15 alcohol reporting States, Research Note, Fell, 1984.
12. Alcohol in Fatal Accidents for Various Driver Age Groups, Research Note, Fell, April 1984.
13. Fatal Accident Reporting System 1984 Report; National Accident Sampling System 1983 Report.

Teenagers

14. Fatal Accident Reporting System 1982 Report, Alcohol Chapter, 15 reporting States.
15. Alcohol in Fatal Accidents for Various Driver Age Groups, Research Note, Fell, April 1984.
16. U.S. Department of Health and Human Services, Health 1980, 1981.

Enforcement and Social Aspects

17. National Institute on Alcohol Abuse and Alcoholism Survey, Wallace Mandell, Johns Hopkins, presented at Youth Treatment Conference, 1983.
18. Stockton DUI Enforcement Demonstration Project, January 1983; U.S. National Roadside Survey, 1973 (DOT-HS-801-241).
19. Average BAC for arrested drunk drivers from Borkenstein Study, 1975. Average BAC of alcohol-involved fatally injured drivers from Fatal Accident Reporting System 1982 file: Number of drinks to reach those levels calculated from ALCO-CALCULATOR, Rutgers University.
20. Fatal Accident Reporting System 1982 Report. Police indicated alcohol involvement is coded independently of results of BAC tests, if any given.

21. Fatal Accident Reporting System 1982 Report, Alcohol Chapter, based upon 15 alcohol reporting States.
22. Fatal Accident Reporting System 1982 Report (FARS). FARS analysts may not always receive information on citations that are made some time after the fact. But this would account for only 1-5 percent of the cases.

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
June 1984



PUBLICATIONS

The following publications may be helpful, especially in planning for long-range prevention efforts to follow the awareness efforts being planned for National Drunk and Drugged Driving Awareness Week.

Alcohol Health and Research World Reprint (Vol. 7, No. 1) - Special focus on "Drinking and Driving." Includes articles on statistics, Federal activities, citizen action groups, and prevention having to do with drinking and driving. (Order No. RP0403)

Prevention Plus: Involving Schools, Parents, and the Community in Alcohol and Drug Education - Comprehensive programs which include curricula, intervention programs, and model policies. (Order No. BK113)

Preventing Alcohol Problems Through a Student Assistance Program - A model program description with implementation guidelines. (Order No. PH207)

Facts for Planning No. 7 - Alcohol and Youth Drinking and Driving - Major research findings on drinking and driving among youth. (Order No. RP0407)

Fifth Special Report to the U.S. Congress on Alcohol and Health - The latest scientific findings about alcohol, including prevention. (Order No. BK51.5)

A Guidebook for Planning Alcohol Prevention Programs with Black Youth - Planning book for starting programs with black youth. (Order No. BK91)

Safety Study: Deficiencies in Enforcement, Judicial, and Treatment Programs Related to Repeat Offender Drunk Drivers - (1984) Provides documentation on the weaknesses in the law enforcement, judicial, and treatment systems which contribute to the "repeat offender" drunk driver problems. Prepared by the National Transportation Safety Board. (Order No. PH212)

Alcohol Health and Research World, Summer Issue, 1985, (Vol. 9, No. 4) - Special focus on alcohol, other drugs, and safety. (Order No. MS311)

Alcohol and Safety Update - An expanded reading and resource list on the topic. (Order No. BL0550)

DWI Update - Collection of regularly featured articles appearing in issues of Alcohol Health and Research World on recent efforts to reduce drinking and driving. (Order No. RP0422)

Single copies of the above are available from:

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852

Drugs and Driving: Why Take the Risk? - The effects of alcohol and other drugs on the mental and physical skills of driving.

Parents, Peers, and Pot II - Personal accounts of concerns along with varied approaches to prevention taken by parents and youth.

Drug Information Flyers - General information flyers on Hallucinogens and PCP, Inhalants, Marijuana, Opiates, Sedative-Hypnotics, and Stimulants and Cocaine.

Adolescent Peer Pressure: Theory, Correlates, and Program Implications for Drug Abuse Prevention - Peer program implementation.

