



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

**NTSA**  
People Saving People  
[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

DOT HS 809 364

November 2001

# Exploring an Alternative Transportation Program to Reduce Impaired Driving

This publication is distributed by the U.S. Department of Transportation, National Highway Traffic Safety Administration, in the interest of information exchange. The opinions, findings and conclusions expressed in this publication are those of the author(s) and not necessarily those of the Department of Transportation or the National Highway Traffic Safety Administration. The United States Government assumes no liability for its content or use thereof. If trade or manufacturer's names or products are mentioned, it is because they are considered essential to the object of the publication and should not be construed as an endorsement. The United States Government does not endorse products or manufacturers.

Technical Report Documentation Page

1. Report No. DOT HS 809 364		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Exploring an Alternative Transportation Program to Reduce Impaired Driving			5. Report Date November 2001		
			6. Performing Organization Code		
7. Author(s) Kathryn Stewart, Douglas Piper, and Monica King			8. Performing Organization Report No.		
9. Performing Organization Name and Address Pacific Institute for Research and Evaluation 11140 Rockville Pike, Suite 600 Rockville, Maryland 20852			10. Work Unit No. (TRAIS)		
			11. Contract or Grant No. DTNH22-95-R-05007		
12. Sponsoring Agency Name and Address National Highway Traffic Safety Administration Office of Research and Traffic Records Research and Evaluation Division 400 7 <sup>th</sup> Street, S.W., Washington, D.C. 20590			13. Type of Report and Period Covered Final Report 1995 - 2001		
			14. Sponsoring Agency Code		
15. Supplementary Notes The Contracting Officer's Technical Representative for this project was Dr. Patty Ellison-Potter.					
16. Abstract This study assessed the impact of an alternate ride home for persons who wanted to plan ahead for instances when they may be too impaired to drive, specifically targeting persons between the ages of 29 and 49. First, a series of focus groups was conducted to examine perceptions, opinion, attitudes, and beliefs about impaired driving and explored attitudes about the importance of family, jobs, and friendships in making decisions about drinking and driving and staying in control. Based on the focus group findings, the researchers chose a work place program to evaluate because of the connection that exists between drinking and driving and potential negative consequences for workers' careers. Two firms in Dane County, Wisconsin agreed to participate in the program, called CareFare, by promoting this program in their work place. One employer was a bank and the other was a manufacturing company. The appeal of workplace programs designed to prevent drinking and driving is that they are good business. Avoiding a crash is good for everyone, driver and employer alike. From an employer's point of view, lost time due to injury results in reduced productivity regardless of where or when the crash occurs. Some drawbacks were identified. One potential problem is that impaired driving is a sensitive issue when compared to other health concerns that might be addressed at the work place. The two employers in this program expressed concern that providing CareFare coupons might imply that either they condoned heavy drinking or that they believed their employees habitually became too impaired to drive. Surveys conducted after the program found that there was very little awareness of the program among employees of the two participating companies.					
17. Key Words DWI Countries Sanctions Laws International Graduated Licensing Systems			18. Distribution Statement Document is available through the National Technical Information Service Springfield, Virginia 22161		
19. Security Classif. (of this report)		20. Security Classif. (of this page)		21. No. of Pages 167	22. Price



# Contents

Executive Summary.....	1
Introduction and Background .....	7
Methodology .....	10
Definition of the Target Group .....	11
The Characteristics and Norms of the Target Group.....	11
Identification of Norms-based Programs .....	15
Site Selection .....	18
Evaluation Methodology.....	26
Findings.....	29
Conclusions.....	44
Works Cited .....	50

## Appendices:

- A. Focus Group Report for Target Group
- B. CareFare materials
- C. Survey Questions—Pre & Post
- D. Focus Group Report for M&I Employees and CareFare
- E. Tables of all pre-test comparisons between Madison-Kipp and M & I Bank Employees
- F. Tables of all comparisons for pre and post intervention among M & I Bank Employees
- G. Tables of all comparisons for pre and post intervention among Madison-Kipp employees

**PROTECTED UNDER INTERNATIONAL COPYRIGHT  
ALL RIGHTS RESERVED  
NATIONAL TECHNICAL INFORMATION SERVICE  
U.S. DEPARTMENT OF COMMERCE**

Reproduced from  
best available copy. 



## Executive Summary

Gratifying progress has been made in the last decade or more in reducing alcohol-related traffic fatalities. In fact, the alcohol-related fatality rate in 1999 was 38 percent, dramatically lower than the 57.3 percent rate in 1982 (U.S.D.O.T. 2000). Social norms concerning drinking and driving have undergone a dramatic transformation, with far more Americans recognizing impaired driving as a dangerous and even anti-social behavior (NHTSA 1998). Programs that capitalize on changing norms have the potential to augment deterrence-based countermeasures. The National Highway Traffic Safety Administration (NHTSA) funded the Pacific Institute for Research and Evaluation (PIRE) to carry out, develop, and pilot test a program to prevent drinking and driving that is based in norms against drinking and driving. This project was intended to take advantage of the significant contribution that social norms have made in the reductions in impaired driving, as well as of the knowledge generated by previous projects funded by NHTSA investigating various aspects of normative change. The pilot program modified an existing alternative transportation program, CareFare, which provides low-cost taxi rides to prevent driving after drinking.

Based on this understanding of the potential role of norms in the prevention of drinking and driving, this project:

- Defined a target group,
- Explored the characteristics and current norms of the target group through a series of focus groups,
- Identified possible countermeasures based on social norms,
- Selected a program site,
- Implemented countermeasures,

- Monitored the implementation process, and
- Measured outcomes.

## **Methodology**

### ***The Characteristics and Norms of the Target Group***

Based on a nationwide survey of drivers who drink (NHTSA 1998), NHTSA identified several parameters of age, sex, educational attainment, and occupation as being of particular relevance to the probability that impaired driving would occur and in the design of potentially effective countermeasures. For this project, a decision was made to focus on drivers between the ages of 24 and 49. It was also decided that the differences between blue and white-collar workers in their beliefs, attitudes, and behaviors were worth exploring to determine the potential suitability of countermeasures. Therefore, the target group for this project included samples of two groups of employed drivers—one from a white-collar employer and one from a blue-collar employer.

Focus group discussions with a sample of this target population were conducted to explore the participants' perceptions, opinions, attitudes, and beliefs about impaired driving and to determine how these characteristics and norms could be incorporated into an appropriate countermeasure.

### ***Program Description***

Based on the results of the focus groups, an alternative transportation program to prevent impaired driving was selected to be implemented through the employer. The employer was seen as a particularly promising venue for the alternative transportation program because the target population age group (24-49) appears to be very career-focused and concerned with the potential impact that impaired driving might have on employment. The employer-based program was implemented in Madison, Wisconsin in conjunction with an ongoing community-based program,

Real Behind the Wheel, with a normative theme designed to draw attention to the positive aspects of driving sober. One of the key components of the community program was to make available half-priced taxi coupons to be used on occasions when the participant had been drinking. For purposes of the present project, this alternative transportation program, called CareFare, was implemented by employers along with the normative promotional material from Real Behind the Wheel.

Two local businesses, one white-collar and one blue-collar, were recruited to participate in the initiative in three ways:

1. Provide a display area(s) for the CareFare materials and order blanks so employees could purchase coupon books;
2. Encourage the use of CareFare with reminders like paycheck envelope stuffers; and
3. Serve as the site for data collection with employees' participation being totally voluntary and confidential.

### ***Evaluation Methodology***

The evaluation of the implementation and outcome of the Real Behind the Wheel/CareFare program included six data collection efforts:

1. Review of CareFare records,
2. Pre and post surveys of employees,
3. Focus groups with CareFare purchasers,
4. Focus groups with employees,
5. Interviews of taxi drivers, and
6. Interviews with employers.

## **Results and Discussion**

### ***Review of CareFare records***

While 1,454 coupon booklets were sold during the study period, only five were sold at the participating places of employment. The remaining coupon booklets were ordered from program sponsors using forms displayed at convenience stores and other locations.

### ***Pre and post surveys of employees***

Surveys of employees indicated baseline differences between employees at the two businesses. Employees with white-collar jobs reported less drinking and less drinking and driving. They also more frequently reported having served as a designated driver or ridden with a designated driver. Differences in survey responses between employees at the two businesses are confounded by significant sex differences between the two employee groups, with more of the white-collar employees being female. Baseline responses showed that most employees at both businesses endorsed norms of avoiding impaired driving and valuing sober drivers.

Some changes were measured from pre-test to post-test, with more respondents reporting awareness of the CareFare program. Employers endorsed the CareFare program and, by extension, endorsed a norm of avoiding drinking and driving. It was expected, therefore, that the employees' perception of the employer's attitude towards impaired driving might change. No such changes were found in the pre-post comparisons.

### ***Focus groups with CareFare purchasers***

Focus group discussions with purchasers of the CareFare coupons indicated that the program was attractive to most of its past participants. They used the coupons for a variety of purposes, including giving them to teenaged children to ensure safe transportation. Some program participants bought multiple coupon books, indicating that they might be heavy drinkers who

benefited from an alternative form of transportation. Negative aspects of the program included the inconvenience of the system for purchasing the coupons.

### ***Focus groups with employees***

Focus groups of employees of the two participating businesses indicated that the program was not sufficiently well promoted at work and that employees had concerns about confidentiality.

### ***Interviews of taxi drivers***

Interviews with taxi drivers who participated in the CareFare program indicated that the coupons were easy to use and that the riders who used the coupons were in general less impaired and more responsible than their usual late-night riders. The drivers cited the inconvenience of the current system of purchasing the coupons as a flaw in the existing program.

### ***Interviews with employers***

Employers interviewed about the CareFare program expressed some discomfort about participating in a program that dealt with a potentially sensitive issue like impaired driving, as opposed to other health and safety promotion efforts such as blood pressure screening. They pointed out that the key characteristics of any work-place program from their perspective are ease of administration, minimal time investment, and provision of a service that is valued by employees.

## **Conclusions**

The evaluation of the CareFare program can provide guidance for further development and implementation of two types of countermeasures: alternative transportation programs based on

the use of taxis and programs based in the workplace. It also provides some insight into the role of normative themes in such programs.

Based on the pilot testing of this program, we conclude that a program that provides discount taxi fares can be a useful adjunct to other impaired driving prevention strategies. In addition, programs can be implemented in work-sites if appropriately designed and implemented. A number of conclusions can be drawn about ways to strengthen and refine such programs.

- While the development of normative themes, such as placing value on sober drivers, may be a useful enhancement to such a program, users tend to take advantage of the program based on practical considerations and norms that are already prevalent.
- Given that some CareFare users purchased multiple coupon booklets, it appears that his type of program may be particularly useful for frequent heavy drinkers and potential high-risk drinker/driver. Promotional materials and availability can be focused to appeal to this population.
- Use of such a program could be increased by more vigorous promotion and convenience of use, as well as ensured confidentiality.
- Basing this type of program in job sites has both advantages and disadvantages. Employers expressed concerns about mixed messages about drinking while employees expressed concerns about confidentiality. Given that employers did not vigorously promote the program in the current project, little change was observed

relative to the extent to which employees perceived that employers had strong norms or expectations about avoiding drinking and driving.

- Any prevention program based in a job site must be flexible and responsive to the needs and concerns of both the employer and the employees. In particular, implementation must take into account the practical constraints of the job site, including the need for the program to be easy to administer and require little investment of time on the part of managers or employees.

The program implemented in the current project shows that alternative transportation programs are attractive to particular populations of at-risk drivers and are worthy of further exploration and implementation.

## Introduction and Background

Gratifying progress has been made in the last decade or more in reducing alcohol-related traffic fatalities. In fact, the alcohol-related fatality rate in 1999 was 38 percent, dramatically lower than the 57.3 percent rate in 1982 (U.S.DOT 2000). In particular, social norms concerning drinking and driving have undergone a dramatic transformation, with far more Americans recognizing impaired driving as a dangerous and even anti-social behavior (National Highway Transportation Safety Administration [NHTSA] 1998).

Attention to the problem by policy-makers and citizens alike has greatly broadened our recognition of potentially effective countermeasures. As attitudes about impaired driving have changed, so too have countermeasure approaches. Initial efforts by citizen groups (especially victim groups) to bring about wider recognition of the tragic consequences of impaired driving have resulted in an emphasis on severe punishment for impaired drivers, especially those who cause crashes. The need for more vigorous enforcement to apprehend drinking drivers before crashes occurred has also been recognized. The development of strong anti-drinking driving norms has made these harsher policies more feasible and acceptable to the public. At the same time, the criminalization and vigorous enforcement probably has caused further strengthening of norms against drinking and driving.

Decreases in impaired driving in recent years are most likely the cumulative result of these interrelated factors, as well as other unrelated causes, such as a general decrease in alcohol consumption, greater consciousness of healthy lifestyle choices, and demographic and economic shifts.

Deterrence strategies have made a significant contribution to decreases in impaired driving in recent years. Norms-based programs have the potential to augment deterrence. NHTSA funded the Pacific Institute for Research and Evaluation (PIRE) to develop and pilot test a norms program. This project was intended to take advantage of the significant contribution that social norms have undoubtedly made in the reductions in impaired driving, as well as of the knowledge generated by previous projects funded by NHTSA investigating various aspects of normative change.

Social norms, that is, the standards of behavior that members of a group accept and follow, can affect impaired driving both positively and negatively. For example, social norms that place high value on conviviality and conformity to peer behavior might encourage people to drink heavily in situations in which they must drive. By contrast, a norm that places high value on acting responsibly and protecting others would encourage people to avoid impaired driving and to prevent friends from drinking and driving.

Previous persuasion and education-based countermeasures for impaired driving have had mixed or disappointing results, unless combined with strong deterrence (Vingilis and Coultres 1990). Recent projects undertaken by NHTSA have increased the available information about typical impaired driving situations and decision-making processes, the most salient norms that operate in high-risk situations, and the most effective mechanisms for changing and reinforcing social norms (e.g., Stewart 1995).

NHTSA has also recognized another important aspect of drinking and driving and the establishment of social norms: the importance of change agents. Norms are established on the

basis of positive and negative responses from social contacts. We do not need norms to prevent people from placing their hands on hot stoves—the feedback is immediate and physical. Other types of behavior, however, require social feedback to shape them. The identification of appropriate change agents for the selected target group and the development of motivations for these agents to act, as well as specific strategies for intervening can be an extremely important contribution to changing and applying appropriate norms. Change agents and interventions may be very proximal—a party host taking the car keys away from an intoxicated guest. Agents and interventions may also be more distal—a teacher telling stories about appropriate behavior to young children in hopes of influencing their behavior years later. There is a growing body of literature about change agents and interveners (e.g., Hernandez et al. 1995).

Based on this understanding of the potential role of norms in the prevention of drinking and driving, this project:

- Defined a target group,
- Explored the characteristics and current norms of the target group through a series of focus groups,
- Identified possible countermeasures,
- Selected a program site,
- Implemented countermeasures,
- Monitored the implementation process, and
- Measured outcomes.

The results of each of these stages of the project will be described in detail below.

## **Methodology**

### **Definition of the Target Group**

Based on a nationwide survey of drivers who drink (NHTSA 1997), NHTSA identified several possible target groups for intervention. Based on this survey, several parameters of age, sex, educational attainment, and occupation were identified as being of particular relevance regarding both the probability that impaired driving would occur and in the design of potentially effective countermeasures. For the current project, it was decided to focus on drivers between the ages of 24 and 49. It was also decided that the differences between blue and white-collar workers in their beliefs, attitudes and behaviors were worth exploring to determine the potential suitability of countermeasures. Therefore, the target group for this project includes samples of two groups of employed drivers—one from a white-collar employer and one from a blue-collar employer.

### **The Characteristics and Norms of the Target Group**

In order to explore the characteristics and existing beliefs and norms of the target group, four focus groups were carried out with licensed drivers who drink alcohol. Because of the definition of the target group during the initial exploratory phase of the project, these focus groups were limited to males with some college education. Two groups were conducted with participants aged 25 to 35, and two groups were conducted with participants aged 36 to 45. Participants in these groups were recruited from the Washington, D.C. metropolitan area. The groups were facilitated by a professional focus group facilitator and consisted of 2 hours of guided discussion to explore the participants' perceptions, opinions, attitudes and beliefs about impaired driving. Specific topics included social activities and the role of alcohol; attitudes towards drinking, not drinking and the importance of staying in control; and the importance of attitudes concerning

family, job, and friendships in making decisions about drinking and driving. (For a complete description of the focus groups, see Appendix A.)

### **Drinking Behavior and Attitudes**

The focus groups provided insights into the social life, drinking behavior, drinking and driving attitudes, and overall values and motivations of drivers. For the younger members of the current target population, drinking is a central feature of social life and drinking primarily occurs in bars with large groups of friends. With older members, however, changes seemed quite marked and consistent. In the late twenties and beyond, a definite evolution in values and social habits—especially regarding drinking—occurred. This change may have been due in part to simple maturation, but also may have been due to changes in life roles, in particular marriage, having children, and taking on more important job responsibilities. The effects of changing social roles on drinking and other drug use has been reported in the literature (Burton et al. 1996; Labouvie 1996).

Respondents reported deliberately reducing the amount they drink, limiting the circumstances under which they drink, and avoiding drinking and driving as a result of feelings of responsibility for children and concerns about the potential effects drinking and driving would have on their jobs. Some respondents reported that they did not drink in front of their children or that they did not want to drink to the point of impairment in case there was some unexpected crisis or need involving their children. With regard to jobs, respondents reported that they could not afford to have their work performance impaired by a hangover or that an impaired driving arrest or even an embarrassing incident related to intoxication could have serious repercussions for their jobs.

Some respondents said that being arrested for impaired driving would essentially end their careers. This finding is consistent with the existing literature (e.g., Robbins 1991).

Other aspects of maturation seem to have affected respondents' drinking. Many reported reduced drinking because of health reasons. They said that they could no longer handle heavy drinking, loss of sleep, and hangovers the way they could in younger years. Some reported more concern over preserving health by leading a more moderate life style. In addition, respondents reported being affected by accumulated life experience with the negative consequences of heavy drinking—either their own or others. Some reported that a single incident of a crash or near miss while impaired convinced them to reduce drinking, while other respondents had witnessed friends or family members suffer negative consequences due to drinking. Respondents appeared to recognize the significance of these events and to change their behavior based on them.

Respondents reported that their tastes and preferences had changed since their younger years. They reported being more likely to drink more expensive alcohol (especially better wines or micro-brew beers) for taste and enjoyment rather than drinking whatever was cheapest for effect, as they had earlier in their lives. They also report drinking primarily with meals.

### **Drinking and Driving Behavior and Attitudes**

With regard to drinking heavily and driving, respondents in this project reported that such behavior occurs less frequently than earlier in their lives because heavy drinking occurs less frequently. When respondents do find themselves in circumstances where they might drive while impaired, motivations for avoiding drinking and driving include fear of arrest, but this concern is also tied to other issues. For example, they fear arrest because of the consequences it would

have for employment or how it would appear to their children. Respondents also expressed concern over potential harm that they might do to others in a crash. Interestingly, while this group does express concerns about their own health and the possible negative consequences of drinking, the possibility that they themselves might be injured if they drive while impaired does not appear to be a prominent concern.

Respondents used a variety of techniques to avoid drinking and driving. Most common was simply limiting the amount of alcohol consumed. Respondents report placing a strict limit on the number of drinks—usually one or two—before driving or timing their drinking so that they consumed no more than one drink per hour.

A few respondents did report heavy drinking patterns. These heavier drinkers also had a definition of impaired driving that required a much greater level of intoxication than that reported by the lighter drinkers.

## **Motivations**

When asked about the motivations that are important to them, respondents in the current study tended to emphasize internal motivations—“feeling good about yourself”—as most closely related to avoiding impaired driving.

## **Application of Target Group Characteristics to Possible Programs**

As a result of the findings of this exploratory phase, several possible themes were suggested that might be persuasive with the target group in that they might echo or amplify the concerns that already appear to motivate them. These include:

- Responsibility for children
- Health consequences
- Embarrassment/shame about intoxicated behavior
- Concern about employment consequences
- Concern about harming others.

Of these themes, the one that seemed most likely to be implemented successfully in an intervention was concern about employment consequences. This was the motive most frequently mentioned by respondents - one that seemed quite strong. This theme was seen as particularly promising because the employer seems to be the most relevant change agent. This population appears to be very career-focused and concerned with the potential impact that impaired driving might have on their jobs.

## **Identification of Norms-based Programs**

### **Existing Literature on Normative Programs**

There is little literature regarding norms-based programs for impaired driving that shows evidence of effectiveness. Of course, it appears that much of the reduction in impaired driving that has occurred in recent years has been accompanied by overall shifts in norms and attitudes in the general population. Little if any research indicates that these changes have been brought about by specific persuasive programs. Rather, they have been the result of widespread efforts, including legal changes, enforcement, and deterrence. A better understanding of existing attitudes and norms and how they might be used to change behavior may make strategies successful. In addition, normative components may be added to programs with a proven record

of effectiveness to further strengthen them and make them more applicable to the target population.

### **Employer-Based Programs**

A program based in the workplace seemed appropriate to this population because of the importance of career to this group and the connection that already exists in their minds between drinking and driving and potential consequences for their careers. Most research involving health promotion and disease prevention at the worksite indicates that such interventions are both health- and cost-effective (Pelletier 1996). Recent research suggests that employees with unhealthy behaviors have substantially higher health care costs than those leading healthier lifestyles and, since health care costs have been rising rapidly, many businesses would probably be motivated in this area and could benefit from the implementation of a workplace program.

Because employers could provide incentives for employees to attend the programs (e.g., time off as an inducement to participate, subsidization of program costs), they could take advantage of the captive nature of workers as an audience (Warner 1990). The employer or workplace could, therefore, serve as an effective change agent, emphasizing a norm in the workplace of avoiding impaired driving and (implicitly or explicitly) threatening serious negative consequences for failing to adhere to this norm.

The major drawback of selecting this type of approach was that almost no research exists on workplace programs aimed at impaired driving. Given that the target group appeared to be particularly susceptible to this particular message as it relates to their careers, however, it seemed worthwhile to test such a program.

Many worksite programs that focus on general health promotion (e.g., lowering cholesterol, starting or increasing exercise) have been evaluated, as have several programs that are based on alcohol awareness. For example, the Minnesota Mining and Manufacturing (3M) Alcohol and Other Drug Prevention Program consisted of a 10-hour supervisory training program, a two-and-one-half hour program for all employees that discussed values and 3M policies regarding alcohol and other drug use, and a peer helper program. The program resulted in reduced employee alcohol consumption, improvement in employee and supervisor prevention skills, and a decrease in incidents in which substance use negatively affected work performance (Stoltzfus and Benson 1994).