Just Say No - Suggestions for youth.

Using Your Medicines Wisely: A Guide for the Elderly - Information to ensure the safe use of prescription drugs.

Single copies of the above are available from:

National Clearinghouse for Drug Abuse Information
P.O. Box 416
Kensington, MD 20795

Drunk Driving Public Information Program Strategies and Planning Guide - Major planning steps for a public information program.

A Manual for Managing Community Alcohol Safety Education Campaigns - Steps for a successful community education program.

Who's Going to Call the First Meeting? - Action guide for local alcohol-impaired driving programs.

A Citizen's Activist Guide - How to Save Lives and Reduce Injuries - Guide for citizens who want to fight alcohol-impaired driving.

A Guide to Self-Sufficient Funding of Alcohol Traffic Safety Programs - Summary of experiences used to tap resources.

Alcohol Highway Safety-A Digest of State Alcohol Highway Safety Legislation 1984 - State laws for use by individuals or officials of private organizations and government agencies.

NHTSA's "Blueprint for Action" - A description of the NHTSA program and technical assistance efforts.

101 Drunk Driving Public Information Ideas - Examples of 101 public information and awareness strategies developed by the States.

Drunk Driving Films and Videotapes - Alphabetical list and abstracts of drunk driving-related films and videotapes.

Project Graduation--Friends for Life - Guide for chemical-free activities during the high school graduation period.

Reducing Alcohol-Impaired Driving: Surveys for Use in Measuring Program Effectiveness - Inventory of measures for local use.

Single copies of the above are available from:

National Highway Traffic Safety Administration
400 Seventh Street, S.W.
Washington, DC 20590

A new National Highway Traffic Safety Administration/National Institute on Alcohol Abuse and Alcoholism publication is available:

Shifting Into Action - A description of action ideas and strategies to increase the health and safety of youths through safety belt and prevention of alcohol-impaired driving programs.

Single copies are available from the National Highway Traffic Safety Administration and from The National Clearinghouse for Alcohol Information (NCALI Order No. PH215). See above for addresses.



LISTS

In each State there is a State Alcoholism Program Director who may or may not also be the State Drug Abuse Director. In each State there also is a State Prevention Representative for alcohol problem prevention. These State Directors and Prevention Representatives have broad responsibility for managing the State's alcohol prevention and treatment programs. A major focus for each is reducing the incidence and prevalence of alcohol problems including those associated with alcohol-impaired driving. Each of these can provide information regarding grants and other resources for alcohol programs, technical assistance for developing and implementing programs, materials, information, and other valuable assistance.

In each State there is an Office of Highway Safety headed by a Highway Safety Representative appointed by the Governor. The Governor's Highway Safety Representative manages the State/Federal Highway Safety Grant Program that funds a wide variety of programs aimed at reducing fatalities and injuries on our Nation's highways. A major priority in all State Highway Safety Offices is to reduce the incidence of impaired driving. Each Governor's Representative can provide materials and information about particular State projects and programs designed to accomplish this goal and about special activities.

On the following pages you will find a list of State Alcoholism Program Directors; Governors' Highway Safety Representatives, and in some cases Highway Safety Coordinators; and State Prevention Representatives.

Directory of State and Territorial Alcoholism Program Directors

This directory of State and Territorial Alcoholism Program Directors is intended as a communication aid. Because names, addresses, and telephone numbers may change, periodic updates are made. For further information contact:
National Clearinghouse
for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Alabama

Department of Mental Health and Mental Retardation
Ken Wallis, Acting Commissioner
200 Interstate Park Drive
P.O. Box 3710
Montgomery, AL 36193
(205) 271-9209

Alaska

Department of Health and Social Services
Office of Alcoholism and Drug Abuse
Matthew Felix, Coordinator
Pouch H-05F, 114 Second Street
Juneau, AK 99811
(907) 586-6201

Arizona

Arizona Department of Health Services
Alcohol Abuse and Alcoholism Section
Gwen G. Smith, Program Representative
Office of Community Behavioral Health
1740 W. Adams, Room 001
Phoenix, AZ 85007
(602) 255-1152