An evaluation of a worksite program in Canada also reported positive results (Kishchuk et al. 1994). This program provided information on the social and personal costs of alcohol, strategies for promoting socially responsible drinking, and the prevention of negative consequences of intoxication for oneself and one's family and friends. The program promoted socially responsible attitudes and reduced self-reported weekly consumption among program participants. Though the two programs described here may not have sent an explicit message concerning impaired driving, one may have been understood in the programs' materials or scope.

Rosenkranz and Lewis (1995), in cooperation with the Colorado Department of Transportation, evaluated a pilot program aimed at male blue-collar workers. "Talking about Buzzing and Tooling" was developed based on a combination of three behavioral theories. Consistent with other research, 36- to 44-year-olds exhibited the most desirable behavior regarding avoiding impaired driving, while 27- to 35-year-olds exhibited the least desirable behavior, and 18- to

21-year-olds were consistently the most undecided about the decision to drive after drinking. With regard to pluralistic ignorance (that is, misperceptions about the behavior of peers), 18- to 26-year-olds were most likely to think that a higher proportion of their peers drove after drinking and engaged in other unsafe driving behaviors. Results from the program indicated increases in the number of participants who believed that they never could drive safely when their blood alcohol is over the legal limit, and significant changes in responses to the scenarios on intent to drive home when impaired.

## **Site Selection**

The site selected for the implementation of the intervention for this current study was Dane County, Wisconsin. This site was selected because of the presence of an on-going project (described below) that seemed to fit well with the selected countermeasure.

## **Site Characteristics**

Dane County has slightly more than 400,000 residents including slightly over 200,000 who reside in Madison. Only the city and county of Milwaukee is larger in Wisconsin. In the 1990 census, whites made up 93.9 % of the Dane County total. However, the minority population of the city of Madison is growing rapidly: children of color now make up 32% of Madison school students. Madison is the home of the University of Wisconsin's flagship campus (41,000 students) and the state capitol.

Wisconsin is an appropriate place in which to study drink/drive issues. The state is in the top three in several indicators of drinking and impaired driving severity. Compared to the nation as a whole, Wisconsin is:

- #1 in the nation in binge drinking (CDC 1995),
- #1 in the proportion of adults who drink each month, (CDC 1995)
- #1 in the number of liquor licenses per person (306 licenses/person for the state as a whole, and 456 for Dane County) (Wisconsin Department of Transportation 1997)
- #3 in the percentage of adults who have driven after having too much to drink in the past month (CDC, 1995).

However, Wisconsin's grade in *Rating the States: A Report Card on the Nation's Attention to the Problem of Alcohol- and Other Drug-Impaired Driving* (MADD, 1996) was slightly higher than that of the nation as a whole based on laws it has in place and other indicators. Wisconsin received a "B minus" compared to a "C" for the nation as a whole.

### **Ongoing Program**

In December 1995, the National Commission Against Drunk Driving (NCADD) announced that Dane County had been selected as one of five "local laboratories" to develop and test anti-drunk driving strategies and messages. The goal of the NCADD initiative was the development of new strategies to motivate 21- to 34-year-olds to alter their drinking and driving behaviors.

The Operating While Intoxicated (OWI) Coordinator of the Dane County Sheriff's office convened a Task Force consisting of leaders from the alcohol industry, the judicial system, law enforcement, the media, beer distributors, and Mothers Against Drunk Driving (MADD) to design the initiative. "Real Behind the Wheel" became the unifying theme for the new community campaign. The campaign communicated the defining traits of "Real Men" and "Real Woman" seeking to "score points" with the opposite sex. The program was to be promoted

through a public information blitz. The defining traits, or community norms, selected for this target population were:

- “Real Men” and “Real Women” drive “real sober.”
- Be “man enough” to give up the keys.
- Be “smart enough” to designate a driver in advance.
- Be “strong enough” to intervene and not let a friend drink and drive.
- Use CareFare.

CareFare is a half-price taxi program to encourage potential drinking drivers to take taxis when they drink. Purchasing CareFare coupon booklets and using alternative transportation when drinking constituted one of the key messages in the campaign.

For the purpose of the current project, an additional workplace component was added in an effort to more effectively reach the NHTSA target group with the key messages.

The Dane County Sheriff’s Office retained control of the implementation of this initiative, with the exception of survey administration. The “Real Behind the Wheel” public information campaign began on November 25, 1996, and ran until just after the holiday season. Thirty-two billboards and 24 transit boards were displayed on the side of buses throughout Madison featuring a “Real Men Drive Real Sober” image and messages. The image chosen was an attractive white male in his twenties wearing a white T-shirt with a leather jacket over his shoulder. Two radio stations ran identical messages and public service announcements. One station ran four to six 60-second spots per day, while the second station ran two to three 60-

second spots per day. A similar public information campaign ran a second time during November and December 1997.

### **History of the CareFare Program**

The OWI Program (Driving Force) of the Dane County Sheriff's Office, in conjunction with Adams Outdoor Advertising and the Union Cab Company, developed the CareFare Program concept in 1993–94. The program theory posited that if round-trip cab fare could be priced close to that of one-way fare, this would act as an incentive for otherwise drinking drivers to leave their cars at home and opt for public transportation from the start of their trip. Based on their successful history with discounted cab fare coupon booklets for the elderly and handicapped, Union Cab Company designed the CareFare coupon booklet. Twenty dollars worth of coupons in denominations of \$2, \$1, \$.50 and \$.25 were packaged in a booklet to be made available to the consumer for \$10. In this way, discounted cab rides would be offered for half of the usual fare value. While CareFare would be available to the general public, the program targeted two sub-populations: (1) people consuming alcoholic beverages outside of their homes; and (2) teenagers out socializing or babysitting who might be at risk of riding with an impaired driver. The targeted number of coupon booklets to be sold over 3 years was 10,000.

In March 1994, the OWI Coordinator submitted a proposal to the Wisconsin Department of Transportation (DOT) for federal National Highway Traffic Safety Administration (NHTSA) dollars earmarked for alternative transportation programs to fund the CareFare Program. The Union Cab Company had already committed to underwriting a portion of the program's costs. Stop 'N Go Stores, a convenience store chain with 12 sites in the Madison area, agreed to sponsor the program as well as become an outlet for applications for CareFare coupons.

The final formula for subsidization of the CareFare Program was as follows: 20% from NHTSA via Wisconsin DOT, 20% from Union Cab Company, and 10% from the three local businesses, Stop 'N Go Stores, General Casualty, and the Tavern League of Wisconsin. For every \$20 CareFare coupon booklet, this formula translates to NHTSA covering \$4.00, Union Cab covering \$4.00, the three businesses covering \$2.00, and the consumer paying \$10.00.

Promotion of the CareFare Program began with a media campaign. During the first year, October 1995 to September 1996, two Madison radio stations aired CareFare promotions, as well as pre-recorded public service announcements. Adams Outdoor Advertising sold billboard space to Blue Cross/Blue Shield of Wisconsin and MADD at a reduced rate, which constituted their contribution to the program. Thirty-two billboards promoting CareFare were erected; most remained up for approximately 1 month. Madison Metro, the local bus company, displayed 24 CareFare "transit boards" on the sides of buses.

CareFare materials consisting of a counter display, posters, brochures, and order forms were distributed to Stop 'N Go Stores located in the city of Madison and General Casualty Insurance Company located in Sun Prairie, a suburb approximately 13 miles northeast of Madison. (See Appendix B.) Materials were also displayed at the OWI Program office of the Dane County Sheriff's Office located in downtown Madison. Order forms were stamped with the sponsor's name.

Purchase of CareFare coupon booklets was a two-step process. Consumers filled out an order form and mailed it with a check or money order to the OWI Program office. Coupon booklets,

numbered for tracking purposes, were then mailed to the consumer. This system required disclosure of the consumer's name and address on the order form, but these were not included on the booklets. Processing of orders took an average of 2 business days. Consumers could also purchase coupon booklets directly from the OWI Program office, eliminating the waiting period.

Four Dane County businesses purchased CareFare coupon booklets for employee or client use. These purchases most often coincided with seasons when companies sponsored holiday parties.

CareFare coupons were valid every weekday from 6 p.m. to 6 a.m., and all weekend for cab fares with Union Cab Company. Booklets were stamped with an expiration date and were valid for 1 year from date of purchase. No restrictions were applied to trip distance, making CareFare just as applicable to suburban fares as to fares within the Madison city limits. Coupons functioned exactly the same as cash. A consumer was free to pay for a cab ride with a combination of coupons and cash. Cab drivers noted receipt of CareFare coupons on their manifests and turned them in at the end of their shifts. The Union Cab Company had a long history and commitment to discounted coupons for the elderly and handicapped and simply incorporated tracking of CareFare coupons in their regular record-keeping system. The company kept monthly, computerized tallies of the total dollar value of coupons used. The first CareFare coupon booklet was sold in October 1995.

### **Workplace Component of the Countermeasure**

In late October and early November 1996, PIRE staff sent 22 recruitment letters to Madison-based businesses with workforces of 400 or more. The criterion of 400 employees was

established in order to ensure an adequate sample size for data collection at both the pre-test and post-test. Businesses were asked to participate in the initiative in three ways:

1. Provide a display area(s) for CareFare materials and order blanks so employees could purchase coupon books;
2. Encourage the use of CareFare with reminders like paycheck envelope stuffers; and
3. Serve as a survey administration site with employees' participation being totally voluntary and confidential.

Two employers committed to participation as a result of this recruitment effort. Madison-Kipp Corporation is a predominately blue-collar, tool and dye manufacturing company with a workforce of approximately 700 people located in two facilities on Madison's near eastside.

M&I Bank is a financial services company with a predominately white-collar workforce of approximately 525 people located in one main facility and 13 branch locations in the Madison area. In addition to committing to the three requirements above, Madison-Kipp Corporation also agreed to pay a \$2.00 subsidy on each CareFare coupon booklet purchased by their employees. M&I Bank declined to use the paycheck stuffer since their payroll was prepared and sealed off-site.

### **Other Ongoing Programs**

Three other transportation initiatives, the "SafeRider Program," "Night Rider," and "Easy Rider," operated during the initiative and may have had some effect in perceptions of the CareFare program and on outcomes. Sponsored by the Tavern League of Wisconsin since 1989, SafeRider provided free cab rides to seriously impaired patrons of bars and taverns to their homes and then back to retrieve their cars the following day. The program operated Thursdays

through Saturdays, 24 hours a day. Bartenders and servers retained total discretion over which patrons received SafeRider vouchers, and also placed the call to the cab company to summon a cab. All cab companies accepted the SafeRider vouchers. With the exception of \$5,000 annually allocated in the Dane County budget, the Tavern League covers the entire cost of SafeRider. The program supplies approximately \$20,000 worth of cab rides per year in Dane County.

SafeRider differs from the CareFare program in several important ways: (1) the target population is seriously impaired drivers only; (2) the judgment regarding level of impairment is made by bartenders and servers or by the customer; (3) the program is totally free; (4) the supply of vouchers is immediate; (5) the program operates 24 hours a day Thursdays through Saturdays; and (6) the program enjoys long-standing, local, stable support.

Night Rider, funded by NHTSA via Wisconsin DOT, operated in exactly the same manner as SafeRider on Mondays through Wednesdays, and Sundays. Night Rider was intended to fill the gap left by SafeRider so that free cab rides would always be available to seriously impaired individuals.

Easy Rider was a charter cab service available to the sponsoring organizations of festivals, businesses hosting office and/or holiday parties, and weddings. NHTSA dollars covered 50% of the fare via Wisconsin DOT, while the purchaser covered the other 50%. The purchaser offered rides home in a chartered vehicle to individuals attending their functions who were too impaired to drive.

A deterrent program, "Operation Nightcap," operated in December 1996 and March 1997. With a grant of \$25,000, 20 additional police patrols were assigned to high traffic areas in the City of Madison during high-risk hours for drunk driving. A major media campaign preceded Operation Nightcap, including press conferences given by the OWI Coordinator.

## **Evaluation Methodology**

The evaluation of the implementation and outcome of the employer-sponsored CareFare program included six data collection efforts:

1. Review of CareFare records,
2. Pre and post surveys of employees,
3. Focus groups with CareFare purchasers,
4. Focus groups with employees,
5. Interviews of taxi drivers, and
6. Interviews with employers.

Each of these efforts is described below.

### **1. CareFare Records**

The Sheriff's OWI Office maintained a computerized database of CareFare coupon booklet purchases by month and by source of the order form. The database can only be manipulated in limited ways; searches by customer name cannot be done. The Union Cab Company maintained a computerized database of the total dollar value of fares paid with CareFare coupons by month. Both of these databases permitted trend analyses during the months of the initiative. It was also possible to track sales of coupon books at the participating employers.

## **2. Pre and Post Employee Data Collection**

Pre-test and post-test data were collected from employees of the two participating businesses. PIRE staff administered a 62-item pre-test (Appendix C) to the second and third shift Madison-Kipp employees in late May 1997, on site during work time. PIRE staff spent four 7-hour shifts over 2 days at the Madison-Kipp facility. Small groups of employees left their work stations to answer questions in a central location. Madison-Kipp Corporation's Chairman of the Board provided an exercise machine for a raffle as an incentive for his employees to participate. One hundred forty-seven (147) Madison-Kipp employees participated in the pre-test.

An identical post-test was administered to Madison-Kipp employees on September 22 and 23, 1998, but Madison-Kipp chose not to administer the post-test during work time. Employees were offered the opportunity to answer the questions at 2 p.m. and 10 p.m. on both days, following their work shifts. An immediate \$20 incentive payment was paid by the project to the 201 employees who completed the post-test.

PIRE staff delivered pre-tests to M&I Bank in early July 1997. On July 7, pre-tests were placed in the lunchrooms of the main and branch offices located in the city of Madison, along with a letter of encouragement to participate signed by a Senior Vice President. Employees were offered incentives to participate: entry in a raffle for a 30" color television and a \$50 shopping mall certificate. PIRE managed the raffle by attaching a tear-off sheet to the front of each survey requesting the respondent to supply a tracking code to PIRE, with the same code on a claim check retained by the employee. A stamped envelope addressed to PIRE was stapled to each survey along with instructions that all surveys must be postmarked by July 18. One hundred forty-seven (147) M&I employees participated in the pre-test. An identical post-test was

administered in the same manner to M&I employees in mid-March 1998, and 104 employees participated.

### **3. Focus Groups with CareFare Purchasers**

In late February 1998, PIRE staff recruited CareFare purchasers from a list supplied by the OWI Program Office to participate in gender-specific, 90-minute focus groups. Staff mailed 125 letters of invitation, with a response form and self-addressed stamped envelope. A \$50 incentive payment was offered to each participant. PIRE received 22 positive responses. Staff scheduled all 22 purchasers for focus groups conducted by Kinzey and Day Associates, a market research firm, on March 31 and April 2, 1998. Twenty-one purchasers participated in two groups—11 men and 10 women. (See Appendix D for full description of focus groups.)

### **4. Focus Groups with M&I Bank Employees**

In late February 1998, PIRE staff recruited M&I Bank employees to participate in gender-specific, 90-minute focus groups. A \$50 incentive payment was offered. PIRE received 25 positive responses by mid-March. Staff scheduled all 25 for focus groups conducted by Kinzey and Day Associates on March 31 and April 1, 1998. Twenty-one employees participated in three groups—17 females and 4 males. (See Appendix D for full description of focus groups.)

At the Madison-Kipp Corporation, too few employees volunteered to compose a focus group, so none was conducted.

## **5. Interviews with Union Cab Company Drivers**

In early April 1998, PIRE staff recruited cab drivers to participate in a structured 45-minute interview regarding their perceptions of the CareFare Program. A \$40 incentive was offered, and PIRE received nine responses. PIRE senior researchers conducted the interviews from late April through early June 1998 at the Union Cab Company facility.

## **6. Interviews with Employers**

Representatives from 10 major employers in the Madison area were interviewed from late March through the end of April 1998, in order to explore perceptions of workplace programs for the prevention of drinking and driving. Of these, three interviewees were from Madison-Kipp and M&I Bank and seven were from other employers in the area.

# **Findings**

### **CareFare coupon booklets sold and used.**

From October 1995 through August 26, 1998, a total of 1,454 CareFare coupon booklets were sold. The countermeasure ran from November 1996 through August 1998, and 916 booklets were sold during that time. The total number of individuals who purchased these booklets was 158, an average of 9.2 booklets per customer. However, the OWI Program Office reports that some customers were “heavy repeat purchasers” in the 34 months of the program, ordering far more than 9 booklets each. This information is validated in the cab driver interview data and CareFare purchasers focus group data.

The total number of coupon booklets sold via Stop ‘N Go Stores was 1,014. Booklets sold directly from the OWI Office are included in this number; staff reports that this subset is small—

a total of 309 booklets sold from October 1995 through October 1996. The countermeasure initiative ran from November 1996 through August 1998, and 705 booklets were sold from this source during that period.

The total number of coupon booklets sold via the Tavern League was 294. From October 1995 through October 1996, 100 booklets were sold. Another 194 booklets were sold after November 1996. When the Tavern League is listed as the source, the order form is stamped with the Tavern League's name; however, all qualitative data indicates that CareFare materials were not available in bars or taverns. Staff of the OWI Program Office speculates that either the focus group participants did not notice the CareFare materials or that Tavern League members were distributing coupon booklets that they had purchased to individuals of their choice.

Only five coupon booklets were sold via Madison-Kipp or M&I Bank—all to the same customer from Madison-Kipp. This sale took place in November 1997, 4 months after the CareFare materials were distributed and 1 year after the public information campaign.

Of the remaining 141 coupon booklets sold, General Casualty Insurance Company, one of the CareFare Program's original sponsors, purchased 64 of them in November 1995. A small Madison business purchased a total of 34 booklets, 23 of them during the 1995 holiday season.

Table 1 shows the use and sales data from the Union Cab Company and the Dane County Sheriff's Office covering the period from November 1996 to July 1998. We see a general increase in coupons used until the 1997 holiday season, then a decline and leveling off for the rest of the period. This is consistent with more drinking and holiday parties during November

and December. The only exception is fairly heavy use in July of each year. Overall, 1,454 coupon books were sold, an average of over 41 per month. While data on the number of rides taken using coupons were not available for the entire period, it is clear that on more than 2,000 occasions, driving was avoided by taking a cab.

**Table 1: Sales and Use of CareFare Coupons**

Month/Year	Data from the Union Cab Company		Data from Sheriff's Office
	\$ Value of Coupons Used <sup>1</sup>	Number of Rides <sup>2</sup>	Number of Books Sold
Oct 95			11
Nov 95			108
Dec 95			80
Jan 96			22
Feb 96			19
March 96			52
April 96			81
May 96			24
June 96			17
July 96			17
Aug 96			33
Sept 96			27
Oct 96			47
Nov 96	534.50	69	17
Dec 96	670.50	87	32
Jan 97	450.25	58	48
Feb 97	523.25	68	57
March 97	724.50	93	23
April 97	748.75	97	78
May 97	926.25	120	57
June 97	553.00	71	37
July 97	1,019.25	132	35

Month/Year	Data from the Union Cab Company		Data from Sheriff's Office
	\$ Value of Coupons Used <sup>1</sup>	Number of Rides <sup>2</sup>	Number of Books Sold
Aug 97	709.75	92	28
Sept 97	835.75	108	72
Oct 97	904.75	117	69
Nov 97	1,076.75	139	30
Dec 97	1,017.25	131	53
Jan 98	737.75	95	43
Feb 98	560.50	72	49
March 98	643.25	83	26
April 98	614.75	79	32
May 98	548.00	71	38
June 98	623.25	80	38
July 98	771.25	100	47

<sup>1</sup> Total cash value of rides paid for with CareFare coupons.

<sup>2</sup> Based on an average taxi ride of \$7.75 from Union Cab's records of all trips.

<sup>3</sup> Total number of coupon booklets sold through the Dane County Sheriff's Office.

## Results of the Pre and Post Data Collection

Examination of the results of the pre and post-data collection from employees provides information about the differences between the two employee groups, as well as some indication of the impact of the CareFare program promotion in the workplace. Tables displaying the baseline comparisons and pre-post comparisons can be found in Appendices E, F, and G.

### *Comparison of Madison-Kipp and M&I Bank Employees at Baseline*

In terms of demographics, the respondents from Madison-Kipp were more likely to be male (70%); while the respondents from M&I Bank were more likely to be female (70%).

Respondents from Madison-Kipp were also slightly older (39 as compared to 34 years old) and less educated (mean education of 8<sup>th</sup> grade as compared to some college).

Regarding drinking behavior, M&I Bank employees tended to drink less and to be abstinent on more days per month (19.2 as compared to 12.8). Of course, the fact that more bank employee respondents were women may in part account for this difference, as well as some of the other observed differences. Of the Madison-Kipp respondents, 18 percent reported that they had been stopped for OWI at some point in the past, while only 8 percent of the bank employees reported having been stopped.

Madison-Kipp employees estimated that they could drink 4 drinks before it would be too dangerous to drive, as compared to 3 drinks for M&I Bank employees. Interestingly, however, the average self-imposed limit on drinking before driving was lower for Madison-Kipp employees (1.4 drinks) than for M&I Bank employees (2.2 drinks).

M&I Bank employees were more likely to report having ridden with, or been, a designated driver in the last six months (which may be due in part to the fact that more bank employees were female). The definitions of how much a designated driver could drink were similar for both employee groups, with over 70 percent of each group saying that a designated driver should not drink at all and 16 percent of each group allowing one drink before driving.

More than 90 percent of each group said that it is “very important” or “important” that something be done to reduce drinking and driving, and about 60 percent of each group said that the penalties for drinking and driving should be more severe.

At pre-test, very few employees at either company had heard about the “Real Behind the Wheel” campaign (3% at Madison-Kipp and 2% at M&I Bank). More employees reported being aware of the CareFare program (34% at Madison-Kipp and 24% at M&I Bank).

The majority of respondents at both companies already endorsed most of the norms promoted by the “Real Behind the Wheel” campaign at pretest, agreeing with such statements as “A smart person will intervene with friends in a potentially dangerous drinking and driving situation,” and disagreeing with such statements as “Asking a sober person to drive is a sign of weakness.”

With regard to perceptions of employer attitudes and policies, respondents at both companies were uncertain about the statement “My employer doesn’t care what I do on my own time,” with 23% of Madison-Kipp employees and 33% of M&I Bank employees saying they neither agreed nor disagreed. Significantly more Madison-Kipp employees reported that their employer had strict policies about alcohol (79% strongly agree or agree as compared with 36% at M&I Bank). However, more M&I Bank employees strongly agreed with the statement, “My employer values responsible, mature behavior on and off the job” (29% as compared with 20% at Madison-Kipp).

As can be seen from these results, there appear to be some differences in attitudes and behavior between employees at the largely blue-collar Madison-Kipp Corporation and the largely white-collar M&I Bank. Both groups, however, already endorsed negative attitudes about impaired driving at pre-test and already expressed the norms promoted in the community-wide campaign. There was considerable room for change, however, in employee perceptions of their employer’s stance on impaired driving and other behaviors off the job.

### *Comparison of Pre-Test and Post-Test Responses*

Following the implementation of the CareFare program in the workplaces, some slight shifts in reported attitudes and behavior can be observed. At Madison-Kipp, more respondents reported that Dane County's efforts to reduce drinking and driving were very effective (25% as compared to 16% at the pretest). Other reported perceptions were largely unchanged, however. Only 3% reported being aware of the "Real Behind the Wheel" campaign, just as at the pretest. A significantly larger number of respondents, however, reported being aware of CareFare (60% as compared to 34%), though only 7% reported having used the program (as compared to 0% at pretest). Significantly more respondents strongly agreed with the statement "It is convenient to use a cab for transportation when you are out drinking" (30% as compared with 17% at pretest). Perceptions of the employers' attitudes about drinking and driving behavior among employees were largely unchanged. See appendix G for pre- and post-comparisons on all variables.

A significantly larger number of M&I Bank respondents reported being aware of CareFare at post-test (38% as compared to 24% at pre-test), but fewer respondents report having used the program (0% as compared to 3% at pretest). Other reported attitudes and behaviors were virtually unchanged. See appendix F for pre- and post-comparisons on all variables.

Implementation of the CareFare program in each site does seem to have increased awareness of the program somewhat, but does not seem to have resulted in much change in either attitudes or behaviors related to the program.

## Summary of Focus Group Findings: CareFare Users

CareFare is an attractive program to most of its past participants. Virtually all of the focus group participants said they intend to continue using it in the future.

The members of the CareFare users groups were heavier drinkers than those from M & I Bank, and the males in the group of coupon users were heavier drinkers than the females. Some of the males mentioned that their spouses or significant others bought the coupon booklets for them.

*“My boyfriend and his roommates—it’s like drinking out of control every night. It’s scary to watch. It frightens me.”*

Some of the purchasers tended to use the coupons as a planned way of avoiding drinking and driving.

*“We’re (my friends and me) meeting for the express purpose of getting drunk. So using the coupons, you don’t have to take responsibility of getting yourself home.”*

Others seemed to carry the coupons in case they found themselves in a position where they had drunk more than they intended. The CareFare users also were interested in giving the coupons to teenaged children or other younger relatives to use when they had been drinking or just needed a safe ride home. The two teenaged participants had been given CareFare coupons by a parent to make sure they, or their friends, got home safely.

Respondents mentioned several reasons for using CareFare. Some in the focus groups believed that the coupon booklets were a bargain at \$10 for \$20 worth of rides. Others cited safety factors as a reason for using CareFare: it kept them and others safe from an OWI arrest or a crash. Still others liked to have the coupons with them “just in case” they needed a taxi ride, for whatever purpose.

Those who had not been using the coupons recently cited two primary reasons for not purchasing the coupons: 1) They had to plan ahead to get the coupons, and 2) The booklets were not readily available. Some people had a hard time just finding the order forms.

CareFare purchasers felt there were serious problems both with the way the program was promoted and how it was implemented. They felt strongly that it was not being promoted enough. They had seen some advertising about the program 2 years previously, then didn't see anything more about it. The Stop 'N Go Stores, the major retail outlet, seemed to have stopped participating. Stop 'N Go employees did not know where the ordering slips were or anything about the program. Respondents could not understand why the coupon booklets could not simply be sold in the Stop 'N Go stores or in bars.

Women seemed more comfortable buying the booklets through the mail. However, the men who bought coupon booklets for themselves tended to purchase them directly at the Sheriff's Office in the Dane County Public Safety Building.

## **Summary of Focus Group Findings: M&I Bank Employees**

Despite the fact that M&I Bank was participating in the CareFare program, few of the bank employees group were familiar with the program. Moreover, several of them indicated that the poster that had been displayed at the banks would not get their attention, nor did they think that the brochure distributed did an adequate job of explaining the program.

These employees generally thought it was appropriate for the bank to sponsor such a program. However, some of the women, particularly in the first, somewhat older group, had concerns about the lack of confidentiality in ordering the coupons directly from their employers. The younger employees did not seem to have this concern. One younger woman commented that

*“It’s not like you’re signing up for drug rehab. It doesn’t have to have anything to do with drinking. It’s just a ride home.”*

A few of the women questioned the safety of using taxis at night in Madison, probably indicating their unfamiliarity with using taxis.

## **Summary of Interview Findings: Cab Drivers**

Of the nine cab drivers interviewed, all were aware of CareFare and generally knew how it worked. They felt that it was easy for them to use: “It’s just like cash.” All of them supported the involvement of the Union Cab Company in the program. A majority of the drivers viewed the CareFare users as less impaired than their usual late night riders and more responsible because they plan ahead by buying CareFare coupons.

*“CareFare users plan ahead, so generally they’re not that drunk. They’re a different kind of person. You have to realize that the issue of going to get their car later is a major one for people out drinking. So the people who are the most impaired go ahead and drive. They can’t deal with how they’ll retrieve their car. They’re too drunk to think rationally or make a plan...not a CareFare type.”*

There was no agreement among the drivers about other characteristics of CareFare users except that people who use the coupons love them.

The cab drivers saw two ways in which the CareFare program could be improved:

1. Create a comprehensive, aggressive, highly visible marketing and promotion component closely linked with CareFare.

Four respondents strongly suggested linking the CareFare program to a widespread advertising campaign. These drivers recalled the “Real Men Drive Real Sober” campaign conducted in the fall of 1997 and believed that it failed to make a direct connection with CareFare.

*“I saw those billboards. They were trying to be cute, to be hip. The image was close enough to the typical male drinker but it doesn’t change behavior. The phrase they used was almost too cute.”*

2. Eliminate the two-step purchase process in favor of a single point of purchase.

Taxi drivers suggested that the coupon books be made widely available without having to order them by mail or pick them up at the Dane County Public Safety Building. Drivers thought it would be much better if people were able to get them at the point of purchase, for example, bars, restaurants, convenience stores, grocery stores, drugstores, and even from police officers.

### **Summary of Interview Findings: Employers**

Seven of 10 respondents viewed a workplace program focusing on drinking and driving behaviors differently than programs focusing on other behaviors or health issues, such as high blood pressure. Of these, three felt that drinking and driving was a “touchier” issue: decisions about appropriate versus inappropriate behaviors were “the personal choice of employees.” Two interviewees stated that employer involvement in this issue can easily become “too invasive,” taking on a “Big Brother Is Watching You” flavor. One respondent characterized this issue as “much more complex, requiring more education and resources than other health issues.” One person in this group thought that he viewed drinking and driving more as “a personal issue” because he was hit by a drunk driver when he was younger.

By contrast, another employer had a point of view that convinced him that a program like CareFare could be valuable to an employer.

*“Just like many other behaviors, this results in illness and absences, a loss of productivity, our health insurance costs go up, and there is terrible stress on the*

*employee and his family. So it's very important for us to address it in our workplace, just as important as diet and exercise and cholesterol. You can also lose an employee completely because of drinking and driving."*

Most of the respondents (80%) found the CareFare materials appropriate to their workplace. The majority said that they had "no problem" making these materials available in the common areas of their facility.

The last two points seem slightly contradictory. The difference appears to be the employers' perception of company endorsement and just what that means. How hard should they push their employees to participate? They don't want to "sponsor" a program like CareFare but are willing to have the displays and order forms available at the work site. Their willingness to encourage their employees to participate seems to range along a continuum.

The majority of interviewees agreed on three characteristics that make a health promotion program user-friendly for the workplace: (a) ease of administration; (b) minimal time investment; and (c) provision of a service that is valued by the employees. Half of the respondents also mentioned low cost as a benefit, although cost alone was rarely perceived as the "deciding factor." Three interviewees stated that they preferred programs that offered a "concrete service on site" with "one-to-one attention" and "immediate feedback," such as blood pressure and cholesterol screenings. The following characteristics were mentioned by two interviewees each: flexibility in how the program is conducted; quick results in terms of "healthier, happier employees;" and harmony between the "values" of the program and the company's "values."

Four respondents offered their cardinal rule for workplace health promotion programs: the program “must not take time away from work.”

When we asked about ways that could be used to promote a program like CareFare at the worksite, we received four suggestions that appear valuable:

1. Six interviewees suggested using the company’s e-mail system to promote the program.

*“Interoffice e-mail is very common now. We use it all the time. We contact individual employees that way. We post safety policies. Announcements and pressing issues go on e-mail. We even do computer-based training for all our sites. It’s a great way to contact employees. I don’t see why it wouldn’t work for this [CareFare].”*

2. For six of the ten respondents, the use of paycheck stuffers is not possible, due to computer-generated checks, electronic banking, and off-site preparation of the paychecks.
3. Two respondents suggested bringing a speaker or video presentation into the workplace to explain CareFare.
4. Two interviewees mentioned that offering additional incentives such as prizes or other rewards from the company could also work.

No strong consensus emerged among these respondents about the characteristics that serve as barriers to sponsoring workplace health promotion programs. Fifty percent of the interviewees

identified time as the major barrier, both employee time “away from productivity” and the staff time required for program administration. Forty percent stated that, since they already provide alternative transportation for their employees following company holiday parties, they viewed the cost of underwriting the CareFare program as a barrier to participation. Another barrier to participation was the apparent confusion left after the initial recruitment presentation. They were not sure what participating in CareFare meant. Some employers understood that they could sponsor CareFare even without cash support, while others believed this was a requirement for participation.

The following characteristics were identified as barriers by two or three of the ten respondents:

- Employers are overwhelmed with “these kinds of requests to participate in a host of community programs.”
- The initial presentation to the company about CareFare was confusing. The employers were “not sure exactly what they were being asked to do” or, stated another way, what the absolute requirements for program participation were and what was negotiable.
- Employers judged the CareFare coupon purchase process as flawed. They strongly advocated a one-step, point-of-purchase system, refusing to participate in the current program because “there would not be a good employee response.”
- Some of the senior corporate management staff does not view “this type of program” as part of “corporate responsibility.”
- Employers do not want to “imply that employees have a drinking problem.”

- The goal of the CareFare program is unclear. Because the materials encourage use of CareFare by children and teens, for general safety concerns and as gifts, employers did not perceive CareFare as effective in targeting the prevention of drinking and driving. “The message is not focused enough.”

## **Conclusions**

The evaluation of this program can provide guidance for further development and implementation of two types of countermeasures: alternative transportation programs based on the use of taxis and programs based in the workplace. It also provides some information on the design and implementation of norms-based countermeasures based in the workplace or on alternative transportation.

### **Alternative Transportation Programs**

CareFare appears to have been an attractive and practical program in Madison with the potential to be expanded, streamlined, and improved. Despite the often-observed preference of drivers to use their own cars, a significant population of people in Madison viewed the CareFare program positively. Based on responses in focus groups as well as on sales records, it appears that those who used the program used it repeatedly; the average number of booklets purchased per user is more than nine. This type of program seems to appeal to a specific type of person—one who plans to drink and possibly become impaired, but who is responsible enough to plan ahead to avoid driving. In fact, it is likely that some of the most frequent users of CareFare are heavy drinkers who are aware of their need to make other transportation arrangements.

The CareFare program also seems to fill a niche distinct from other safe rides programs, in which free or low-cost transportation is offered to drivers who are already impaired. In the case of CareFare, the user has to plan ahead, but also makes the initial investment when not impaired by alcohol. This type of taxi program should not be considered as a substitute for other safe rides programs.

CareFare users found the program to be easy and comfortable to use. In addition, the administration of the program worked smoothly from the point of view of the cab company drivers and managers.

There are, however, significant weaknesses in the program that could be addressed. First, there was a serious lack of sustained promotion for the program. Even among employees of the participating companies, there was little awareness of the program. Certainly, we might expect that a better-publicized program would result in greater use.

Second, it is apparent that the community-wide program, “Real Behind the Wheel,” was not successful in making a clear connection with CareFare. Users of CareFare seemed to take advantage of the program for pragmatic reasons motivated by existing general social norms rather than by the specific messages of “Real Behind the Wheel.” Such specific normative connections may not be necessary to bring about utilization. A clearer connection between the community-wide program and the CareFare program, however, might broaden the appeal and the utilization of CareFare.

Finally, the most serious weakness of CareFare is that the coupons were difficult to purchase. The two-step process of getting an order form, which became harder and harder to find, and then mailing that to the Sheriff's Office to secure the coupons was unnecessarily cumbersome. It also took a few days to get the coupons, thereby making it important to plan ahead for their use or to keep coupon booklets on hand. Easy availability of the coupons, especially in places where alcohol is sold or consumed, would most likely increase program utilization to a greater degree.

### **Workplace Programs**

Workplace-based programs designed to prevent drinking and driving have some appeal to both employees and employers, but also have inherent problems. The major appeal of such programs is that employers are aware of the safety and productivity issues that are raised by impaired driving and are positively inclined towards any program that can avert arrests or traffic crashes. On the other hand, there are serious drawbacks to such programs, from the point of view of both employers and employees.

One drawback is that impaired driving is potentially a more sensitive issue than other health and safety concerns that might be dealt with in a workplace setting. Employers can deal with such things as cholesterol or blood pressure screenings in a neutral fashion. Having high blood pressure is not illegal or the sign of a moral failing. Employers do not want to condone impaired driving, but they may consider it too private or potentially explosive a matter in which to become involved.

A second issue relates to the particular nature of the countermeasure used in this project. Employers expressed concerns that providing CareFare coupons might imply that they condoned

heavy drinking or that they believed their employees habitually became too impaired to drive. To counteract this type of concern, the CareFare materials included examples of situations in which the coupons might be used that did not necessarily imply heavy drinking (e.g., giving the coupons to an adolescent child who might be dating or babysitting and at risk of riding with an impaired driver). This message, while desensitizing the use of CareFare, was viewed as too confusing by some employers.

A concern raised by employees was that buying the coupon books from the employer exposed them to possible criticism by the employer, who might assume that they were heavy drinkers or habitually drove while impaired. The practical problem of promoting the program while preserving the confidentiality of purchasers must be addressed.

Despite these problems and concerns, initial indications are that a program like CareFare would be acceptable to many employers if they are approached properly and provided support during implementation. The first step is a clear initial presentation of the program with persistent follow up. Presentation should emphasize what this program can do for their company while making it clear that the program can be implemented with little cost to the employer in time or effort.

More success is likely if the program can be adapted to the needs of individual employers. Different firms will have various levels of comfort with sponsoring a program like CareFare. This may mean having different administrative approaches in different companies or providing various levels of staff support to various companies.

Once a company has agreed to participate in a program like CareFare, a variety of approaches can be used to promote the program among employees. Besides making the usual promotional materials available, interoffice e-mail can be used to promote the program in companies that have such a system. Printed materials and e-mail announcements with appealing graphics can be provided to employers. These materials must be carefully crafted to convey a normative message that is consistent with the company's values while assuring employees' confidentiality.

Based on the pilot testing of this program, we conclude that a program based on discount taxi fares can be a useful adjunct to other impaired driving prevention strategies. A number of recommendations can be made to strengthen and refine such a program.

- While the development of normative themes may be a useful enhancement to such a program, users tend to take advantage of the program based on practical considerations and norms that are already prevalent.
- This type of program may be particularly useful for heavy drinkers and potential high-risk drinker/drivers. Promotional materials and availability can be focused to appeal to this population.
- Usage of such a program could be increased by more vigorous promotion and convenience of use, as well as ensured confidentiality.
- Basing this type of program in job sites has both advantages and disadvantages. Employers expressed concerns about mixed messages about drinking while

employees expressed concerns about confidentiality. Given that employers did not vigorously promote the program in the current project, little change was observed relative to the extent to which employees perceived that employers had strong norms or expectations about avoiding drinking and driving.

- Any prevention program based at a job site must be flexible and responsive to the needs and concerns of both the employer and the employees. In particular, implementation must take into account the practical constraints of the job site.

Significant progress has been made in the last 20 years in changing attitudes, behaviors, laws, policies, and practices related to impaired driving. The result has been a dramatic reduction in alcohol-related traffic crashes. If further progress is to be made, a diverse array of creative and innovative approaches must be implemented. The program implemented in the current project shows promise as an effective prevention program for particular populations of at-risk drivers and is worthy of further exploration and implementation.

## Works Cited

Burton, R., Johnson, R., Ritter, C., and Clayton, R. (1996). The effects of role socialization on the initiation of cocaine use: An event history analysis from adolescence into middle adulthood. *Journal of Health and Social Behavior*, 37(1):75–90.

CDC, (1995) *Behavioral Risk Factor Survey*, Atlanta, Georgia.

Hernandez, A., Newcomb, M., and Rabow, J. (July 1995). Types of drunk-driving intervention: Prevalence, success and gender. *Journal of Studies on Alcohol*, pp. 410–413.

Institute for Traffic Safety Management and Research. (1993). 1992 Telephone survey on traffic safety issues in New York State. *ITSMR Research Announcement* No. 93–1. (Available from: ITSMR, 80 Wolf Road, Suite 607, Albany, NY 12205–2604, 518–453–0291.)

Kishchuk, N., Peters, C., Towers, A. M., Sylvestre, M., Bourgault, C., and Richard, L. (1994). Formative and effectiveness evaluation of a worksite program promoting healthy alcohol consumption. *American Journal of Health Promotion*, 8(5):353–362.

Labouvie, E. (1996). Maturing out of substance use: Selection and self-correction. *Journal of Drug Issues*, 26(2):457–476.

Mothers Against Drunk Driving. (1996). *Rating the States: A Report Card on the Nation's Attention to the Problem of Alcohol- and Other Drug-Impaired Driving 1996*. Irving, TX: Mothers Against Drunk Driving.

National Highway Traffic Safety Administration (1998) National Survey of Drinking and Driving Attitudes and Behavior: 1997. U.S. Department of Transportation, DOT HS 808 844, November 1998.

Pelletier, K. (1996). A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the worksite: 1993–1995 update. *American Journal of Health Promotion*, 10(5):380–388.

Powell-Griner, E.; Anderson, J.E.; Murphy, W. (1997). *State- and sex-specific prevalence of selected characteristics--Behavioral Risk Factor Surveillance System 1994 and 1995*. Morbidity and Mortality Weekly Report 46(SS-3):1–31.

Robbins, C. (1991). Social roles and alcohol abuse among older men and women. *Family and Community Health*, 13(4):37–48.

Rosenkranz, M. and Lewis, B. (1995). *Talking About Buzzing and Tooling: An Evaluation of a Pilot Educational Program to Modify Selected Determinants of Impaired Driving Among Blue Collar Workers*. Greeley, CO: University of Northern Colorado, School of Health and Human Sciences, Department of Community Health and Nutrition.

Stewart, K., Taylor, E., Tippetts, S., Sole, C., and Cohen, A. (1995). *Motivating Anti-DWI Behavior Using Existing Values*, National Highway Traffic Safety Administration, USDOT, Washington, D.C. DOT HS 808 251.

Substance Abuse and Mental Health Services Administration. Office of Applied Studies. (August 1998). *Preliminary results from the 1997 National Household Survey on Drug Abuse*, (DHHS Publication No. (SMA) 98-3251). Rockville, MD: Office of Applied Studies.

Stoltzfus, J. and Benson, P. (1994). 3M alcohol and other drug prevention program: Description and evaluation. *Journal of Primary Prevention*, 15(2):147-159.

U. S. Department of Transportation, National Highway Traffic Safety Administration (2000). *Traffic Safety Facts 1999*, DOT HS 809 086.

Vingilis, E. and Coulters, B. (1990). Mass communications and drinking and driving: Theories, practices, and results. *Alcohol, Drugs, and Driving*, 6(2):61-81.

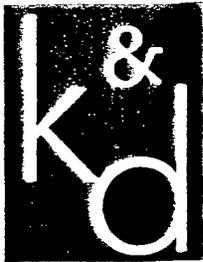
Warner, K. (1990). Wellness at the worksite. *Health Affairs*, 9(2):63-79.

Wisconsin Department of Transportation, (1997) *Wisconsin alcohol traffic facts book—1996 edition*. Madison, WI: State of Wisconsin.

**Appendix A:  
Focus Group Report for Target Group**



KINZEY & DAY



QUALITATIVE  
MARKET  
RESEARCH

EXECUTIVE SUMMARY OF FOUR  
FOCUS GROUPS  
AMONG DIVORCED MEN 25 - 45  
ON PERCEPTIONS OF  
DRINKING AND DRIVING

IN BETHESDA, MARYLAND

*For*

PACIFIC INSTITUTE

*By*

Reynolds Kinzey

April, 1996

---

**TABLE OF CONTENTS**

---

**PURPOSE AND SCOPE** ..... 1

**METHODOLOGY** ..... 3

**EXECUTIVE SUMMARY** ..... 5

**APPENDIX**

**A. Moderator's Guide**

## PURPOSE AND SCOPE

Executive Summary report presents the key findings of four focus groups conducted between the ages of 25 and 45, conducted by Kinzey & Day Qualitative Market Research Pacific Institute. Two groups were conducted among men between the ages of 25 and 35, and two were conducted among men between the ages of 36 and 45. All participants were identified as being "social drinkers," although a few participants said they had at least stopped drinking (however, none of these participants said that he never intends to drink again). All participants are divorced, non-smokers, with at least some college education. All groups were conducted in the Pacific Institute offices in Bethesda, Maryland. The two with the participants 25 - 35 were conducted on April 9, 1996; the two with the participants 36 - 45 were conducted on April 10. Since the groups consisted exclusively of men, moderated by Reyn Kinzey, a male moderator.