District of Columbia

Office of Health Planning and Development
Simon Hollicay, Chief
1875 Connecticut Avenue, N.W., Suite 836A
Washington, DC 20009
(202) 673-7481

Florida

Alcohol and Drug Abuse Program
Department of Health and Rehabilitation Services
Linda Lewis, Director
1317 Winewood Boulevard, Room 157A
Tallahassee, FL 32301
(904) 488-0900

Georgia

Division of Mental Health, Mental Retardation and Substance Abuse
Georgia Department of Human Resources
Patricia A. Redmond, Director
878 Peachtree Street, N.E., 3rd Floor
Atlanta, GA 30309
(404) 894-6352

Guam

Territory of Guam
Mental Health and Substance Abuse Agency
Dr. David L.G. Shimizu, Interim Director
P.O. Box 8896
Tamuning, GU 96911
011-671-477-9704:5

Hawaii

Alcohol and Drug Abuse Branch
Mental Health Division
Department of Health
Joyce Ingram-Chinn, Branch Chief
P.O. Box 3378
Honolulu, HI 96801
(808) 548-4280



National Clearinghouse
for Alcohol Information

PO Box 2345
Rockville Maryland 20852
301 468 2600

A service of the National Institute
on Alcohol Abuse and Alcoholism

Alcohol Resources: DIRECTORY

Arkansas

Arkansas Office on Alcohol and Drug Abuse Prevention
Paul T. Behnke, Director
1515 W. 7th Avenue, Suite 310
Little Rock, AR 72201
(501) 371-2603

California

Department of Alcohol and Drug Programs
Chauncey Veatch III, Esq., Director
111 Capitol Mall, Suite 450
Sacramento, CA 95814
(916) 445-0834

Colorado

Alcohol and Drug Abuse Division
Colorado Dept. of Health
Robert B. Aukerman, Director
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8200

Connecticut

Connecticut Alcohol and Drug Abuse Commission
Donald J. McConnell, Executive Director
999 Asylum Avenue, 3rd Floor
Hartford, CT 06105
(203) 566-4145

Delaware

Division of Alcoholism, Drug Abuse and Mental Health
Bureau of Alcoholism and Drug Abuse
Sally Ailshouse, Chief
1901 North Dupont Highway
New Castle, DE 19720
(302) 421-6101

Idaho

Bureau of Substance Abuse
Department of Health & Welfare
Charles E. Burns, Supervisor
450 West State Street, 4th Floor
Boise, ID 83720
(208) 334-4368

Illinois

Department of Alcoholism & Substance Abuse
Edward Duffy, Director
State of Illinois Center
100 W. Randolph Street, Suite 5-600
Chicago, IL 60610
(312) 917-3840

Indiana

Division of Addiction Services
Department of Mental Health
Joseph E. Mills, III, Director
117 East Washington Street
Indianapolis, IN 46204
(317) 232-7816

Iowa

Department of Substance Abuse
Mary L. Ellis, Director
507 10th Street
Suite 500, Colony Building
Des Moines, IA 50319
(515) 281-3641

Kansas

Alcohol and Drug Abuse Services
James A. McHenry, Jr., Ph.D.
Commissioner
2700 West Sixth Street, 2nd Floor
Biddle Building
Topeka, KS 66606
(913) 296-3925

Kentucky

Cabinet for Human Resources
Michael Townsend, Director
Division of Substance Abuse
Department for Mental Health and Mental Retardation
275 East Main Street
Frankfort, KY 40621
(502) 564-2880

Louisiana

Office of Prevention and Recovery from Alcohol and Drug Abuse
Vern Ridgeway, Assistant Secretary
P.O. Box 53129
2744-B Wooddale Boulevard
Baton Rouge, LA 70892
(504) 922-0728

Maine

Office of Alcoholism and Drug Abuse Prevention
Neill Miner, Director
State House Station #11
Augusta, ME 04333
(207) 289-2781

Maryland

Alcoholism Control Administration
John Bland, Director
201 West Preston Street, 4th Floor
Baltimore, MD 21201
(301) 383-2781, 2782, 2783