Overall, the groups were undertaken to explore the perceptions, opinions, attitudes and beliefs of the participants about drinking and driving. Specific topics investigated included:

1. Social Activities and the Role of Alcohol, including what participants do in their spare time; activities and situations that lead to greater or lesser amounts of drinking; the influence of friends and members of the opposite sex; problems associated with drinking; perceptions of drinking and driving, including perceived differences between drinking-and-driving and driving without drinking; "drunk" or impaired, and perceptions of "limits;" situations where participants have driven impaired; reasons they sometimes drove impaired, and motivations not to drive impaired; and "preventive measures" participants use to avoid drinking and/or drinking and driving.

This E  
among men b  
Research for l  
and 35, and r  
were recruit  
temporarily st  
have a drink  
education. A  
The groups v  
participants 3  
they were mo

2. Attitudes towards Drinking, Not Drinking, and Staying in Control, including changes in participants' attitudes toward drinking and drinking and driving; their perceptions on changes in society's attitudes towards drinking and drinking and driving; and possible reasons for changes in their attitudes, including aging, divorces, and children.

In gen  
beliefs of the

3. Social Norms, including participants' priorities among 10 "social norms;" perceived relationships among those norms; and how driving responsibly "fits" into those social norms.

5. Final Considerations, including ways participants believe people can be encouraged to drive responsibly, including when and where messages should be delivered, and who should deliver those messages.

In many ways, this project parallels a Pacific Institute project undertaken among men and women between the ages of 21 - 29 during December, 1993. This report, then, makes comparisons between findings from the recently completed groups and the findings from the groups among younger men undertaken in December of 1993.

A statement of **METHODOLOGY** follows this section, followed by an **EXECUTIVE SUMMARY**, outlining the most significant findings of the four groups. A copy of the **MODERATOR'S GUIDE** is included as an appendix to the report.

## METHODOLOGY

The purpose of a focus group interview is to provide a more in-depth understanding of consumers' behavior, attitudes, and/or perceptions of products and services than can be gained by wider-scale consumer surveys. Typically, focus groups are used to explore more complex attitudes that cannot be determined by wide-scale surveys: for example, motivations for driving responsibly. A more in-depth understanding of consumers' motivations can be achieved because fewer people are interviewed, allowing more time for fuller responses, and respondents are free to elaborate on their responses and generate their own ideas. The moderator also has considerably more opportunity to ask follow-up questions than a telephone surveyor.

On the other hand, the smaller number of people involved in focus groups means that the behavior, attitudes, and perceptions expressed are not necessarily statistically representative of the entire population in a market area. Questions of past behavior or general levels of awareness of products and advertising within a target population are generally better answered by larger, more representative surveys. Further, the more in-depth understanding which can be gained through focus groups must sometimes be developed by analyzing both what is said and unsaid, by watching non-verbal signals (such as body signals), by judging the quickness of a response, or the emphasis placed on wording.

Focus groups are a valuable tool in marketing research, often allowing insights not possible from wider studies. However, the findings should not be taken as quantitative. Some care needs to be exercised with the analysis of the findings, but, used judiciously and, particularly in combination with quantitative surveys, they can help provide directions for marketing, product design, or advertising and public awareness campaigns.

### The Focus Groups

Participants in all groups are men between the ages of 25 and 45. All indicated that they drink at least socially (some participants said they had given up drinking at least temporarily; however, these participants indicated that they did not mean that they would never drink again). Participants are also divorced non-smokers with at least some college education (in each group, some participants had children and some did not). The groups were divided so that participants in two groups are between the ages of 25 and 35, while participants in the other two groups are between the ages of 36 and 45. Since all groups are exclusively male, a male moderator moderated all groups. This was done to promote greater openness and candor.

Participants were recruited by Pacific Institute and Shugoll Research.

The schedule of the groups is listed below:

Group A - Bethesda, MD	6 pm April 9 (Men, 25 - 35)
Group B - Bethesda, MD	8 pm April 9 (Men, 25 - 35)
Group C - Bethesda, MD	6 pm April 10 (Men, 36 - 45)
Group D - Bethesda, MD	7:30 April 10 (Men, 36 - 45)

The **MODERATOR'S GUIDE** used by the moderator was designed by the moderator, Reyn Kinzey, in consultation with Pacific Institute. A copy is included as an appendix to the report.

## *EXECUTIVE SUMMARY*

Most general findings across the four groups were very consistent, although some clear, consistent, and very important differences between the two age groups did emerge. Further, when compared and contrasted with findings from a December, 1993, study among men between the ages of 21 and 29, these findings suggest some trends in the way men may begin to view the issues of drinking and driving differently as they age.

### KEY FINDINGS

The most important findings from these four groups seem to be the following:

\* Virtually all participants in all four groups agreed that they are drinking less than they used to. In two of the groups, one among men 25 - 35 and one among the older men, two or three participants said they have at least temporarily given up drinking, even though they had been recruited for the study as being at least "social drinkers." This finding seems to be confirmed by the findings from the previous study with men between the ages of 21 and 29, who generally appeared to be much heavier drinkers than these participants (participants for the previous study were also recruited as "social drinkers," but many appeared to be heavy drinkers).

\* Virtually all participants in these groups agreed that society's attitudes towards drinking and driving have changed over the last five years. They virtually all cited a heightened awareness of the problem, and the stricter laws which have lowered the allowable blood content of alcohol. They agreed that drinking and driving "is not accepted behavior now," although some indicated that they still occasionally drive when they are "probably over the legal limit." However, most participants pointed out that drinking is still very permissible social behavior. Younger participants in particular pointed out that "not drinking" is not an option when they go out.

This is generally in keeping with the findings from the previous study among younger men, all of whom agreed that it was wrong to drink and drive. However, they seem to have a feeling that it was acceptable behavior to occasionally drive while "a little over the limit," as long as one did not do so habitually. Further, participants in the four groups just completed almost all agreed that they would feel embarrassed if they got a DWI. Younger participants in the 1993 study certainly did not want to get DWI's, but they generally did not seem to see being arrested as something to be "embarrassed" about. Some even acted as though it was "kind of cool," although they certainly agreed that it was "a real hassle."

\* Many participants in these four groups attribute their own decrease in drinking to a maturation process that they see as almost "natural." One participant said that he had "outgrown" the taste for alcohol.

\* However, their conversations indicate most have made very conscious decisions to drink less. Generally, their "natural" maturation process derives from a combination of factors, including the following:

- 1) Taking on Greater Responsibilities in Life (or, a greater *sense* of responsibility)
- 2) Increasing Concerns over Job and Career
- 3) Increasing Concerns over the Stigma of a Possible DWI
- 4) Increasing Concerns over the Cost and Legal Implications of a DWI
- 5) Changing Normative Values with Increased Emphasis on "Feeling Good about Yourself" and "Being Responsible" or "Being Accountable"
- 6) Accumulating Experiences with the Negative Consequences of Alcohol

\* The differences between the two groups of 25 - 35 year old men and the two groups of 36 - 45 year old men generally confirmed what the participants said about themselves: Generally, the younger participants seemed to be drinking more and valued drinking more for its "socializing" effect, while the older participants seemed to be drinking less and value moderate drinking more for relaxing and, for example, enjoying a meal. Also, the older men seemed much more likely to impose meaningful numerical limits on themselves when they drink and drive (generally one or two drinks or two or three beers), while younger participants were more likely to say they use subjective limits ("some nights I know I can have 10 Jim Beams and be all right to drive; some nights it'll hit me more," or, "I'll get drunk, but not too drunk to drive). Younger participants also reported more problems using designated drivers ("sometimes the designated driver will have six drinks"). Older participants were more likely to report that they had no problems staying within their limits or not drinking at all when they have to drive. Older participants were also more likely to say that they simply drank at home more often. One older participant said he only drinks at home.

A comparison to the findings of the 1993 study among men 21 - 29 reinforces these trends. Generally, those participants were even more emphatic in saying that they enjoyed drinking because of its "socializing effect;" they reported even more problems using designated drivers; and very few were using self-imposed numerical limits. The very few who were using numerical limits had generally gotten DWI's themselves or had been involved in fairly serious accidents as a result of drinking and driving.

Further, participants in the 1993 study tended to value friends and socializing much more than participants in the four groups recently completed. Many did not seem as concerned about their jobs or other responsibilities.

\* Some participants in these groups were skeptical about the potential of campaigns to encourage drinking and driving responsibly, but others said the campaigns could be successful, if the campaign "saturates" the market. Many felt that the campaign should stress the positive social norm of "being responsible" but should also imply the threat of the law, particularly by showing the "cost" of a DWI, not only in fines, but in legal fees, increased insurance premiums, and in loss of freedom and in social embarrassment. One participant suggested the slogan, "Be Responsible or Get Hammered." Participants suggested that showing victims can be effective, but they also suggested showing people who have "ruined their lives" by "making bad decisions" about drinking and driving.

Participants in the earlier study among men 21 - 29 were also somewhat skeptical about the potential of campaigns to encourage responsible drinking. They were generally more likely to say that "scare tactics" would be most effective.

## DISCUSSION OF FINDINGS

### 1. Social Activities and the Role of Alcohol

Participants in all four of these groups tend to drink most with their friends, which is to be expected, but several stressed that they prefer to drink most heavily with "old friends" and "good friends." Several said that they do not drink with co-workers because they are concerned about their professional reputations (on the other hand, some, particularly younger participants said they drink with their co-workers, at happy hour). Many said that they do not drink as much when they are on dates. Some said they will absolutely not drink in front of their children.

Participants in the 25 - 35 year old groups were much more likely to talk about going to bars and parties; to see drinking as part of a social interaction; and to value its ability to "loosen inhibitions," yet they were also more likely to say that can be a problem, as well. Older participants were more likely to describe themselves as "couch potatoes" and associate alcohol with relaxing and having a good dinner. Participants in the 36 - 45 year old groups seemed much more concerned than younger participants about the long term effects of alcohol on their health.

Again, by contrast, the participants in the earlier study of 21 - 29 year old men seemed to be much heavier drinkers, and they drank most heavily at parties, as well as bars.

Participants in all four of these groups seemed to feel that there could be times when they would be "all right to drive" but might be over the legal limit. However, older participants seemed to accept that as a condition of drinking and driving: They tend to set self-imposed numerical limits on themselves, usually two drinks or two or three beers, designed to keep them under the legal limit. For all participants, fear of getting a DWI is clearly a major influence on

their drinking and driving behavior. Even though all participants agree the "real" reason people shouldn't drink and drive is that "you don't want to hurt anyone," fear of the law is a powerful motivating force. Participants said they don't want the legal hassle, the inconvenience, and the cost associated with legal fees and increased insurance premiums, but most also said they would be embarrassed if they got a DWI.

Participants in these four groups said they sometimes drank while impaired because they "need to get home" and "driving is the most convenient way to get there." Many also said they "felt okay" to drive. Some made the comment ironically; some did not.

Again, by comparison, participants in the 1993 study were much more likely to admit that they were occasionally driving while impaired. It is possible that these younger participants in the 1993 study were more candid than the older participants, but that in itself would indicate that driving while impaired has less social stigma for younger men. It is probably true that participants in these four groups are more often driving impaired than they were willing to admit, but it also seems true that they are driving while impaired less often than the younger participants in the 1993 study. They may also be *less* impaired because they are drinking less.

Most participants in these four groups have been designated drivers, but, again, many of the 25 - 35 year old participants reported having problems with designated drivers drinking too much, and, generally, younger drivers were more likely to mention using subjective measures to determine if they can still drive, while older participants are more likely to use numerical limits.

Again, these findings are consistent with findings from the 1993 study with younger participants: Almost all of those participants also reported having been designated drivers, but they were even more likely to cite problems with using designated drivers. Some said the designated driver was simply the person "least drunk."

## 2. Attitudes towards Drinking, Not Drinking, and Staying in Control

Again, virtually all participants in these four groups said that they are currently drinking less than they once did. They agree that society's attitude toward drinking and driving has hardened, but they tend to attribute their own decrease in drinking to a maturation process that they themselves referred to as natural. However, their conversations indicate most have made very conscious decisions to drink less. Generally, their "natural" maturation process derives from a combination of factors, including the following:

- 1) Taking on Greater Responsibilities in Life (or, a greater *sense* of responsibility)

Participants said this themselves, and they seemed to indicate a general sense of greater responsibility, which was sometimes directly related to their careers, their children, and their families, but sometimes seemed more generalized to include the community and even simply

"doing the right thing." One participant even referred to driving responsibility as his responsibility as a citizen. Another participant referred to driving responsibly as a part of generally "being accountable for your actions." Many of the other participants in his group agreed.

In contrast, participants in the younger groups conducted in 1993 did not have as many responsibilities. Generally, when they referred to their families, they meant their parents and siblings. While "family" was a very important value to them, many of them could not easily relate the value of "family" with the value of driving responsibly.

Some participants in these four groups said that they started drinking more heavily after their divorces, partially because divorce causes stress, but also, more generally, they simply returned to the patterns they had established when single and younger. However, some said the divorce had no real impact on their drinking one way or another, and even those who said they returned to patterns of heavier drinking only did so for "a few months."

Several participants in these four groups said they cut back on their drinking when they had children, but many did not. A few participants said they never drink around their children; more said they were "more careful" around their children.

## 2) Increasing Concerns over Job and Career

A few participants in these four groups said that they had to cut down on their drinking because they couldn't accomplish as much at work the next day if they had been out drinking the night before. However, several expressed concern about the very direct consequences a DWI could have on their jobs: One is career Coast Guard; another is a lawyer; still another would lose his security clearance; and another would simply be concerned about his reputation—he is on the ethics committee of his professional association.

## 3) Increasing Concerns over the Stigma of a Possible DWI

Again, most participants in these groups said they would be very embarrassed if they were given a DWI, which seems to be a change from the findings of the previous study.

## 4) Increasing Concerns over the Cost and Legal Implications of a DWI

Again, fear of a DWI is a powerful motivator not to drink and drive with these participants, perhaps because they see the total cost more clearly than some other groups: They are concerned with the "total" cost rather than the immediate cost of the ticket and the temporary loss of their licenses.

These findings are consistent with the findings from earlier groups: No one wants a DWI.

5) Changing Normative Values with Increased Emphasis on “Feeling Good about Yourself” and “Being Responsible” or “Being Accountable”

See discussion of Section 3, Social Norms, below.

6) Accumulating Experiences with the Negative Consequences of Alcohol

Finally, even though participants see maturation as a natural process, it sometimes is simply a result of having lived long enough to accumulate enough bad experience to learn from. For example, in one of the older groups, of six participants, two had had near accidents which caused them to severely curtail their drinking and driving; another participant has started taking limousines since his second DWI; another was formerly married to an alcoholic who had gone through two DWI's while they were married; and still another has temporarily stopped drinking after returning from Bosnia, where he worked with a relief effort, and, by his own admission, had stayed “pretty much toasted all day” as the shells went off all around him.

Again, this is also generally consistent with the findings from earlier groups: In those groups, the only participants taking effective measures to avoid drinking and driving seemed to be those who had had very direct bad experiences with drinking and driving. However, it should also be noted that the converse is definitely not always true: In those groups, some participants said that even the death of close friends from alcohol related accidents did not alter their drinking behavior.

3. Social Norms

Participants in these groups were asked to prioritize the following ten “social norms,” and to determine where “driving responsibly” “fit” into those norms:

BEING A GOOD PARENT  
BEING A GOOD FRIEND  
MAINTAINING YOUR HEALTH  
BEING A DEPENDABLE EMPLOYEE  
GETTING THINGS DONE  
HAVING A GOOD TIME NOW AND AGAIN  
FEELING GOOD ABOUT YOURSELF  
GENERALLY BEING A NICE GUY  
MAKING A DECENT LIVING  
ACTING APPROPRIATELY IN SOCIAL SITUATIONS

Most participants ranked "Feeling Good About Yourself" as the most important of these social norms to them, because, they reasoned, if they feel good about themselves, and have positive self esteem, it will project out to others as well and allow them to achieve everything else. A couple of participants "wrote in" religious sentiments which seemed clearly linked ("if you have a good relationship with God, you will feel good about yourself and will be able to achieve other things as well)."

Participants generally tended to see "driving responsibly" as most closely linked with "acting appropriately in social situations," but many said they could see "driving responsibly" as being linked to "feeling good about yourself," because acting responsibly and being accountable for their actions makes it possible for them to feel good about themselves.

Participants in the 1993 study were asked more about the value they placed on friendship and family. This was done because other research had indicated that these values are very important to people between the ages of 21 - 29. Since the questioning was different, direct comparisons should be made cautiously, but it does appear that those participants between the ages of 21 - 29 did see friendship as much more important than participants in these groups. They also were generally able to see the link between "friendship" and "driving responsibly."

## 5. Messages

Some participants in these four groups were somewhat skeptical about the potential of campaigns to promote responsible driving because so many of them have had to learn through personal experience. One participant said, "Well, for me, it was running off the road (that convinced me to become more responsible), but you can't have everybody running off the road to convince them." Still others said that younger people, in particular, won't listen. Others said truly addicted people can't stop drinking (and, presumably, driving) irresponsibly. Still others argued that people are so different that no one campaign could affect everyone.

Still, others in these four groups argued that campaigns could be successful if they "saturated the market," using all of the media. Most agreed that the most powerful campaigns would be those that combined positive approaches and "scare tactics," such as the "Be Responsible or Get Hammered" campaign suggested above. Again, they said a combination of victims and people who had "ruined their lives" by "bad decisions" about drinking and driving would be most effective. Participants said that the message would be generally appropriate for the workplace or "almost anywhere." However, younger participants tended to say that bars are an appropriate place for the message, since that is where they make the decision, while older participants said that by the time people get to a bar, it's too late to try to influence them (because preventative measures have to be planned before people go out to be effective).

## IMPLICATIONS OF FINDINGS

The implications of the findings from these four groups appear to be that, 1) participants' attitudes towards drinking and driving change as they get older, and 2), even though they may think these changes are the result of "natural" maturation, they are really conscious changes based both on the accumulation of personal experience and on "messages" that they receive from society. Some of those messages are directly related to drinking and driving ("messages" about stricter drinking and driving laws), but some are more general, traditional social norms which participants may be more willing to "hear" as they get older (for example, that people should act responsibly and be accountable for their actions).

Generally, these trends are supported by the findings from the earlier study: It does appear, by contrast, that participants in these older groups are drinking much less than the participants in the earlier, younger groups. Perhaps more importantly, it appears that, as participants get older, they begin to value drinking less for its "socializing value," and more for its generally relaxing value. Also, as participants get older, they tend to drink less in bars and more in restaurants and at home, and the drinking is more associated with eating and less with parties.

These differences in drinking behavior seem to parallel changes in values and normative expectations: As men age, they take on more responsibilities, value responsibility and "feeling good about yourself" more, have more invested in jobs and careers, and perhaps value friendship and social life less.

These differences suggest that men in different age groups may respond to different messages, and more importantly, they may respond differently to some of the same messages.

To the extent that participants in this target group are affected by social messages, campaigns based on a social norm of "acting appropriately" may be effective. The findings with these groups suggest that a straight-forward appeal to "acting appropriately" may not have great emotional resonance (they did not rank it very high on their priority list), but these messages could be linked to norms such as "feeling good about yourself," which do have more emotional resonance for participants. Although the link might be less direct, messages of "driving responsibly/ acting appropriately" might also be linked with "being a good parent" or, even less directly, with being a good role model for children (participants in the second of the two older groups were particularly community minded).

On the other hand, findings from the earlier study would suggest that most of those participants may not be as likely to truly respond to these messages. Again, participants in those groups are already convinced that drinking and driving is not a good thing to do, so they would not disagree with the message. On the other hand, findings from those groups suggest that, in that age group, drinking excessively is considered normative, if not "appropriate"—participants

reported a great deal of peer pressure to drink--so, appealing to their desire to "act appropriately" may not be effective. Again, the relative lack of social stigma attached to a DWI in these age groups probably reflects a much less deep emotional attachment to the belief that drinking and driving is truly wrong.

However, campaigns for all of these age groups should not ignore the obviously powerful motivation of fear of a DWI, which apparently includes a fear of embarrassment for at least the older participants, but also includes a sense of "the total cost," which can be linked to the idea of being responsible and being accountable. In terms of "scare tactics," for this target group, raising the fear of potentially harming a child may be very powerful with fathers (and not just fear of hurting their own children--this is an area where participants found it easy to generalize from their own to others). Participants in the 1993 study also showed sensitivity to the possibility of harming a child.

The extent to which the accumulation of personal experience is a part of this "maturation" process may limit the effectiveness of any campaign: Some people may refuse to learn from the experience of others. However, the findings of these groups suggest that some people can be motivated to be more responsible without directly having bad personal experiences. Further, it does appear that as participants get older, they are more likely to be receptive to such messages.



*APPENDIX*

(MODERATOR'S GUIDE)



.

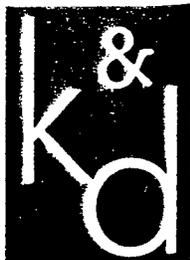
.



.

.





## MODERATOR'S GUIDE

Date: April 3, 1996

Topic: Drinking &amp; Driving

## Schedule of groups:

Group A - Bethesda, MD 6 pm April 9 (Men, 25 - 35)  
 Group B - Bethesda, MD 8 pm April 9 (Men, 25 - 35)  
 Group C - Bethesda, MD 6 pm April 10 (Men, 36 - 45)  
 Group D - Bethesda, MD 7:30 April 10 (Men, 36 - 45)

**I. INTRODUCTION:** Hello, my name is Reyn Kinzey and I'm the Moderator for today's 2 hour (or 90 minute) group discussion.

Our purpose here today is to:

Get your opinions and attitudes about drinking and driving.  
 Personal disclosure, purpose of research, and need for honesty.

We'll be doing several things tonight:

1. Participating in a group discussion
2. Doing some group exercises
3. Working in some smaller teams

**RESPONDENT**

**INTROS:** First, I'd like for you to introduce each other:

- o First name
- o What kind of work you do
- o How long you have been living in the area
- o Married/ Single/ Divorced: CHILDREN
- o Favorite hobby, sport, or leisure time activity

**MODERATOR INTRO:** Appropriate to the setting

We are going to be talking about a number of subjects today that involve your personal views and opinions. I'm not trying to pry into your lives. I'm trying to gain an understanding about some important issues.

I'd like you to feel free to express whatever you believe.

I also have nothing to sell. This is an opinion research project being conducted with several groups of people like you. I'm an opinion researcher hired to help collect opinions.

Feel free to make any negative or positive comments about any of the things we will be discussing today. This is a free flowing discussion and there are no wrong answers.

So we can all be operating on the same channel, here are some ground rules and general information:

**DISCLOSURES:** 1. The session is being taped so I can write an accurate report -- not of who said what, but what was said. Your name will not be used in the report.