Massachusetts

Division of Alcoholism
Edward Blacker, Ph.D., Director
150 Tremont Street
Boston, MA 02111
(617) 727-1960

Directory of State and Territorial Alcoholism Program Directors

Michigan

Office of Substance Abuse Services
Robert Brook, Administrator
3500 North Logan Street
P.O. Box 30035
Lansing, MI 48909
(517) 373-8603

Minnesota

Chemical Dependency Program Div.
Cynthia Turnure, Ph.D., Executive
Director
Department of Human Services
Space Center
444 Lafayette Road
St. Paul, MN 55101
(612) 296-3991

Mississippi

Division of Alcohol and Drug Abuse
Ann D. Robertson, M.S.W., Director
1102 Robert E. Lee Office Building
Jackson, MS 39201
(601) 359-1297

Missouri

Division of Alcohol & Drug Abuse
R.B. Wilson, Director
2002 Missouri Boulevard
P.O. Box 687
Jefferson City, MO 65101
(314) 751-4942

Montana

Alcohol and Drug Abuse Division
State of Montana
Department of Institutions
Robert Anderson, Administrator
1539 - Eleventh Avenue
Helena, MT 59620
(406) 444-2827

Nebraska

Division on Alcoholism and Drug Abuse
Cecilia Willis, Ph.D., Director
Box 94728
Lincoln, NE 68509
(402) 471-2851 x5583

Nevada

Bureau of Alcohol and Drug Abuse
Department of Human Resources
Richard Ham, Chief
505 East King Street
Carson City, NV 89710
(702) 885-4790

New Hampshire

Office of Alcohol and Drug Abuse
Prevention
Geraldine Sylvester, Director
Health and Welfare Building
Hazen Drive
Concord, NH 03301
(603) 271-4627, 271-4630

New Jersey

Division of Alcoholism
New Jersey Department of Health
Riley Regan, Director
129 East Hanover Street
Trenton, NJ 08608
(609) 292-8947

New Mexico

Alcoholism Bureau
Joe Gallegos, Acting Chief
Behavioral Health Services Division
Crown Building
P.O. Box 968
Santa Fe, NM 87504-0968
(505) 984-0020, x493

New York

New York State Division of Alcoholism
and Alcohol Abuse
Robert V. Shear, Director
194 Washington Avenue
Albany, NY 12210
(518) 474-5417

North Carolina

Division of Mental Health, Mental
Retardation and Substance Abuse
Services
Alcohol and Drug Abuse Section
Thomas F. Miriello, Deputy Director
325 North Salisbury Street
Raleigh, NC 27611
(919) 733-4670

North Dakota

State Department of Human Services
Division of Alcoholism and Drug Abuse
Tom R. Hedin, Director
State Capitol
Bismarck, ND 58505
(701) 224-2769

Northern Mariana Islands

Dr. Torres Hospital
Ben Kaipat, Medical Officer
Saipan, Mariana Islands 96950
6112, 6222 (through International
Operator 0-160691)

Ohio

Ohio Department of Health
Bureau of Alcohol Abuse and Alcoholism
Recovery
Wayne Lindstrom, Chief
170 North High Street, 3rd Floor
Columbus, OH 43215
(614) 466-3445

Alcohol Resources: DIRECTORY

Oklahoma

Oklahoma Department of Mental Health
Thomas Stanitis, M.A., M.H.S., Chief of
Programs
P.O. Box 53277, Capitol Station
Oklahoma City, OK 73152
(405) 521-0044

Oregon

Office of Programs for Alcohol and Drug
Problems
Jeffrey N. Kushner
Assistant Administrator
301 Public Service Building
Salem, OR 97310
(503) 378-2163

Pennsylvania

Office of Drug and Alcohol Programs
Luceille Fleming, Deputy Secretary for
Drug and Alcohol Programs
P.O. Box 90, Department of Health
Health and Welfare Building, 8th Floor
Harrisburg, PA 17108
(717) 787-9857

Puerto Rico

Puerto Rico Dept. of Addiction Control
Services
Sonia Sayas Puig
Assistant Secretary for Alcoholism
Box B-Y, Rio Piedras Station
Rio Piedras, PR 00928
(809) 763-5014 or 763-7575