2. There is a one way mirror so that people who are working on the project with me can take their own notes and help me modify the project as we go from group to group.

3. Thank you for arranging your schedule today to be here for this session. You are being paid for three things: (1) Your time (2) Your opinions (3) Your honesty.

**GROUND RULES:** 1. Please talk one at a time and in a voice at least as loud as mine.

2. Avoid side conversations with your neighbors.

3. I need to hear from everyone in the course of the conversation, but you don't have to answer every question.

4. Talk to each other. Respond directly to someone who has made a point. Let's keep it conversational rather than just answering my questions.

5. We will observe a no smoking rule in

here. If you want to smoke or want a restroom break, please leave the room one at a time and come back as quickly as possible. (NOTE: SHOULD ALL BE NON-SMOKERS)

6. Say what is true for you and have the courage to stand up for your beliefs, even if you are the only one who feels that way. Don't let the group sway you and don't sell out to the group opinion or a strong talker.

## II. Social Activities/ Drinking

1. Each of you mentioned at least one or two things you do in your spare time. Let's get some of those up on this flip chart. What do you do for a good time? Where do you go? (LIST ON FLIP CHART)

Probe for:

- A) What do you do when you're with friends
- B) What do you do when you're alone
- C) What do you do when you're with a member of the opposite sex
- D) What do you do when you are with your family

2. Going back to the activities we listed before, how does drinking play a part?

3. When and where do you do most of your drinking (restaurants, bars, at home, at friends' houses)? Who are you usually with when you drink? Are there some circumstances that lead you to drink more than others? Are there some circumstances where you drink less or not at all? Are there some people (kinds of people, not individuals) with whom you tend to drink less (probe for members of the opposite sex, family, people from the office, etc.). Reasons? Are there some kinds of people with whom you tend to drink more? Reasons?

4. What's good/ not so good about drinking?

5. What's the worst problem associated with drinking?

6. What about drinking and driving? How do you deal with that?

7. Is there a difference between drinking-and-driving and driving drunk?

- a) How do you "define" the difference?
- b) How do you determine your own limit?
- c) How and when do you make the decision to drive or not when you are drinking?

8. Have any of you ever driven when you knew you probably had too much to drink? What went through your mind when you did it? What went through your mind the next day?

9. If you knew you had probably had too much to drink, what were the reasons that you drove? (What were the reasons that you had to get home?) If there had been a convenient way to get home, would you have used it? What would make it seem "convenient?"

10. What are the main reasons NOT to drink and drive? What motivates you the most not to drive when you've been drinking?

11. Let's list on the flip chart all the ways you know of (or have heard about) to avoid drinking and driving or prevent someone else from drinking and driving. What are the benefits/drawbacks to these preventive measures?

12. DIVIDE INTO GROUPS OF THREE OR FOUR. I'm going to give you about three minutes to list some solutions that you would feel comfortable using to avoid the problem of drinking and driving (make sure they realize that they can give ways of not drinking in the first place, avoiding the situation altogether). What are "preventive measures" that are good solutions to this problem?

### III. Attitudes towards Drinking, Not drinking, and Staying in Control

1. What is your general attitude towards drinking? Drinking and driving? Have your attitudes changed as you've gotten older? What do you think the general attitude of society is towards drinking? Drinking and driving? Has it changed over the past few years? How so?

### IV. SOCIAL NORMS

1. I want us to switch gears for a moment. Here are packets for each of you. They contain 10 "social norms." Social norms are those ways of behaving that most of accept as being the right way to behave. On the other hand, some of these norms may be more important to some people than to others. I'd like for you to prioritize them so that the most important "norm" to you is on top, second under it, third under that, and so on.

HAVE IN ENVELOPES SO THAT THE ORIGINAL ORDER IS RANDOM:

BEING A GOOD PARENT  
BEING A GOOD FRIEND  
MAINTAINING YOUR HEALTH  
BEING A DEPENDABLE EMPLOYEE  
GETTING THINGS DONE  
HAVING A GOOD TIME NOW AND AGAIN  
FEELING GOOD ABOUT YOURSELF

GENERALLY BEING A NICE GUY  
MAKING A DECENT LIVING  
ACTING APPROPRIATELY IN SOCIAL SITUATIONS

2. Before we talk about how you ranked them, are there other important social norms we should add? Okay. Let's talk about how you ranked them. (Do tally on flip chart: how many had being a good parent first, etc).

3. Here's a blank sheet of paper. I'd like to ask you to do something a little more creative. Place a circle in the middle of the page, and write "me" or "self" in the middle (be doing this on the flip chart as an example). Then arrange those 10 norms around the main circle, joining each to the main circle with a line, but also joining norms that you see as being linked, etc.

4. Let's see what you did, and let's talk about them. What kinds of relationships do you see among these norms and between you and those norms?

5. Now, to the chart you've made, add the social norm of "driving responsibility." Let's see what you did and talk about it. How does driving responsibly fit with these others norms? What other norms is it linked to? Where else could it fit into your chart? (TRY TO GO THROUGH ALL TEN, LOOKING FOR ANY CONNECTIONS)

6. If you were going to develop a campaign to get people to drive responsibly which other norms would you tie that campaign to? Reasons?

7. I'd like for you to form some small teams and discuss how these social norms might be used to formulate campaigns for driving responsibly. You don't have to come up with any advertising jingles or anything--although you can if you want to--but discuss the kinds of things the campaign might talk about, what the connections should be, etc.

8. Are there other socially accepted norms that a campaign for responsible driving could be tied to?

V. WHEN AND WHERE TO DELIVER THE MESSAGE

1. If someone developed a good message about drinking--or not drinking--and driving responsibly, where is the appropriate place to deliver it? For example, how would you feel about seeing the message at:

Bars  
Restaurants  
Sporting arenas

2. How would the message be most appropriately delivered at homes? For example, how could the message be delivered through:

Television (Shows, commercials, news)  
Radio  
Newspapers  
Magazines

3. Who would be the appropriate person to deliver such a message? For example, should it be:

A public figure (who?)  
Actor/ Entertainer/ Sports Figure (who?)  
Victim/ Family of Victim  
"Guilty offender"

4. Would this be an appropriate message for the workplace?

5. How would you feel about a restaurant that limited all patrons to two drinks? To all patrons except those who could show that they were with a "designated driver?" How would you feel about a bar that did that?

## VII. Conclusion (FALSE CLOSE, WHEN APPLICABLE)

A. FINAL QUESTION: are there other ways to motivate people to drive responsibly? Of all the ways we've talked about tonight, what ways would be most effective to you?

**Appendix B:  
CareFare materials**

CareFare Poster Bulletin Sample  
 (actual size 11x17")



Avoid a scare.



Teens get safely there.



Never need repair.



When you shouldn't dare

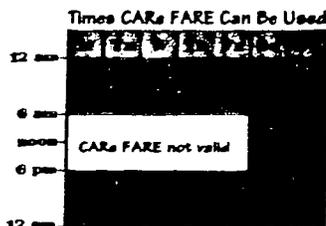
Drive intoxicated and pay nearly \$3000. Or CARE FARE will get you there and back for about \$8.00. Your choice.

Protect your teens. Give them a book of CARE FARE to take along.

Don't take a chance on injury or damage. CARE FARE gets you there and back for the price of one way.

Even a couple of drinks can double your chances of being in a crash. Use CARE FARE instead of driving.

The sponsor named to the right has made it possible for you to purchase \$20 of cab fare for \$10. The fare is good for cab service for one year from the date of purchase and can be used on any week night from 6 pm to 6 am and all weekend long from 6 pm Friday to 6 am Monday. Pick up an order form and send \$10 for each book of CARE FARE you wish to purchase.



**CARE  
 FARE**

Made possible with funding from the Wisconsin Department of Transportation, Office of Transportation Safety and the National Highway Traffic Safety Administration.

ORDER FORM

**CARE FARE**

# of \$20 books \_\_\_\_\_ x \$10 = \_\_\_\_\_

*(Limit 10 books per order.)*

Name \_\_\_\_\_

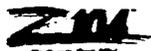
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Detach and mail with your check or money order for \$10 for each CARE FARE booklet to Dane County DRIVING FORCE, 115 W. Doty St. Room 2002 Madison, WI 53703.

**Book #:** \_\_\_\_\_

**Sponsor**  
 (Stamp your name here)





# ORDER FORM



each and mail with  
our check or money  
order for \$10 for each  
CARE FARE booklet to  
One County Driving  
Office, 115 W. Doty St.,  
Room 2002, Madison,  
WI 53703

# of \$20 books \_\_\_\_\_ x \$10 = \_\_\_\_\_  
(Limit 10 books per order.)

Name \_\_\_\_\_

Address \_\_\_\_\_

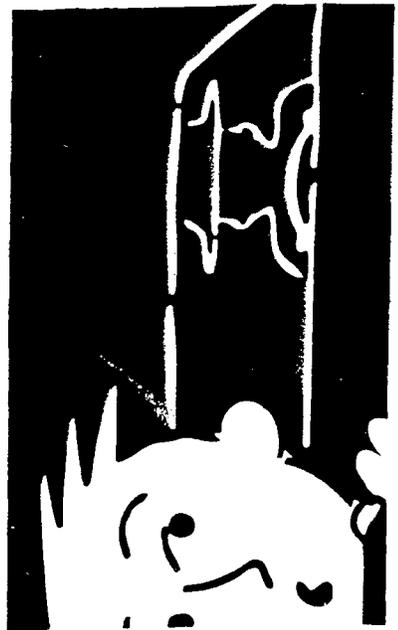
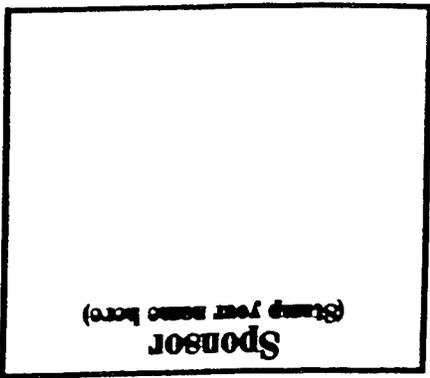
City \_\_\_\_\_

State \_\_\_\_\_

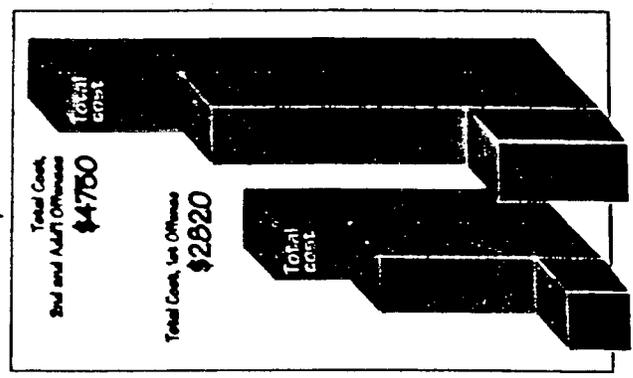
Zip \_\_\_\_\_



Sponsor  
(Stamp your name here)



Drinking and driving  
is expensive.



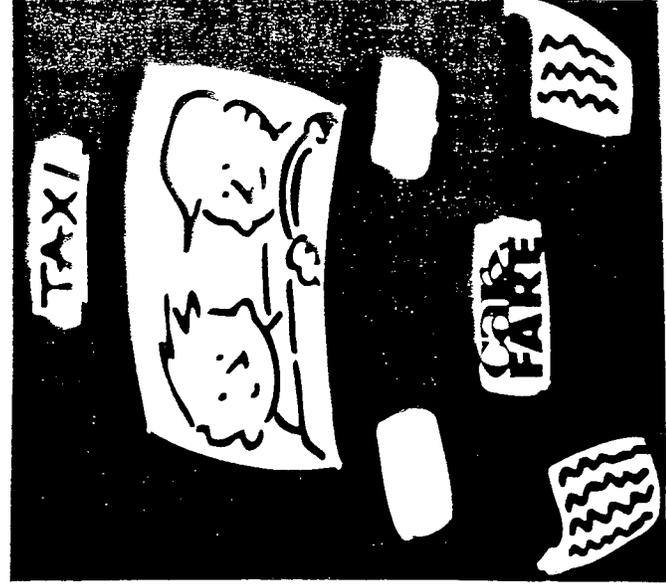
1st Offense      2nd and Additional Offenses



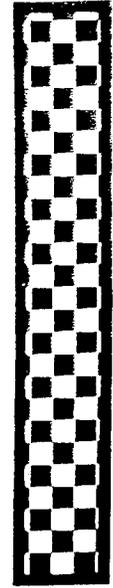
With CARE FARE coupons  
the average round trip ride  
in the Madison area will cost  
you about \$8.00.

Made possible with funding  
from the Wisconsin Department  
of Transportation, Office of  
Transportation Safety and the  
National Highway Traffic  
Safety Administration.

# CARE FARE



Twice the security at half the price.





# CareFare Coupon Book

**No 3181** \$20.00 Coupon Book

---

Union Cab                      Madison Metro  
(608) 242-2000

---

**Coupons valid until Jan. 2, 1997**

---

Other restrictions apply. See back cover.

- FOR TRANSPORTATION ONLY - No cash value
- COUPONS VALID DURING THE HOURS:  
    Weekdays - 6PM to 6AM Monday thru Thursday  
    Weekends - 6PM Friday to 6AM Monday

With funding from WisDOT, Office of Transportation Safety & the National Highway Traffic Safety Administration.  
Sponsored by General Casualty, STOP-N-GO, Z104/WTSO, the Madison/Dane County Tavern League and Union Cab.

PROJECT SAFE PASSAGE of Dane County Sheriff's Office, OWI Program  
115 W. Doty St., Room 2002, Madison, WI 53703 • 608/264-6803

EXPIRES: JAN. 2, 1997

EXPIRES: JAN. 2, 1997

\$1

COUPON GOOD FOR PAYMENT  
OF FARE ONLY WITH  
TAXICABS NAMED ON COVER

CF

ONE FARE ON  
MADISON METRO

CARE  
FARE

No 3183

\$1

COUPON GOOD FOR PAYMENT  
OF FARE ONLY WITH  
TAXICABS NAMED ON COVER

CF

ONE FARE ON  
MADISON METRO

CARE  
FARE

No 3183



•  
•



•  
•



## Appendix C: Survey Questions—Pre & Post

The purpose of this survey is to develop a better understanding of your ideas about drinking and driving. This is not a test and your answers will be kept strictly confidential. Please do not sign your name. Thanks for participating.

1. Gender

- Male
- Female

2. How old are you?

—

3. What is your marital status?

- Never been married
- Married
- Divorced
- Separated
- Widowed

4. What is your annual income?

- Under \$5,000
- \$5,000 - \$14,999
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - over

5. What is the highest grade or year of regular school you have completed?

- |  |   |
|--|---|
| <input type="checkbox"/> No formal schooling     | <input type="checkbox"/> Associate degree (2 yrs.)  |
| <input type="checkbox"/> First through 7th grade | <input type="checkbox"/> Some college               |
| <input type="checkbox"/> 8th grade               | <input type="checkbox"/> Four-year college graduate |
| <input type="checkbox"/> Some high school        | <input type="checkbox"/> Some graduate school       |
| <input type="checkbox"/> G.E.D.                  | <input type="checkbox"/> Graduate degree            |
| <input type="checkbox"/> High school graduate    |   |

6. Are you a regular smoker?

- Yes
- No
- Recently quit

7. Have you ever been stopped by the police for operating a vehicle while impaired?

- Yes
- No

8. If you answered yes, how many OMI's do you have?

—

9. How often do you usually drive a car or other motor vehicle? **Check one.**

- Every day
- Several days a week
- Once a week or less
- Once a month
- Several times a year
- Never

10. Please answer the following questions **only if you drink alcohol**. Otherwise, please skip to question #23.

People often drink different amounts of alcohol depending on the time, place, or occasion. On some days they may drink small amounts, on some days they may drink medium amounts, and on other days they may drink large amounts. Think about the days when you drank alcohol during a **typical month in the past six months**.

How many days in this typical month did you have:

- a. 1-2 drinks containing alcohol?  days
- b. 3-4 drinks containing alcohol?  days
- c. 5-6 drinks containing alcohol?  days
- d. 7 or more drinks containing alcohol?  days
- e. no drinks containing alcohol?  days

11. When you drink alcoholic beverages, where do you most frequently drink?

**Choose two.**

- At your home
  - At other people's homes
  - At bars or taverns
  - At restaurants
  - Somewhere else
- Please specify \_\_\_\_\_

12. In your opinion, how many alcoholic beverages could you drink in a two hour period before it would become TOO dangerous to drive? \_\_

13. In your opinion, how many alcoholic beverages could you drink before you could be found legally intoxicated? \_\_

14. About how many times in the past six months would you say that you have driven within two hours after drinking any alcohol? \_\_

15. When was the most recent time in the past six months you drove within two hours of drinking any alcohol? **Check one.**

- Today
- Days ago
- Weeks ago
- Months ago
- Not sure

16. Suppose you had consumed more alcohol than you ordinarily would prefer to drink before driving. Under what circumstances would you still drive? **Check one.**

- Wouldn't drive
- Emergency only
- If I was the most sober
- Only way to get home
- Other

Please specify \_\_\_\_\_

17. In the past six months, how many times did you drive a motor vehicle after you thought you might have consumed too much alcohol to drive safely? \_\_

18. In the past six months, have you ever deliberately avoided driving a motor vehicle because you felt you probably had too much to drink to drive safely?

- Yes
- No
- Not sure

19. If yes, how long ago was the last time? **Check one.**

- Today
- Days ago
- Weeks ago
- Months ago
- Not sure

20. Which of the following things have you done in the last six months to avoid driving after drinking? **Check all that apply.**

- Called a cab or ride service
- Rode public transportation
- Asked someone else for a ride
- Designated a driver who would not drink
- Stayed overnight as a guest
- Waited until the effects of alcohol wore off
- Walked to your destination
- Drank in moderation
- Other

Please specify \_\_\_\_\_

21. Do you have a self-imposed limit on the amount you drink before driving?

- Yes
- No

22. If yes, what is your limit? \_\_\_ drinks

23. In the past six months, how many times did you ride with a driver you thought might have consumed too much alcohol to drive safely? \_\_\_

24. In the past six months, how many times have you ridden anywhere with someone who had agreed to be a designated driver? \_\_\_

25. In the past six months, have you ever been the designated driver when driving with others?

Yes

No

26. In your opinion, being a designated driver means:

No alcohol before driving

One drink before driving

Two drinks before driving

As many drinks as you wanted as long as you felt you could drive safely

27. If you were with friends who had too much to drink to drive safely, what would you do to keep them from driving? **Check up to three.**

Have someone else drive them home

Have a taxi or ride service drive them home

Drive them home

Take their keys

Have them stay long enough to sober up

Nothing

Not sure

Other

Please specify

28. If you had guests who drank too much to drive safely, what would you do as a host to keep them from driving? **Check up to three.**

Have someone else drive them home

Have a taxi or ride service drive them home

Drive them home

Have them spend the night

Take their keys

Have them stay long enough to sober up

Nothing

Not sure

Other

Please specify

29. Have you ever **not** intervened to keep a friend from driving after he/she had drank too much to drive safely because of problems you thought you might encounter?

- Yes
- No

If yes, what kinds of problems kept you from intervening with your friend?

---

---

---

30. In your opinion, how much is drinking and driving by other people a threat to the personal safety of you and your family?

- A major threat
- A minor threat
- Somewhat of a threat
- Not a threat
- Not sure

31. How important is it that something be done to reduce drinking and driving?

- Very important
- Somewhat important
- Not very important
- Not important
- Not sure

32. In your opinion, should the penalties that are given out to drivers who violate the drinking and driving laws be:

- Much more severe
- Somewhat more severe
- Somewhat less severe
- Much less severe
- Stay the same as they are now
- No penalties should be given
- Not sure

33. In your opinion, how effective are your community's efforts to reduce drinking and driving?

- Very effective
- Somewhat effective
- Not too effective
- Not at all effective
- Not sure

34. Are you aware of any efforts in your community to prevent drinking and driving?

- Yes
- No

If no, please go to question #38.

35. If yes, have these efforts recently:

- Increased
- Decreased
- Remained the same
- Not sure

36. Where have you heard about or seen these efforts? **Check all that apply.**

- Radio
- TV
- Newspapers
- Stores
- Bar/Tavern
- Restaurants

37. Now choose the **one** place you've heard about or seen these efforts the most. **Check one.**

- Radio
- TV
- Newspapers
- Stores
- Bar/Tavern
- Restaurants

38. How interested are you as a citizen in preventing drinking and driving in your community?

- Not interested
- Not very interested
- Somewhat interested
- Very interested

39. Have you heard about the "Real Behind the Wheel" campaign?

- Yes
- No

If no, please go to question #41.

40. If yes, where have you heard about the campaign?

- Radio
- TV
- Newspapers
- Stores
- Bar/Tavern
- Restaurants

41. Are you aware of the CareFare program?

- Yes
- No

If no, please go to question #45.

42. Have you ever used CareFare?

- Yes
- No

43. If yes how many times?

- 1-2
- 3-4
- 5-6
- 7-8
- More than 8

44. If yes, where did you get your CareFare coupon book?

- At my workplace
- From a partner, friend, or relative
- Purchased it myself
- Other \_\_\_\_\_

For the following statements, please check one: whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

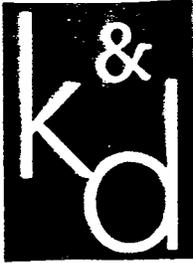
	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
45. It's okay to drink and drive as long as you don't get caught.					
46. A smart person will intervene with friends in a potentially dangerous drinking and driving situation.					
47. Asking a sober person to drive is a sign of weakness.					
48. The smart thing to do is not drink and drive.					
49. Insisting on using a designated driver will insult your friends.					
50. It's okay to drink and drive as long as you don't hurt anyone.					
51. Your partner or date will respect you if you refuse to drive when drinking.					
52. It's convenient to use a cab for transportation when you're out drinking.					
53. You don't want to embarrass friends by taking their keys if you suspect they're too impaired to drive.					

	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
54. It's okay to tell people you're with that you've had too much to drink to drive safely.					
55. My employer doesn't care what I do on my own time.					
56. My employer has strict policies about alcohol.					
57. There would be serious job-related consequences for me if I got arrested for impaired driving.					
58. My employer cares about my safety and welfare.					
59. My employer values responsible, mature behavior on and off the job.					
60. Many people in Madison value people who don't drink and drive.					
61. Many people in Madison don't really care if people drink and drive.					
62. Many people in Madison encourage people to drink, and then drive.					

**THANK YOU FOR YOUR TIME!**

**Appendix D:  
Focus Group Report for M&I Employees and CareFare**

KINZEY & DAY



QUALITATIVE  
M A R K E T  
R E S E A R C H

FINAL REPORT ON FIVE FOCUS GROUPS

AMONG M&I EMPLOYEES  
AND CAREFARE PURCHASERS

*on*

PERCEPTIONS OF CAREFARE

*in*

MADISON, WISCONSIN

*for*

PACIFIC INSTITUTE

*by*

Rebecca Day  
Reynolds Kinzey

April, 1998

---

**TABLE OF CONTENTS**

---

**EXECUTIVE SUMMARY . . . . . 1**

**PURPOSE AND SCOPE . . . . . 4**

**DETAILED SUMMARY OF FINDING**

**GROUP 1: M&I EMPLOYEES (FEMALE) . . . . . 5**

**GROUP 2: M&I EMPLOYEES (MALE) . . . . . 10**

**GROUP 3: CAREFARE PURCHASERS (FEMALE) . . . 12**

**GROUP 4: CAREFARE PURCHASERS (MALE) . . . . . 19**

**GROUP 5: M&I EMPLOYEES (FEMALE) . . . . . 24**

**METHODOLOGY . . . . . 30**



1  
2



3  
4



## **EXECUTIVE SUMMARY**

This **EXECUTIVE SUMMARY** presents the key findings of five focus groups about the CareFare program, conducted by Kinzey & Day Qualitative Market Research for Pacific Institute. Three of these groups were conducted among employees of M & I, a large, local bank which is one of the sponsors of the CareFare program. It is important to note that these employees were recruited from among all employees: They were not recruited as being necessarily users or even aware of the CareFare program, and they were not recruited as consumers of alcohol. Two of these groups were held among women and were conducted by a female moderator; the other was conducted among men and was conducted by a male moderator. The other two groups were conducted among purchasers of the CareFare coupons. One of these groups was held among women and was conducted by a female moderator; the other was conducted among men and was conducted by a male moderator.

All five groups were conducted in Madison, Wisconsin, between Monday, March 30 and Wednesday, April 1, 1998.

The purpose of the research was to explore participants' opinions, feelings and attitudes towards the CareFare program.

The most important findings from the five groups are presented in this **EXECUTIVE SUMMARY**. Other findings are presented in the **DETAILED SUMMARY OF FINDINGS** for each of the five groups.

## **KEY FINDINGS**

The employee groups were fairly different from the group of purchasers, which is understandable: Employees were recruited as employees and were not screened as being aware of the program or as being drinkers. Therefore, it is not surprising that the purchasers tended to know much more about the program, to be more interested in using it, and also tended to be heavier drinkers. Even so, the findings from the five groups are certainly generally consistent and suggest some definite conclusions. The key findings of the groups appear to be as follows:

\* The concept for the program generally seems good, and it is attractive to many participants. Virtually all of the participants who have used the program said they intend to continue to use it in the future and, particularly considering that employees were not recruited as drinkers, a good number of them indicated interest. Some purchasers tended to use the coupon as a planned

way of avoiding drinking and driving, while others seemed to carry the coupons in case they found themselves in a position where they had drunk more than they had intended.

\* Participants also showed a great deal of interest in giving the coupons to teenage children or other younger relatives to use when they have been drinking, but also when their friends start drinking and their children want to get away, or other situations.

\* However, even though participants generally liked the concept of the program, they indicated that there are serious problems both with the way the plan is promoted and the way it is implemented.

\* Virtually no one in any of the M&I employee groups knew anything about the program. Moreover, several of them indicated that the poster would not get their attention and the brochure does not do an adequate job of explaining the program.

\* Purchasers also agree that the program is not being promoted enough. They said that it was advertised two years ago but now they do not see anything about it. They said that some StopNGo stores seem to have stopped participating, and employees do not even know about the program.

\* Purchasers also complained that the coupons are not readily available. They don't understand why the coupons can't be simply sold in StopNGo's or at bars. The women seem more comfortable buying through the mail, but men simply don't do it: The men who do buy for themselves purchase the coupons at the Municipal Building. Employees said they do not understand why the bank simply does not sell the coupons through the tellers.

\* Employees generally think it is appropriate that the bank sponsor such a program. However, some of the women, particularly in the first, somewhat older group had some concerns about the lack of confidentiality in having to order from the company through the mail. Younger employees did not seem to have this concern.

## CONCLUSIONS AND RECOMMENDATIONS

Given the findings listed above and other findings presented in the **DETAILED SUMMARIES OF FINDINGS**, Pacific Institute might wish to consider the following conclusions and recommendations:

1. The CareFare program is well conceived and offers drinkers a safe, economical, and viable alternative to drinking and driving. This kind of alternative is particularly attractive to drinkers who are becoming increasingly concerned about the possibilities of getting an OWI ticket. The program should be continued and perhaps extended.
2. However, the program needs to be improved both in terms of promotion and implementation. It would appear that employers are not actively promoting the program. Promotional materials such as the poster and brochure need to be improved. Also, participants want the coupons to be much more readily available and do not understand why they cannot simply buy the coupons at convenience stores and bars.
3. One challenge will certainly be to find sponsors who will fund the necessary promotion and improvements. This research suggests that employers do not have a very direct incentive in sponsoring this program: Employees generally seem to think it was fine for employers to offer this program, but they certainly don't view it as an employee benefit.
4. There are some indications that Union Cab Company is not particularly promoting the program, but there are also some indications that Union could benefit from the program. Many participants, particularly women, have generally negative views of taxis in the areas, and this program could be an opportunity for Union to distinguish itself from Badger, which some participants seem to have a more negative view of. Participants also said that this program is a way of getting younger people (teenagers) to think about using taxis.
5. Finally, it would appear that the program should be promoted as a safe, effective way to plan a night of drinking, but also as a way of being prepared if a person finds he or she has drunken more than he or she intended. It should also be promoted as a "protective" measure for teenagers not only in drinking situations but for other situations.

## PURPOSE AND SCOPE

This report presents the findings of five focus groups about the CareFare program, conducted by Kinzey & Day Qualitative Market Research for Pacific Institute. Three of these groups were conducted among employees of M & I, a large, local bank which is one of the sponsors of the CareFare program. It is important to note that these employees were recruited from among all employees: They were not recruited as being necessarily users or even aware of the CareFare program, and they were not recruited as consumers of alcohol. Two of these groups were held among women and were conducted by a female moderator; the other was conducted among men and was conducted by a male moderator. The other two groups were conducted among purchasers of the CareFare coupons. One of these groups was held among women and was conducted by a female moderator; the other was conducted among men and was conducted by a male moderator.

All five groups were conducted in Madison, Wisconsin, between Monday, March 30 and Wednesday, April 1, 1998.

The purpose of the research was to explore participants' opinions, feelings and attitudes towards the CareFare program.

Specific topics investigated included the following:

1. General Discussion of Social Activities and Drinking, including what participants do in their spare time; what part alcohol plays in their social lives; perceptions of good and not-so-good things about drinking; how participants deal with drinking and driving; and participants' personal experiences with drinking and driving.
2. General Attitudes towards the Carefare Program, including participants' awareness of the program; reactions to the program; and reactions to the coupons and price.
3. Attitudes towards Using the Program, including associations with people who might use the program; reasons for using or not using the program; personal experience with the program; and intentions of using the program in the future.
3. Feelings about Employer Involvement in Health Programs, including feelings about their employers being involved in the CareFare Program.

The preceding **EXECUTIVE SUMMARY** outlined the most significant findings of the five groups. A **DETAILED SUMMARY of FINDINGS** follows for each of the focus groups. A copy of the **MODERATOR'S GUIDE** is included as an appendix to the report, as are copies of pictures used in the association exercise.

**DETAILED SUMMARY OF FINDINGS**  
**GROUP 1: M&I EMPLOYEES (FEMALE)**

**KEY FINDINGS FROM GROUP 1**

1. Virtually no one in the group had any real awareness of the program. The only one who said she had heard of it (two years ago) could never find the coupons.
2. When participants read the brochure, they generally liked the concept of the program.
3. Some would plan to use the program themselves, others would like to have the coupons to use in emergencies, and others would like to have them for teenage children or other family.
4. However, many of these participants are not comfortable with the taxis in Madison.
5. Participants object to having to mail in requests for coupons partially because they find it cumbersome, but also because of the lack of confidentiality. They also object to the expiration dates.
6. Participants said that the program is good, but suggested that it needs to be promoted; the process needs to be easier and more confidential; and the "cabbies need to be cleaned up."

**The Participants**

Group 1 included 9 participants, all women, ranging from age 26 to a grandmother of 52. Three were in their 40's, one was in her 30's, one other participant was in her 20's, and another was also 52. Most have children in the house, including at least two who have teenagers in the house.

**1. GENERAL DISCUSSION OF SOCIAL ACTIVITIES AND DRINKING**

**What participants do in their spare time**

Participants named a wide variety activities including sports and outdoor activities (golf, bowling, walking, gardening and boating), spectator events (movies, sporting events, concerts), and social activities (dancing, going out to dinner, "going out," playing cards, and grilling out).

### What part alcohol plays in their social lives

Participants indicated that they might associate drinking with almost any of their activities except walking, reading, movies, and volunteer work. Some said they would tend to drink more when they go out to dinner or go out dancing, but might drink even while gardening. Some said it more depended on who they were with than the activity:

“We have certain friends who don’t drink, so we don’t feel comfortable (drinking). But we have others friends who drink a bit more. With them, we’ll be drinking a beer on the golf course at 10:00 am.”

However, in general, participants in this group did not seem to be heavy drinkers at all, particularly compared to the groups of participants recruited as purchasers of CareFare coupons.

### Perceptions of good and not-so-good things about drinking

Participants generally mentioned the same good things about drinking as participants in other groups have mentioned: It relaxes them, “loosens” them up, makes them feel good and tastes good. They also mentioned the same not-so-good things as participants in other groups: hangovers, headaches, problems sleeping. They immediately mentioned the problem of driving and drinking. Some said the worst thing about drinking is when people forget their responsibilities to young children. Others said people can embarrass themselves and use bad judgement that can lead to violence.

### How participants deal with drinking and driving

Again, these participants did not appear to be heavy drinkers, and they at least reported being responsible when drinking and driving. Several use designated drivers, including alternating evenings with husbands, and many seem to use a numerical limit (generally two drinks, or possibly three at the very most). Some participants—the ones with teenagers in the house—expressed more concern about their children “partying every night with friends:”

“It scares me to pieces. You hope they’ll make the right decisions, but you never know.”

### Participants’ personal experiences with drinking and driving

These participants seem to view driving drunk as a person driving when he or she is very impaired. Even though these participants did not seem like heavy drinkers, several readily admitted that they have driven drunk, although they wanted to say it was when they were younger. One said she was pulled over by the police when she was a teenager but

didn't get a ticket; another said she was pulled over for speeding when she really had had too much to drink, but she didn't get a ticket, either. Most said when they had driven impaired it was simply because they felt that they had to go home and didn't want to inconvenience anyone else (or didn't have anyone to call).

When asked to list ways to avoid driving while drinking, participants mentioned taking a cab; walking; calling a friend, husband, or parent; staying where they are; using a designated driver; or using the "women's transit group" (apparently a local voluntary women's protective service). Some said that bars will pay for a cab "if you tell them you are too drunk to drive."

## 2. GENERAL ATTITUDES TOWARDS THE CAREFARE PROGRAM

### Participants' awareness of the program

Only one participant had heard of CareFare. She said she heard about the program two years ago and tried to get the coupons but was never able to find them. She didn't know who sponsored the program or how it works.

None of the other participants knew anything about the program. They said they had not seen any posters for it.

### Reactions to the program

Participants were given brochures describing the program. Their immediate response was very positive. They immediately reacted to the program's flexibility: "This is not just for drinking--for anything--safety all around, for everyone." Several participants were particularly interested in the program for use with their teenagers, whether or not the teenagers had been drinking (for example, teenagers baby-sitting, as mentioned in the brochure, or teenage girls out on dates). They liked the idea of exposing teenagers to taxis.

However, some participants still wondered if people could really use this program even if they weren't drinking. Others had questions about the geographic coverage of the program and if the taxi drivers could raise prices. Some worried about how long they or their teenagers might have to wait for a taxi, particularly if it were late at night and they were in a strange place. Some said that could be "scary," and then others said that taxi drivers themselves could be "scary looking." Others complained that some taxi drivers will pick up other riders after you had engaged them. Some participants said that only Badger Taxi will do that, but others seemed not to distinguish between the companies very clearly.

### Reactions to the coupons and price

Participants said the price was "great." They generally liked the size of the coupon because they said it would fit easily into a wallet.

### 3. ATTITUDES TOWARDS USING THE PROGRAM

#### Associations with people who might use the program

Participants were shown photographs of animals and asked to imagine which of the animals might use CareFare, if the animal was a person, and which animals would never use CareFare. The actual choice of animal is not to be taken as overly significant, but the verbal associations the participants raised may be very significant. Also, certain photographs suggest situations which would affect associations (for example, the wolves are tearing at a carcass. Copies of the pictures are included as an appendix to this report.

A couple of participants said the eagle would use the program because an eagle flies "confident" and "free," and an eagle is "sure of himself" and "makes up his own mind." Others said the kitten or the puppy, because they are "sweet" and "have feelings for others--won't want to hurt themselves or others." Another said the otter because they are "cute and lovable, but also smart." One said the squirrel because "squirrels plan ahead."

On the other hand, one participant said the squirrel would never use CareFare because squirrels are mouthy and arrogant. Several said the battling elks would never use the program because they are "too macho." These women generally felt that men would not use the program because they would feel "too macho" to use it. Others chose other negative associations, such as the alligator and the wolves tearing up a carcass.

#### Reasons for using or not using the program

Participants seemed to be drawn to the general concept of the program, and they very much liked the price. However, they generally objected to the process of having to order them through the mail. Several said they should be able to buy them at the StopNGo, and several said they can buy metro passes at the bank, so they couldn't see why they shouldn't be able to buy these directly as well. Some said that would be more confidential than having to mail something in.

Several participants continued to have general problems with the idea of using taxis. They again said that some taxi drivers are "scary looking," and some complained that they smoke and smell bad: They don't want to ride with them, and they don't want their children to ride with them, either. Some commented that Madison is not a "taxi town" like New York.

#### Intentions of using the program in the future

At first, a number of participants said they would not really imagine using the program themselves, but others said they would, particularly given the price. They said it would make them feel more comfortable or relaxed when they went out, knowing that they would not necessarily have to limit themselves to one or two drinks. Some said they would

keep it in their wallets "just in case" (these participants expressed reservations about the expiration date, because they would not imagine using these on a regular basis).

Finally, almost all participants said they might buy the coupons, either for themselves, their teenagers, or even, in one case, for a grandparent who can't drive at night. Some said they would be buying so that they could plan ahead to use them, while others said they would more be keeping the coupons for emergencies.

### 3. Feelings about Employer Involvement in Health Programs

Generally, these participants felt that it is good for an employer to get involved with wellness and health programs.

#### Feelings about their employer being involved in the CareFare Program

Participants generally seemed to feel that it is appropriate for their employer to be involved in a program such as CareFare, because it shows that the bank is concerned about its employees. However, several were clearly concerned about having to mail in their requests with a name and an address. They said the process needs to be much more confidential. Most of the participants who expressed these concerns seemed comfortable with the idea of simply buying the coupons directly from a teller, which they said would be more confidential.

*DETAILED SUMMARY OF FINDINGS  
GROUP 2: M&I EMPLOYEES (MALE)*

**KEY FINDINGS FROM GROUP 2**

1. Again, virtually no participant in this group was aware of the program.
2. After reading brochures about the program, participants in this group were favorably impressed with it, and the drinkers in the group said they would use it.
3. Participants in this group did not have the reservations about the program as participants in the first group: The process of mailing in for the coupons does not seem as burdensome to them as it seemed to participants in the first group, and participants did not seem at all concerned about the issue of confidentiality.

The Participants

Group 2 included four participants. It should be noted that they were much younger than the participants in the first group: The youngest was only 20 and the oldest was ~~only~~ 28. None was married and none had children in the house. Two participants are roommates. One participant, the youngest does not drink at all because of his religious convictions, although he did not express any judgmental feelings towards those who do drink.

1. GENERAL DISCUSSION OF SOCIAL ACTIVITIES AND DRINKING

What participants do in their spare time

Participants said that their spare time activities include exercising, reading, eating out, going to bars, and musical shows. One participant collects toys. The one participant who does not drink said that he goes to church for his social activities.

What part alcohol plays in their social lives

Participants said they drink most at bars and at musical shows. Those who drink tend to drink most with their friends. Some tend to drink with large groups (more than five people), and some with smaller groups (2 - 5 people). Again, one participant said he does not drink and none of his friends or family drink, either.

### Perceptions of good and not-so-good things about drinking

Like participants in other groups, participants in this group said that drinking is good for socializing and "loosening you up" (participants in this group used the same phrase as participants in the first group). However, they said the problems could include not thinking clearly, hangovers and health problems but also crime, death, and addiction. The worst problems are addictions and death, particularly the death of innocent people in accidents caused by drunk driving.

### How participants deal with drinking and driving

Like participants in other groups, participants said that driving drunk is driving completely out of control: They said a person "can have a few drinks and still operate a vehicle." Some of them argued "it all depends" on the person and the situation. Still, most of them said people really should not drive after more than two drinks. The participant who doesn't drink, however, said even one beer can distort a person's judgement.

Participants said they avoid drinking and driving by limiting themselves to two drinks, using designated drivers, taking cabs, and walking home.

In contrast to the first group, participants in this group said that they have had good experiences with the cab drivers in Madison. They said cabs are plentiful and generally not that expensive, at least in the downtown area. The one participant who seems to drink the most said that he has used cabs when out drinking with friends and never had any problems or felt any need for embarrassment.

### Participants' personal experiences with drinking and driving

Only two of the participants seemed to be real drinkers, and both said they had had experiences that make them much more careful about drinking and driving. One said that he simply scared himself when he woke up one morning and realized what he had done. The other was pulled, given an OWI ticket, and forced to take classes. He said the worst part was having to call his mother from the jail. Both of these participants said they now do not drive if they have had more than one or two drinks.

## 2. GENERAL ATTITUDES TOWARDS THE CAREFARE PROGRAM

### Participants' awareness of the program

Only one participant had heard anything at all about the program, and he did not know much about it. None of the other three had heard of it. None had seen any posters for it.

### Reactions to the program

After reading the brochure, all participants agreed that the program sounds "great" and even "long overdue." The two who seem to drink (including the one who said he is already using taxis) immediately said they would use it. The strict non-drinker said he saw no benefit for himself in the program, but he said it was great for other people (he was asked twice if he saw no benefit at all in this program for non-drinkers, and he apparently did not recognize the program's possible benefit of keeping drunk drivers off the road as a benefit for everyone).

Participants did say that they would still have some questions. They would not be sure how to get the coupons, and they would not be sure which cabs they could use. They would also like to know if there are geographical limitations on where the taxis would go.

### Reactions to the coupons and price

Participants said the price is very good. They seemed to find the coupons acceptable because they were wallet size, but they seemed to want them bigger and a little brighter.

## 3. ATTITUDES TOWARDS USING THE PROGRAM

### Associations with people who might use the program

Participants were shown photographs of animals and asked to imagine which of the animals might use CareFare, if the animal was a person, and which animals would never use CareFare. The actual choice of animal is not to be taken as overly significant, but the verbal associations the participants raised may be very significant. Also, certain photographs suggest situations which would affect associations (for example, the wolves are tearing at a carcass. Copies of the pictures are included as an appendix to this report.

Two of the participants chose they butterfly, because they said butterflies are gentle, and they are also open to new things. One chose the cat, because cats are smart and recognize a good thing. The other chose the owls, because the picture shows them as a group, relying on one another.

One participant said the wolves would never use the program because they are too aggressive, have "too much confidence" and are not open to new things. Another chose the dog in outer space because "he doesn't know what's going on." Another chose the turtle, because the turtle is "independent and slow and doesn't want to trust anyone else." The other chose the coyote, because the coyote is "stubborn, won't rely on anyone else."

### Reasons for using or not using the program

Generally participants said the program would be a good way to avoid drinking and driving. In contrast to the first group, they had few problems with the way the process of getting the coupons works, although they, too, disliked the expiration date.

One or two participants did say they weren't always sure they wanted to put their lives "in a cabbie's hands." They said that sometimes some of them drive too fast and cause accidents. However, they did not demonstrate nearly as much concern about taxis as participants in the first group.

### Intentions of using the program in the future

Three of the four participants said they would use the program. The only one who said he would not is the non-drinker. The ones who would use the program would do so because they would not have to drive and that would keep them and others safe.

They said they could particularly imagine using the program for events like bachelor parties when everyone would be drinking. They said this would be a way of planning ahead.

### 3. Feelings about Employer Involvement in Health Programs

Participants said they think it is good and appropriate for employers to be involved in health screenings and wellness programs.

#### Feelings about their employer being involved in the CareFare Program

Participants in this group also felt it was very appropriate for the bank to be involved in this program. They said "it's the same (kind of) thing." Further, participants in this group, in strong contrast to participants in the first groups, did not seem concerned about issues of confidentiality. They said they would feel "secure" with the bank. They particularly said they felt fine with a program such as Human Resources administering the program because they "don't know those people anyhow."

**DETAILED SUMMARY OF FINDINGS  
GROUP 3: CAREFARE PURCHASERS (FEMALE)**

**KEY FINDINGS FROM GROUP 3**

1. Participants in these groups were recruited as purchasers of CareFare coupons, and so were much more aware of the program than employee groups. They appear to be heavier drinkers than participants in some of the employee groups, but they also seem to be responsible about drinking and driving (but, again, they had been recruited on the basis of having done something responsible to avoid drinking and driving).
2. Participants generally like the program: They use it for themselves; they give coupons to friends and family members; and virtually all said they would use it again in the future.
3. However, participants expressed some frustration over the lack of availability of coupons. They do not understand why they can't simply be sold at the StopNGo.
4. Participants in this group, like the women in the first group, have some reservations about using taxis themselves, and they have reservations about their teenage daughters using them. Some appear to have a higher opinion of Union than Badger, but others seem not to readily distinguish between companies.