Rhode Island

Department of Mental Health, Mental
Retardation and Hospitals
Division of Substance Abuse
William H. Pimental, Assistance Director
Substance Abuse Administration Building
Cranston, RI 02920
(401) 464-2091

American Samoa

Human Services Clinic
Alcohol and Drug Program
Fualaau Hanipale, Director
LBJ Tropical Medical Center
Pago, Pago, American Samoa 96799
011-684-633-5139

South Carolina

South Carolina Commission on Alcohol
and Drug Abuse
William J. McCord, Director
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 758-2521

South Dakota

Division of Alcohol and Drug Abuse
Lois Olson, Director
Joe Foss Building
523 East Capitol
Pierre, SD 57501-3182
(605) 773-3123

Tennessee

Tennessee Dept. of Mental Health and
Mental Retardation
Robert Currie, Ass't. Commissioner
Division of Alcohol and Drug Abuse
Services
James K. Polk Building
505 Deaderick Street, 4th Floor
Nashville, TN 37219
(615) 741-1921

Texas

Texas Commission on Alcohol and Drug
Abuse
Ross Newby, Executive Director
1705 Guadalupe Street
Austin, TX 78701
(512) 475-2577

Trust Territory of the Pacific Islands

Masao Kumangai, M.D., Director
Health Services
Office of the High Commissioner
Saipan, Mariana Islands 96950
Trust Territory of the Pacific Islands
9854,9355 (through International
Operator 0-160691)

Utah

Division of Alcoholism and Drugs
F. Leon PoVey, Director
150 West North Temple, Room 350
P.O. Box 45500
Salt Lake City, UT 84145
(801) 533-6532

Vermont

Office of Alcohol and Drug Programs
Richard Powell II, Director
103 South Main Street
Osgood Building
Waterbury, VT 05676
(802) 241-2170

Virgin Islands

Division of Mental Health, Alcoholism and
Drug Dependency Services
Patricia Todman-Rhymer, Director
P.O. Box 7309
St. Thomas, US VI 00801
(809) 774-4888

Virginia

Department of Mental Health/Mental
Retardation
Wayne Thacker, Director
Office of Substance Abuse Services
P.O. Box 1797
203 Governor Street
Richmond, VA 23214
(804) 786-3906

Directory of State and Territorial Alcoholism Program Directors

Washington

Bureau of Alcoholism & Substance
Abuse
Glen Miller, Director
Mailstop, OB-44W
Olympia, WA 98504
(206) 753-5866

Wisconsin

Wisconsin Office of Alcohol and Other
Drug Abuse
Larry W. Monson, Director
1 West Wilson Street, Room 441
P.O. Box 7851
Madison, WI 53702
(608) 266-2717

Wyoming

Division of Community Programs
Jean DeFratis, Substance Abuse
Program Manager
Hathaway Building, 3rd Floor
Cheyenne, WY 82002
(307) 777-6945

West Virginia

Division of Alcoholism and Drug Abuse
Office of Behavioral Health Services
Jack Clohan, Jr., Director
State Capitol
1800 Washington Street East
Charleston, WV 25305
(304) 348-2276

GOVERNORS' HIGHWAY SAFETY REPRESENTATIVES AND COORDINATORS

REPRESENTATIVE

COORDINATOR

ALABAMA - Gov. George C. Wallace
William M. "Bill" Rushton, Director
AL Department of Economic and
Community Affairs
Room 101, State Capitol
Montgomery, AL 36130
Phone: 205-284-6532

Ruby S. Noonan, Chief
Highway & Traffic Safety Division
AL Department of Economic and
Community Affairs
P.O. Box 2939
3465 Norman Bridge Road
Montgomery, AL 36105-0939
Phone: 205-284-8790

ALASKA - Gov. Bill Sheffield
Robert J. Sundberg, Commissioner
Department of Public Safety
Pouch N
Juneau, AK 99811
Phone: 907-465-4322

T. Michael Lewis, Program Director
Highway Safety Planning Agency
Department of Public Safety
Pouch N
Juneau, AK 99811
Phone: 907-465-4371

ARIZONA - Gov. Bruce Babbitt
Ms. Jerri Pastor
Governor's Highway Safety Representative
AZ Department of Transportation
1801 West Jefferson St., Room 465
Phoenix, AZ 85007
Phone: 602-255-3216

SAME

ARKANSAS - Gov. Bill Clinton
Tom Parker, Director
AR Highway Safety Program
1 Capitol Mall, Suite 4B-215
Little Rock, AR 72201
Phone: 501-371-1101

SAME

CALIFORNIA - Gov. George Deukmejian
Peter O'Rourke, Director
Office of Traffic Safety
Business, Transportation &
Housing Agency
7000 Franklin Blvd., Suite 330
Sacramento, CA 95823
Phone: 916-445-0527

G. Van Oldenbeek, Assistant Director
Office of Traffic Safety
Business, Transportation &
Housing Agency
7000 Franklin Blvd., Suite 300
Sacramento, CA 95823
Phone: 916-445-0527 or 5373

COLORADO - Gov. Richard D. Lamm
Cordell Smith, Director
Division of Highway Safety
Department of Highways
4201 East Arkansas Avenue
Denver, CO 80222
Phone: 303-757-9381

Larry G. Karsten, Deputy Director
Division of Highway Safety
Department of Highways
4201 East Arkansas Avenue
Denver, CO 80222
Phone: 303-757-9381

CONNECTICUT - Gov. William A. O'Neill

Norman C. Booth
Governor's Representative
Highway Safety Program Administrator
Department of Transportation
Office of Highway Safety
24 Wolcott Hill Road
Wethersfield, CT 06109
Phone: 203-566-4248

SAME

DELAWARE - Gov. Michael N. Castle

Francis A. Ianni, Director
DE Office of Highway Safety
Department of Public Safety
Thomas Collins Building, Suite 363
540 South duPont Highway
Dover, DE 19901
Phone: 302-736-4475

SAME

DISTRICT OF COLUMBIA - Mayor Marion D. Barry

John E. Touchstone, Director
Department of Public Works
Presidential Building
415 - 12th Street, NW., Room 508
Washington, DC 20004
Phone: 202-727-5847

William E. Corgill, Ph.D.
Chief, Transportation Safety Branch
Department of Public Works
415 - 12th Street, NW., Suite 314
Washington, DC 20004
Phone: 202-727-5777

FLORIDA - Gov. Bob Graham

Richard F. Barrett
Governor's Highway Safety Representative
2571 Executive Center Circle, East
Tallahassee, FL 32301-8244
Phone: 904-488-7541

Sandra Whitmire, Chief
Bureau of Public Safety Management
Department of Community Affairs
2571 Executive Center Circle, East
Tallahassee, FL 32301-8244
Phone: 904-488-5455

GEORGIA - Gov. Joe Frank Harris

Minuard C. McGuire, Director
Office of Highway Safety
*P.O. Box 1497
959 East Confederate Avenue, SE.
Atlanta, GA 30301
Phone: 404-656-6996

SAME

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The National Prevention Network (NPN) is a collaborative effort bringing together State representatives. Members of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) participate. Through a system of committees, NPN members promote prevention standards, encourage the development of prevention constituencies within each State, and exchange information on current prevention research, techniques, and policies. NIAAA and NIDA provide technical assistance through the dissemination of research findings to NPN members.

Listed in this directory are the representatives designated by each State, the National Association of State Alcohol and Drug Abuse Directors (NASADAD), Prevention Committee co-chairs, and the NIAAA and NIDA liaisons. Because names, addresses, and telephone numbers are subject to change, periodic updates to this listing will be made available. For more information, contact the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852, or call (301) 468-2600.

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To help prepare future materials to prevent alcohol-impaired and drugged driving, we would appreciate receiving the following from you:

Comments on this booklet including suggestions for improvement:

Ideas you would like included in future edition:

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Send to: Sandy Katz, NIAAA, Room 16C-14, Parklawn Building,
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