The Participants

Group 3 included nine participants. Most were in their 40's, but one <sup>two were their</sup> was in ~~her~~ 20's and another was in her 20's. At least two have teenagers living at home. One woman owns a pub with her husband, and seemed more aware of the Safe Rider program than other participants. Another woman drives a cab for the Union Cab Company and therefore knew more about the CareFare program than other participants.

1. GENERAL DISCUSSION OF SOCIAL ACTIVITIES AND DRINKING

What participants do in their spare time

Participants in this group named many of the same activities as the women in the first group, including dancing, golf, bowling, going to sporting events, cards, movies, travel, music, visiting family and friends, and going out to dinner. They also mentioned outdoor ethnic festivals.

### What part alcohol plays in their social lives

These participants said that alcohol is associated with virtually all of these activities, particularly traveling, dancing, listening to bands, visiting friends, the outdoor ethnic festivals, and cards. One participant said she does not drink, and a couple of the others said they don't drink very much. Several said they were adult children of alcoholics. However, those who do drink seem to drink more than the participants in the first group, the female employees of M&I. They said they drink most at tail gates and other parties. Several said they avoid drinking in social/work environments, such as company Christmas parties, because "making mistakes" could hurt their careers.

### Perceptions of good and not-so-good things about drinking

As in other groups, participants said that drinking makes them "happy" and "loosens them up" (again, the same expression). They, too, said it tastes good, and, again, participants commented that doctors are now saying it is "good for you."

On the other hand, participants said that drinking can cause migraines, hangovers, and alcoholism. They also said it can cause people to lose their sense of "who you are" and cause bad decisions. Several said the worst thing about drinking is endangering other people while driving. However, one of the adult children of an alcoholic said the worst thing about drinking is the way it can destroy families.

### How participants deal with drinking and driving

Participants in this group expressed a great deal of concern over the possibilities of getting a OWI ticket. They said they are "so easy to get." Perhaps as a consequence, participants as a group seem to be planning to avoid drinking and driving fairly well. Several said they plan to use a designated driver before going out, and several said they are using of cabs. At least one participant mentioned using CareFare immediately.

When asked to list ways of avoiding drinking and driving, participants mentioned designated drivers, cabs, walking, calling family or friends, taking buses, staying overnight, using CareFare, and the Safe Rider program (which they said is a program in which the bar pays for the taxi).

Participants said that cabs are a safe way of getting home, but, like the women in the first group, they said that they didn't like waiting for taxis and that sometimes taxis don't show up. Also, like the women in the first group, they said taxi drivers are sometimes "scary." They don't want to ride alone with them, and they don't want their teenage daughters to ride alone with them, either.

The participant who drives for Union Cab Company explained that taxi drivers have to pass security checks.

Several participants seemed to have a better perception of Union than Badger taxis. Several complained about Badger's practice of sharing rides.

### Participants' personal experiences with drinking and driving

Several participants admitted that they have driven when they had had too much to drink, although most said it was when they were younger. Others said they sometimes drive when they felt "okay to drive," but might have gotten tickets under the new, stricter laws. They said they have done so because they want to get home, they are tired, and "tomorrow your life is going to go on--you don't want to have to go back and get your car."

The one woman who said she didn't drink said she stopped 20 years ago when she got an OWI. She said the experience "scared me to death." She also said her father was an alcoholic.

Other participants reported having been pulled over by the police but they had not gotten tickets.

## 2. GENERAL ATTITUDES TOWARDS THE CAREFARE PROGRAM

### Participants' awareness of the program

These participants were all recruited as having purchased CareFare coupons, so they were aware of the program. They said the program has been in operation at least two years and maybe three. They generally know about the program from advertising on the radio and from the schools.

Participants said that the coupons are available through the Flamingo and some other bars, through StopNGo convenience stores, and at the Public Safety Building.

Some participants realized that only Union Cab Company's taxi participate in CareFare. One woman said that CareFare coupons are supposed to be valid on buses, but that bus drivers don't always know that.

### Reactions to the coupons and price

Participants very much like the price. One commented that it's "a lot cheaper than a drunk driving ticket."

Some said the small coupons are good because they fit in their wallets, but some said they are too small and "hard to deal with, especially when you're drunk."

### 3. ATTITUDES TOWARDS USING THE PROGRAM

#### Associations with people who might use the program

Participants were shown photographs of animals and asked to imagine which of the animals might use CareFare, if the animal was a person, and which animals would never use CareFare. The actual choice of animal is not to be taken as overly significant, but the verbal associations the participants raised may be very significant. Also, certain photographs suggest situations which would affect associations (for example, the wolves are tearing at a carcass. Copies of the pictures are included as an appendix to this report.

For "people" who would use CareFare, one participant picked the eagle: "smart, independent." One chose the penguins: "Sociable, friendly." One chose the butterfly: "Harmless." Another chose the owls: "A group having a good time, but they need to find a safe way home." A couple chose the dog in space: "He has all the safety equipment." Another couple of participants picked the raccoon: "A scavenger, a little sneaky, but raccoons find the easy way out."

For "people" who would never use CareFare, several participants chose the wolves, which they said reminded them of "a bunch of teenage boys--pride, macho, saying 'no way I can't drive.'" Another chose the alligator: "Brutal, uncaring, no regard for the safety of others." One participant chose the battling elk: "Stubborn, either male or female." Another chose the "sly" fox: "Smug." A couple of participants chose animals that they thought wouldn't ever be in the situation to need to use the program, such as the yellow bird.

#### Personal experience with the program

Almost all participants seem to be using the program themselves. Some said they plan to use the coupons when they drink, but others said they use them even when they are not drinking. One younger participant said she uses them in a very planned way:

"We're (my friends and me) meeting for the express purpose of getting drunk. So using this, you don't have to take the responsibility of getting yourself home."

Others said they carry them "just in case" they find themselves in need. One participant said her friends have teased her about using taxis, but she said that she doesn't care. Others said that has not been a problem for them.

Most also reported giving the booklets as gifts. One woman said she puts them in birthday cards, particularly for younger friends and relatives. Several participants felt the program is especially good for teenagers. Those with teenagers themselves are giving them to their children: "My son is 15, but you know how parties are." Another said she gives them to her daughter in case her friends are getting drunk or if her date begins to be "bad."

Most participants said that the taxis have worked well, although some reported having to wait for up to 20 minutes.

Some participants said they have had some trouble getting the coupons. Several said they first heard about the program on the radio, and then went to StopNGo and got the coupons through the mail. Some said they saw displays at the stores. However, others said that they had to ask for the mail-in forms and that some StopNGo employees didn't know about the program.

Many of the participants said they can't understand why the coupons aren't more available (they comment that they can buy bus tickets almost anywhere). They would like to be able to purchase them directly at the StopNGo.

One woman, who apparently frequently uses the program herself and orders other coupons for friends and family members, said that she has been sending letters asking for the coupon booklets instead of using the mail-in forms. She said that she received a letter back asking her to use the forms in the future.

The participant who drives for Union Cab said that she would like to use the program herself but that her manager has told her she cannot, because she is an employee.

#### Intentions of using the program in the future

Virtually all the participants said they would continue to use the program in the future.

## *GROUP 4: CAREFARE PURCHASERS (MALE)*

### KEY FINDINGS FROM GROUP 4

1. These participants, as a group, seemed to be the heaviest drinkers interviewed during the research. They also seemed to be very mixed in how responsible they are when they drink and drive.
2. Participants were recruited as using the program, and all were aware of it. They generally seem to think the program works well and all but one said they would use it in the future.
3. However, like the women purchasers, they said the program needs to be promoted much more. They also said that the coupons need to be much more readily available. They suggested selling them directly in the bars (most are currently purchasing them at the Municipal Building. Virtually no one is purchasing them through the mail).

### The Participants

Group 4 included nine participants. Two were as young as 17, but most were in their 20's, 30's or early 40's. Those who had children seemed to have younger children rather than teenagers. Like the group 3, these participants were recruited as having purchased CareFare coupons, so they, too, were more aware of the program than participants in the employee groups. These participants also seemed generally heavier drinkers than the male employees. Some of them seem to be drinking and driving fairly responsibly, but some do not.

### 1. GENERAL DISCUSSION OF SOCIAL ACTIVITIES AND DRINKING

#### What participants do in their spare time

Participants in this group named many of the activities that participants in other groups had named, including dancing, sports (especially Badger and Packer football games), softball, bowling, boating, music, cooking, computers, and socializing. They added hunting and fishing and playing pool. They also said "chasing women." This was the first group to openly name "drinking beer" as a spare time activity.

### What part alcohol plays in their social lives

Participants said they drink with all of the activities listed above except hunting and fishing. All of the participants drink except one of the 17 year-olds (it should be noted that there may have been some pressure for the 17 year olds to be less than perfectly candid in this situation, since they are under-aged for drinking, and they were in a group with people old enough to be their fathers. Although these judgements are at best subjective, the 17 year old who said he did not drink appeared to be honest: He said he had tried champagne once and did not like the taste. Since the other 17 year old said he did drink, it would appear that he almost certainly does. His contention that he "never" drives when he's been drinking may seem less credible, although he said he did not because a good friend had been killed when driving drunk. This participant seemed cooperative and did participate in the discussion, but he was fairly withdrawn during the conversation, which could indicate that this is a painful subject for him, but could simply indicate that he was shy in the presence of older men).

### Perceptions of good and not-so-good things about drinking

Again, people said they drink because it's "fun," "relaxing," and "tastes good: (except the one 17 year old). On the other hand, it causes hangovers, impairs thinking, can be expensive, and causes problems with the law, problems at work, and strife in relationships. Several said drunk driving is the worst thing about drinking, although some said the strife in relationships is the worst thing.

### How participants deal with drinking and driving

Participants in this group seem very mixed about how they deal with drinking and driving. A few have definite one or two drink limits, and the 17 participant who said he won't drink and drive because a friend was killed when driving drunk said he likes to go out, but only goes to bars within walking distance. However, some participants seemed much more relaxed about drinking and driving. This particularly included the older participants (those in their late 30's and early 40's):

"I have trouble with instituting a limit. Who determines that?  
It's an experience factor. I'm more comfortable now driving  
when I've been drinking than I used to be."

"I'm 46. I've been drinking a while. Different people have  
different limits. I know when I've had too much. I just feel it,  
and then I call a cab."

When asked to name ways to avoid drinking and driving, participants mentioned calling a cab, sleeping in the truck, walking, cutting themselves off at two, staying over, or using a designated driver.

Participants in this group commented that some problems with using cabs are that they have to wait, cabs are expensive, and they have to leave their cars at the bars. Some also complained about having to share rides. Some realize that this is a practice of Badger, but they also said that Badger is cheaper than the other companies. Some commented that they like Union and Madison better than Badger.

#### Participants' personal experiences with drinking and driving

Participants in this group had the most stories about drinking and driving and were most ready to admit driving while drink. One participant admitted that he has very little control:

"I drink, I drive. I've gotten three tickets. I got two tickets (OWI's) in one week. Next time I'll go to jail. I still drive drunk. I don't know why I do it."

## 2. GENERAL ATTITUDES TOWARDS THE CAREFARE PROGRAM

#### Participants' awareness of the program

Again participants were recruited as having bought CareFare coupons, and all seemed aware of the program, but a few were not sure of the name. One thought it was "Cabfare" and one simply refers to it as "cab coupons." They all know that it's half fare for cab fares. One participant commented, "You can't spend them (the coupons) for drinks, so you always have them." They said the program had been around about two years.

Participants in this group, like participants in other groups said the program is not well publicized.

#### Reactions to the coupons and price

Participants generally thought the price was good, and the coupons were fine for most (some said they were a little too small, but understood that was so that they would fit in their wallets). A few would prefer a plastic card, like a credit card.

## 3. ATTITUDES TOWARDS USING THE PROGRAM

#### Associations with people who might use the program

Participants were shown photographs of animals and asked to imagine which of the animals might use CareFare, if the animal was a person, and which animals would never use CareFare. The actual choice of animal is not to be taken as overly significant, but the verbal

associations the participants raised may be very significant. Also, certain photographs suggest situations which would affect associations (for example, the wolves are tearing at a carcass). Copies of the pictures are included as an appendix to this report.

Some participants tended to pick very positive images for animals who would use the program, such as the eagle, who would be "willing to step up and do what's necessary" or the penguins who are "family oriented and plan ahead." However, others tended to pick animals that seem "party oriented and would need the help, such as the bird, who is "brain numb" or the otter who "likes to have fun."

For animals who would not use the program, participants tended to chose negative images, like the alligator, "crumpy, mean," or the wolves, "moody, won't talk to anyone," or the zebras, "going with the crowd" or the battling elk, "don't plan ahead."

#### Reasons for using or not using the program

Participants said the reasons for using the program was that it avoids drinking and driving and saves money. Most of them also know about the Safe Rider program (although, again, not all of them knew the name). They said that program is free, but, because the bars pay the fare, the bars don't encourage the program and "run out" of the vouchers (some said that bartenders hold them for their friends).

Some said they have had some problems with cab drivers not knowing what the coupons are.

#### Personal experience with the program

Some of the participants said they always keep CareFare coupons in their wallets. One said that whenever he and his friends go out drinking, someone has them. The 17 year old who drinks said he never uses them and only had them because his mother gave them to him. However, the 17 year old who does not drink said his mother still gives them to him, and he likes having them, in case his friends start drinking and he wants to get home.

Participants in this group, like participants in the group of women purchasers, complained that the coupons are not readily available. Some said that they used to get them at the StopNGo, but those stores "don't have them now." Only one participant seems to have gotten them through the mail himself (and he no longer gets them because his employer, a lawyer, is no longer a sponsor), although another said his wife gets them for him through the mail. Most purchase them directly from "the Municipal Building."

Participants in this group, like participants in other groups, complained about the expiration dates. Some said they didn't use them that often and worried about them expiring.

### Intentions of using the program in the future

All but one of the participants said they would use the program in the future (the one who said he wouldn't was the 17 year old who said he never drinks and drives). They said the program works very well, but they, like the women purchasers, said it needs to be promoted more, because people don't know about it. They also said the coupons need to be more available, and they suggested selling them directly at the bars.

Some participants said they would use this program more in the winter, when it's too cold to walk. However, others said they would use it more in the summer, because they are more socially active in the summer. Still others said they would use it most around Christmas and the holidays.

### 3. Feelings about Employer Involvement in the Carefare Program

Since one participant mentioned that his employer once sponsored the program, participants were asked how they would feel if their employers became involved. They said it would be good, and that it would make it easier to use the program.

*DETAILED SUMMARY OF FINDINGS  
GROUP 5: M&I EMPLOYEES (FEMALE)*

**KEY FINDINGS FROM GROUP 5**

- \* Perhaps the major finding from this group is, again, these M&I employees knew absolutely nothing about the program.
- \* Once they had read the brochure, most of the participants said it was at least "theoretically good," although some of them said they personally wouldn't need the program because they have found other effective ways of avoiding drinking while driving. Several said they would be interested in using the program either as a planned way of avoiding drinking and driving or as a "just in case" fall-back option. Others were particularly interested in giving the coupons to teenage daughters.
- \* However, participants indicated that there are serious problems with the way the program is being promoted. Not only were they not aware of the program when they began the group, but participants said the poster would not get their attention and the brochure did not seem to clearly explain the program to them.
- \* These participants did not seem to have a problem with their employer sponsoring the program, but they did not seem enthusiastic about the idea, either. They did not seem to have the problems with confidentiality that the first group of women M&I employees had.

The Participants

Group 5 included eight participants ranging in age from 23 to 44. Four of the participants are in their 20's, so this group was generally younger than the other group of female M&I employees. One of the participants has two teenage daughters at home. One of the younger women (age 23) shares a house with her boyfriend and three of his friends, some of whom are musicians and apparently are extremely heavy drinkers. As a group, these participants seemed to be heavier drinkers than the participants in the first group of women M&I employees.

## 1. GENERAL DISCUSSION OF SOCIAL ACTIVITIES AND DRINKING

### What participants do in their spare time

Participants in this group named many of the same activities as participants in other groups, including sports (softball, bowling, and watching Badger games), other outdoor activities (walking, boating), hobbies, reading, and socializing with family and friends. This was the first group of women who explicitly named drinking as a spare time activity, and some of the younger women especially said they liked to go out to the bars.

### What part alcohol plays in their social lives

Participants tended to say they drink with most of these activities, although some of the women with children said they did not drink when their children are around. Participants said that they drink most with their friends, and one or two of the younger women said they feel a lot of peer pressure to drink. Throughout the group, there seemed to be a feeling that there is a lot of drinking going on in Madison, partially because it is a college town:

“In Madison, there is only so much to do. It’s a big bar town. You want to meet people, you go out. That’s the way it is.”

The 24 year old who shares a house with members of a band said she used to drink a lot in college but doesn’t so much now (she also said her brother and two aunts are alcoholics). However, she said that her boyfriend and his friends drink “like crazy,” and she is clearly worried about them:

“My boyfriend and his roommates—it’s like drinking out of control every night. It’s scary to watch. It’s frightens me.”

### Perceptions of good and not-so-good things about drinking

Participants in this group said exactly the same thing as participants in other groups about what was good about drinking: It’s relaxing; it’s a good time; it helps them “let their guard down” (their expression instead of “loosen up”). They also mentioned the same things as being bad about alcohol: hangovers, getting sick, drinking and driving, accidents and tickets.

One participant said her boyfriend was badly hurt and his friend was killed in an accident caused by a drunken driver.

### How participants deal with drinking and driving

The participant whose boyfriend was badly hurt said the two of them now take turns being the designated driver, and they apparently take it very seriously. She also says that

when she has parties at her house, she takes keys away from people who are drinking and tells them they are staying over, whether they like it or not (the woman who is sharing the house with her boyfriend and his roommates said she could never do that).

Some of the others are also taking the role of designated driver very seriously, saying they will have a maximum of two drinks when they are the designated driver, and some saying they do not drink at all when they are the designated driver.

On the other hand, other participants are relying on "pacing" themselves: "I know when I should stop. It's how I feel."

The young woman who shares the house with her boyfriend says they live close enough to campus that they usually walk or take "the drunk bus," apparently a free bus that runs at night in the downtown/campus area.

When asked all the ways to avoid drinking and driving, participants listed most of the same alternatives as participants in other groups: taking a cab, calling a friend, walking, taking the bus, using a designated driver, or staying over.

Participants said the problems with taking a taxi are that taxis are expensive, they may not have that much money with them, they have to wait for a taxi, and they would have to come back for their car. One participant said she used to take taxis in Indiana but "wouldn't think about it here."

### Participants' personal experiences with drinking and driving

Several admitted to driving when they had had too much to drink, but most said it was when they were younger. None of them said they had ever been stopped by the police. Generally, they said they drove for the same reasons other participants have given: They felt that they had to get home, and they didn't want to come back to get their car the next day. Some said that when they were drinking, they "forgot" that there are other options to driving. Some also said they were "scared" to let other people know how much they had had to drink.

## 2. GENERAL ATTITUDES TOWARDS THE CAREFARE PROGRAM

### Participants' awareness of the program

None of these participants knew anything about the CareFare program. One participant thought she might know something about it, but she was clearly confusing it with the Safe Rider program. Participants said the first time they heard the name CareFare was when they received an email inviting them to the focus group. They said they still didn't know anything about the program and had never seen the poster. When they were shown the poster, several said it would not get their attention.

### Reactions to the program

After reading the brochure, several said they would be interested and several said they would not be.

Those who said they would be interested said that it would be an "easy alternative." One person said it would be particularly good for Badger football games: "A lot of times at those, it ends up whoever is least drunk drives home."

Participants with teenage daughters said they would be interested in giving the coupons to them.

Some of those who said they would not be personally interested said the program was "theoretically good," but they felt they didn't need it (for example, the participant said she always walked to bars, and the participant whose boyfriend had been badly hurt, because she feels their designated driver system is working very well). One of these participants said it would make a good present for some of her friends.

One participant said taxis would still be too expensive for her, even at half price, because she lives so far away from town.

Some said the brochure was confusing and they weren't sure how the process of getting the coupons would work. They also weren't sure they understood how much the coupons and the taxis would cost. One commented that if they couldn't understand the process when they were sober, they certainly wouldn't understand it when they were drunk.

As in other groups, some said they did not like Badger Cab because of the ride sharing. It took them some time to understand that this program only uses Union cabs. Some were then concerned about how long they might have to wait for a Union cab.

### Reactions to the coupons and price

Participants generally liked the half price cost, but one or two of the younger participants said, "but it's still \$10."

## 3. ATTITUDES TOWARDS USING THE PROGRAM

### Associations with people who might use the program

Participants were shown photographs of animals and asked to imagine which of the animals might use CareFare, if the animal was a person, and which animals would never use CareFare. The actual choice of animal is not to be taken as overly significant, but the verbal

associations the participants raised may be very significant. Also, certain photographs suggest situations which would affect associations (for example, the wolves are tearing at a carcass). Copies of the pictures are included as an appendix to this report.

For animals who would use the program, a couple of participants chose the kitten because "it wants to be home" and "needs to be taken care of." Others picked animals that looked like they needed the program, like the otter: "He's had way too much--a sloppy drunk." Or the owls: "A group of friends having a good time." Or the space dog: "Having a good time."

One participant chose the zebra facing the opposite direction, because it showed he or she was "independent," "responsible," "going a different way."

For those who would not use the program, participants chose some of the same negative images that other participants have chosen, including the wolves ("mean, going to stand their ground"), the alligator ("can't tell an alligator what to do"), and the fox ("sneaky, going to do his own thing"). However, as in other groups, one or two chose an image of someone who would not use the program, such as the eagle ("powerful, independent") or the turtle ("he's walking home").

#### Intentions of using the program in the future

Some participants said they would use the program for themselves or for their teenage daughters. Of those who said they would use it, some seem to think of it as something they would plan to use before going out, and some seemed to think of it as a "fall back" option they could carry with them.

Again, some said the program was theoretically good, but they did not think they would need it.

### 3. Feelings about Employer Involvement in Health Programs

Participants generally felt that it was good for employers to get involved with health programs as long as the programs are not mandatory.

#### Feelings about their employer being involved in the CareFare Program

One person commented that being involved with a program such as this could be construed as promoting drinking, but most said this program is "about responsible drinking." Some also said that it shows the employer cares about the employees. Generally, they seem to find it "okay" if an employer did sponsor a program like this, as long as it is optional, but they did not seem to be overly enthusiastic about their employer's sponsorship.

These participants, unlike the first group of women M&I employees, said they did not have a problem getting the coupons from their employer: "It's not like you're signing up for drug rehab." One commented, "It doesn't have to have anything to do with drinking. It's just a ride home."

## **METHODOLOGY**

The purpose of a focus group interview is to provide a more in-depth understanding of consumers' behavior, attitudes, and/or perceptions of products and services than can be gained by wider-scale consumer surveys. Typically, focus groups are used to explore more complex attitudes that cannot be determined by wide-scale surveys: for example, attitudes towards drinking and driving. A more in-depth understanding of consumers' motivations can be achieved because fewer people are interviewed, allowing more time for fuller responses, and respondents are free to elaborate on their responses and generate their own ideas. The moderator also has more opportunity to ask follow-up questions than a telephone surveyor.

On the other hand, the smaller number of people involved in focus groups means that the behavior, attitudes, and perceptions expressed are not statistically representative of the entire population in a market area. Questions of past behavior or general levels of awareness of products and advertising within a target population are generally better answered by larger, more representative surveys. Further, the more in-depth understanding which can be gained through focus groups must sometimes be developed by analyzing both what is said and unsaid, by watching non-verbal signals (such as body signals), by judging the quickness of a response, or the emphasis placed on wording.

Focus groups are a valuable tool in marketing research, often allowing insights not possible from wider studies. However, the findings should not be taken as quantitative. Some care needs to be exercised with the analysis of the findings, but, used judiciously and, particularly in combination with quantitative surveys, they can help provide directions for marketing, product design, or advertising campaigns.

### **The Focus Groups**

Five groups were conducted in all. Three of these groups were conducted among employees of M & I, a large, local bank which is one of the sponsors of the CareFare program. It is important to note that these employees were recruited from among all employees: They were not recruited as being necessarily users or even aware of the CareFare program, and they were not recruited as consumers of alcohol. Two of these groups was held among women and were conducted by a female moderator; the other was conducted among men and was conducted by a male moderator. The other two groups were conducted among purchasers of the CareFare coupons. One of these groups was held among women and was conducted by a female moderator; the other was conducted among men and was conducted by a male moderator.

Recruiting for all groups was managed by Pacific Institute in Madison, Wisconsin.

All five groups were conducted in Madison, Wisconsin, between Monday, March 30 and Wednesday, April 1, 1998. The order, composition and times and dates of the groups is summarized below:

Group 1	M&I Employees (Female)	5:30 pm	3/30/98
Group 2	M&I Employees (Male)	7:30 pm	3/30/98
Group 3	CareFare Purchasers (Female)	5:30 pm	3/31/98
Group 4	CareFare Purchasers (Male)	7:30 pm	3/31/98
Group 5	M&I Employees (Female)	5:30 pm	4/1/98

The MODERATOR'S GUIDE was designed by the moderators in consultation with Pacific Institute. A copy is included as an appendix to the report, as are copies of pictures used in the association exercise.



\*

\*



\*

\*



**Appendix E:**  
**Tables of all pre-test comparisons between**  
**Madison-Kipp and M&I Bank Employees**

**Table E1: Demographic Variables**

Variable	Madison-Kipp	M&I Bank
Gender **	70.1% Male 29.9% Female	29.9% Male 71.1% Female
Age **	39 (mean)	34 (mean)
Marital Status	36.1% (single); 55.8% (married); 17.0% (divorced)	24.5% (single); 52.4% (married); 9.5% (divorced)
Income	\$15,000-\$29,000	\$15,000-29,999
Education **	8 <sup>th</sup> grade	Some college
Current Smoker? **	36.7%	15%

\*\* p < .001

**Table E2: Driving Behavior**

Variable	Madison-Kipp	M&I Bank
Driving frequency		
Everyday	93%	91%
Several days a week	5%	5%
Once a week or less	1%	1%
Once a month	1%	1%
Several times a year	0%	1%
Never	0%	1%
Stopped for OWI	18% Yes	8% Yes *
Number of convictions (mean)	0.3 84% no convictions	0.06 * 94% no convictions

\*p<.05

**Table E3: Mean Times Per Month Respondent Consumed Alcoholic Drinks**

	Madison-Kipp Employees	M&I Bank Employees
Mean times/month 1-2 drinks	6.8	5.2
Mean times/month 3-4 drinks	4.9	2.3 **
Mean times/month 5-6 drinks	2.4	1.8
Mean times/month 7+ drinks	2.0	0.7*
Mean times/month 0 drinks	12.8	19.2**

\*p<.05

\*\*p<.011

## Drinking and Driving Behavior

**Table E4: Where Respondents Were Most Likely to Drink**

Variable	Madison-Kipp Employees	M&I Bank Employees
Where Drink?		
Own home	63%	54%
Other's people's homes	22%	33%
Bars/taverns	46%	42%
Restaurants	29%	40%
Somewhere else	2%	1%

**Table E5: Things Respondent has Done in Last 4 Months to Avoid Driving After Drinking**

	Madison-Kipp Employees	M&I Bank Employees
Called cab or ride service	13%	12%
Rode public transportation	2%	5%
Asked someone else for a ride	34%	37%
Used designated driver	35%	47%
Stayed overnight as guest	19%	23%
Waited for effects to wear off	17%	20%
Walked to destination	11%	12%
Drank in moderation	44%	46%
Nothing	5%	1%

**Table E6: Drinking and Driving Behavior (I)**

Variable	Madison-Kipp Employees	M&I Bank Employees
Number of drinks before too dangerous to drive (mean)	4 drinks	3 drinks *
Number of drinks before found legally intoxicated (mean)	4 drinks	3.6 drinks

Table E6—Continued.

Variable	Madison-Kipp Employees	M&I Bank Employees
In past 6 months, number of times driven within 2 hours of drinking	10.8 times	5.7 times *
Most recent time drank within 2 hours after drinking		
Today	3%	2%
Days ago	37%	30%
Weeks ago	25%	31%
Months ago	28%	24%
Not sure	7%	11%
Under what circumstances would drive if consumed too much alcohol		
Wouldn't drive	56%	58%
Emergency only	14%	14%
Most sober person	8%	9%
Only way to get home	21%	16%
Short distance to home	2%	0%

\*p<.05

Table E7: Drinking and Driving Behavior (II)

Variable	Madison-Kipp Employees	M&I Bank Employees
In past 6 months, number of times driven after thought had drank too much (mean)	1.3 times	0.6 times
In past 6 months, deliberately avoided driving because had consumed too much alcohol	56% Yes	47% Yes
In past 6 months, if had avoided driving after drinking too much, when was last time?		
Today	0%	1%
Days ago	10%	7%

Table E7—Continued.

Variable	Madison-Kipp Employees	M&I Bank Employees
Weeks ago	31%	37%
Months ago	46%	40%
Not sure	13%	13%
What have you done in past 6 months to avoid driving after drinking		
Called cab or ride service	13%	13%
Ridden public transportation	2%	4%
Asked someone for ride	34%	35%
Designated a driver	35%	33%
Stayed overnight as a guest	19%	22%
Waited until the effects of the alcohol wore off	17%	19%
Walked to your destination	11%	12%
Drank in moderation	44%	47%
Nothing	5%	0%
Has self-imposed limit on amount he/she will drink before driving	63%	70%
Limit (mean number of drinks)	1.4 drinks	2.2 drinks *

\*p&lt;.05

Table E8: Designated Drivers

Variable	Madison-Kipp Employees	M&I Bank Employees
In past 6 months, number of times ridden with someone who consumed too much alcohol (mean)	0.6 times (80% none)	0.7 times (67% none)
In past 6 months, number of times ridden with designated driver (mean)	1.6 times (54% none)	2.8 times (44% none) *
In past 6 months, has been a designated driver	40% Yes	55% Yes *
Definition of designated driver:		
No alcohol before driving	77%	72%
One drink before driving	16%	16%

Table E8—Continued.

Variable	Madison-Kipp Employees	M&I Bank Employees
Two drinks before driving	3%	7%
As many drinks as you wanted as long as you felt you could drive safely	0%	0%

\*p<.05

**Table E9: Things Respondent Would do to Keep Friends from Driving while Impaired**

	Madison-Kipp Employees	M&I Bank Employees
Have someone else drive them home	67%	79%
Have taxi/ride service drive them home	38%	37%
Drive them home	81%	88%
Take their keys	48%	35%
Have them stay long enough to sober up	20%	25%
Nothing	1%	1%
Not sure	6%	3%

**Table E10: Things Respondent Would do to Keep Guests from Driving while Impaired**

	Madison-Kipp Employees	M&I Bank Employees
Have someone else drive them home	56%	76%
Have taxi/ride service drive them home	36%	33%
Drive them home	68%	66%
Have them spend night	61%	66%
Take their keys	28%	15%
Have them stay long enough to sober up	17%	21%
Nothing	1%	0%
Not sure	3%	1%

## Opinions About Impaired Driving

Table E11: Other People's Drinking and Driving

Variable	Madison-Kipp Employees	M&I Bank Employees
Percentage of respondents who had not intervened to keep a friend who had consumed too much alcohol from driving	29%	25%
Types of problems that kept respondent from intervening:		
Potential fight	68%	96%
Friend insisted he/she was ok	5%	0%
Afraid of losing friendship	8%	0%
Respondent was also drinking	5%	4%
Respondent did not know better	5%	0%
Friend's keys were hidden from respondent	5%	0%
How much is drinking and driving by other people a threat to personal safety?		
A major threat	60%	55%
A minor threat	15%	15%
Somewhat of a threat	19%	23%
Not a threat	1%	4%
Not sure	5%	3%

Table E12: Penalties for Drinking and Driving

Variable	Madison-Kipp Employees	M&I Bank Employees
How important is it that something be done to reduce drinking and driving?		
Very important	67%	71%
Somewhat important	26%	25%
Not very important	3%	2%
Not important	1%	1%
Not sure	3%	1%

Table E12—Continued.

Variable	Madison-Kipp Employees	M&I Bank Employees
Should penalties that are given out to drivers who violate drinking and driving laws be:		
Much more severe	36%	31%
Somewhat more severe	22%	37%
Somewhat less severe	6%	4%
Much less severe	3%	0%
Stay the same as they are now	29%	22%
No penalties should be given	1%	0%
Not sure	4%	5%

## Opinions Regarding Community Efforts

Table E13: Community Efforts

Variable	Madison-Kipp Employees	M&I Bank Employees
Does your community:		
value people who don't drink and drive?	69%	79%
Not care if people drink and drive?	29%	18%
Encourages people to drink and drive?	2%	3%
How effective are Dane County's efforts to reduce drinking and driving?		
Very effective	16%	12%
Somewhat effective	49%	54%
Not too effective	19%	16%
Not at all effective	3%	4%
Not sure	13%	13%
Is aware of community efforts to prevent drinking and driving	64%	67%
Have such community efforts recently:		
Increased	30%	29%
Decreased	6%	4%
Remained the same	42%	39%
Not sure	22%	27%
Where have you heard about or seen these efforts?		
Radio	57%	65%
TV	72%	84%
Newspapers	75%	50%
Stores	4%	6%
Bars/taverns	22%	22%
Restaurants	4%	5%
Billboards	0%	0%
Law Enforcement Officer	1%	0%
Which place have you heard about or seen these efforts the most?		
Radio	11%	18% *

Table E13—Continued.

Variable	Madison-Kipp Employees	M&I Bank Employees
TV	44%	62%
Newspapers	33%	12%
Stores	0%	0%
Bars/taverns	11%	6%
Restaurants	1%	2%
Billboards	0%	0%
How interested are you as a citizen in preventing drinking and driving in your community?		
Not interested	3%	3%
Not very interested	17%	9%
Somewhat interested	54%	61%
Very interested	26%	27%

\*p<.05

## Awareness of Real Behind the Wheel and CareFare

**Table E14: Real Behind the Wheel**

Variable	Madison-Kipp Employees	M&I Bank Employees
Has heard about the "Real Behind the Wheel" campaign	3%	2%
If yes, where?		
Radio	75%	0%
TV	25%	50%
Newspapers	0%	0%
Stores	0%	0%
Bars/taverns	0%	0%
Restaurants	0%	0%
Work	0%	50%

**Table E15: CareFare Program**

Variable	Madison-Kipp Employees	M&I Bank Employees
Aware of CareFare program	34%	24%
Has used CareFare	0%	3%
Number of times has used CareFare	N/A	
1-2		1%
3-4		0%
5-6		0%
More than 8		0%
Where obtained order form for the CareFare coupon book	N/A	
Workplace		1%
From a partner, friend, or relative		0%
Got it myself		0%

**Table E16: Ranking of Impaired Driving-, Employer-, and Community-Related Statements**

Variable	Responses	Madison-Kipp Employees	M&I Bank Employees
It's okay to drink and drive as long as you don't get caught.	Strongly agree	1%	1% *
	Agree	2%	1%
	Neither agree/ disagree	18%	9%
	Disagree	35%	34%
	Strongly disagree	45%	56%
A smart person will intervene with friends in a potentially dangerous drinking and driving situation.	Strongly agree	60%	61%
	Agree	34%	34%
	Neither agree/ disagree	3%	2%
	Disagree	1%	1%
	Strongly disagree	2%	2%
Asking a sober person to drive is a sign of weakness.	Strongly agree	1%	2%
	Agree	1%	0%
	Neither agree/ disagree	3%	0%
	Disagree	23%	18%
	Strongly disagree	71%	80%
The smart thing to do is not drink and drive.	Strongly agree	58%	72% *
	Agree	29%	23%
	Neither agree/ disagree	8%	3%
	Disagree	2%	0%
	Strongly disagree	3%	3%
Insisting on using a designated driver will insult your friends.	Strongly agree	1%	0%
	Agree	3%	1%
	Neither agree/ disagree	10%	9%
	Disagree	40%	42%
	Strongly disagree	46%	48%

Table E16—Continued.

Variable	Responses	Madison-Kipp Employees	M&I Bank Employees
It's okay to drink and drive as long as you don't hurt anyone.	Strongly agree	1%	0% **
	Agree	4%	2%
	Neither agree/disagree	16%	6%
	Disagree	36%	29%
	Strongly disagree	43%	63%
Your partner or date will respect you if you refuse to drive when drinking.	Strongly agree	31%	43%
	Agree	51%	39%
	Neither agree/disagree	13%	18%
	Disagree	3%	1%
	Strongly disagree	1%	0%
It's convenient to use a cab for transportation when you're out drinking.	Strongly agree	17%	23%
	Agree	31%	28%
	Neither agree/disagree	26%	28%
	Disagree	21%	18%
	Strongly disagree	5%	3%
You don't want to embarrass friends by taking their keys if you suspect they're too impaired to drive.	Strongly agree	2%	0%
	Agree	13%	11%
	Neither agree/disagree	14%	15%
	Disagree	43%	48%
	Strongly disagree	28%	26%
It's okay to tell people you're with that you've had too much to drink to drive safely.	Strongly agree	47%	48%
	Agree	49%	50%
	Neither agree/disagree	3%	1%
	Disagree	1%	0%
	Strongly disagree	0%	1%

Table E16—Continued.

Variable	Responses	Madison-Kipp Employees	M&I Bank Employees
My employer doesn't care what I do on my own time.	Strongly agree	5%	3%
	Agree	14%	8%
	Neither agree/disagree	23%	33%
	Disagree	40%	37%
	Strongly disagree	18%	19%
My employer has strict policies about alcohol.	Strongly agree	28%	9% **
	Agree	51%	27%
	Neither agree/disagree	13%	51%
	Disagree	3%	10%
	Strongly disagree	5%	4%
There would be serious consequences for me if I got arrested for impaired driving.	Strongly agree	9%	8%
	Agree	18%	16%
	Neither agree/disagree	35%	53%
	Disagree	27%	19%
	Strongly disagree	11%	3%
My employer cares about my safety and welfare.	Strongly agree	17%	14%
	Agree	49%	49%
	Neither agree/disagree	23%	32%
	Disagree	6%	5%
	Strongly disagree	5%	0%
My employer values responsible, mature behavior on and off the job.	Strongly agree	20%	29% *
	Agree	53%	53%
	Neither agree/disagree	21%	17%
	Disagree	4%	1%
	Strongly disagree	2%	0%

Table E16—Continued.

Variable	Responses	Madison-Kipp Employees	M&I Bank Employees
Many people in Madison value people who don't drink and drive.	Strongly agree	13%	25% *
	Agree	59%	53%
	Neither agree/disagree	24%	19%
	Disagree	3%	2%
	Strongly disagree	1%	0%
Many people in Madison don't really care if people drink and drive.	Strongly agree	1%	1% *
	Agree	21%	14%
	Neither agree/disagree	31%	24%
	Disagree	39%	49%
	Strongly disagree	9%	0%
Many people in Madison encourage people to drink, and then drive.	Strongly agree	1%	1%
	Agree	8%	10%
	Neither agree/disagree	27%	19%
	Disagree	37%	36%
	Strongly disagree	28%	34%

\*p<.05

\*\*p<.001



•  
•



•  
•



**Appendix F:  
Tables of All Comparisons for Pre and Post Intervention  
Among M & I Bank Employees**

**Table F1: Driving Behavior**

Variable	Pre Test	Post Test
Driving frequency		
Everyday	90%	85%
Several days a week	5%	13%
Once a week or less	1%	2%
Once a month	1%	0%
Several times a year	1%	1%
Never	1%	0%
Stopped for OWI	8% Yes	9% Yes
Number of convictions (mean)	0.06 94% no convictions	0.06 94% no convictions

**Table F2: Mean Times Per Month Respondent Consumed Alcoholic Beverages**

	Pre Test	Post Test
Mean times/month 1-2 drinks	5.2 days	5.8 days
Mean times/month 3-4 drinks	2.3 days	2.9 days
Mean times/month 5-6 drinks	1.8 days	1 day
Mean times/month 7+ drinks	0.7 days	1 day
Mean times/month 0 drinks	19.2 days	19.3 days

**Table F3: Where Respondents Were Most Likely to Drink**

Variable	Pre Test	Post Test
Where Drink?		
Own home	54%	56%
Other's people's homes	33%	29%
Bars/taverns	42%	42%
Restaurants	40%	54% *
Somewhere else	1%	2%

\*  $p < .05$

**Table F4: Drinking and Driving Behavior (I)**

Variable	Pre Test	Post Test
Drinks before too dangerous to drive (mean)	3 drinks	3 drinks
Drinks before found legally intoxicated (mean)	3.6 drinks	3.6 drinks
In past 6 months, number of times driven within 2 hours of drinking	5.7 times	4.2 times
Most recent time drank within 2 hours after drinking		
Today	2%	3%
Days ago	30%	22%
Weeks ago	31%	33%
Months ago	24%	28%
Not sure	11%	14%
Under what circumstances would drive if consumed too much alcohol		
Wouldn't drive	58%	52%
Emergency only	14%	17%
Most sober person	9%	8%
Only way to get home	16%	20%
Short distance to home	0%	1%

**Table F5: Drinking and Driving Behavior (II)**

Variable	Pre Test	Post Test
In past 6 months, number of times driven after thought had drank too much (mean)	0.6 times	0.5 times
In past 6 months, deliberately avoided driving because had consumed too much alcohol	47% Yes	41% Yes

Table F5—Continued.

Variable	Pre Test	Post Test
In past 6 months, if had avoided driving after drinking too much, when was last time?		
Today	1%	0%
Days ago	7%	8%
Weeks ago	37%	38%
Months ago	40%	44%
Not sure	13%	8%
What have you done in past 6 months to avoid driving after drinking		
Called cab or ride service	11%	13%
Ridden public transportation	4%	4%
Asked someone for ride	37%	35%
Designated a driver	47%	33%
Stayed overnight as a guest	23%	22%
Waited until the effects of the alcohol wore off	20%	19%
Walked to your destination	12%	12%
Drank in moderation	46%	47%
Nothing	1%	0%
Has self-imposed limit on amount he/she will drink before driving	66%	70%
Limit (mean number of drinks)	2.0 drinks	2.2 drinks

**Table F6: Designated Drivers**

Variable	Pre Test	Post Test
In past 6 months, number of times ridden with someone who consumed too much alcohol (mean)	0.7 times (67% none)	0.7 times (68% none)
In past 6 months, number of times ridden with designated driver (mean)	2.8 times (44% none)	2.7 times (45% none)
In past 6 months, has been a designated driver	55% Yes	55% Yes
Definition of designated driver:		
No alcohol before driving	72%	79%
One drink before driving	16%	11%
Two drinks before driving	7%	7%
As many drinks as you wanted as long as you felt you could drive safely	0%	2%

**Table F7: Actions Respondents Have Taken to Keep Friends from Driving While Impaired**

	Pre Test	Post Test
Have someone else drive them home	79%	73%
Have taxi/ride service drive them home	37%	42%
Drive them home	88%	81%
Take their keys	35%	46%
Have them stay long enough to sober up	25%	20%
Nothing	1%	3%
Not sure	3%	1%

**Table F8: Actions Respondents Have Taken to Keep Guests from Driving While Impaired**

	Pre Test	Post Test
Have someone else drive them home	76%	64% *
Have taxi/ride service drive them home	33%	35%
Drive them home	66%	68%
Have them spend night	66%	74%
Take their keys	15%	19%
Have them stay long enough to sober up	18%	16%
Nothing	0%	1%
Not sure	1%	1%

\*  $p < .05$

**Table F9: Other People's Drinking and Driving**

Variable	Pre Test	Post Test
Percentage of respondents who had not intervened to keep a friend who had consumed too much alcohol from driving	24%	22%
Types of problems that kept respondent from intervening:		
Potential fight	96%	73%
Friend insisted he/she was ok	0%	5%
Afraid of losing friendship	0%	0%
Respondent was also drinking	4%	4%
Respondent did not know better	0%	4%
Friend's keys were hidden from respondent	0%	14%
How much is drinking and driving by other people a threat to personal safety?		
A major threat	55%	60%
A minor threat	15%	24%
Somewhat of a threat	23%	14%
Not a threat	4%	0%
Not sure	3%	3%

**Table F10: Penalties for Drinking and Driving**

Variable	Pre Test	Post Test
How important is it that something be done to reduce drinking and driving?		
Very important	71%	75%
Somewhat important	25%	22%
Not very important	2%	1%
Not important	1%	0%
Not sure	1%	2%
Should penalties that are given out to drivers who violate drinking and driving laws be:		
Much more severe	31%	42%
Somewhat more severe	37%	38%
Somewhat less severe	4%	3%
Much less severe	0%	1%
Stay the same as they are now	29%	11%
No penalties should be given	0%	0%
Not sure	5%	6%

**Table F11: Community Efforts**

Variable	Pre Test	Post Test
Does your community:		
Value people who don't drink and drive?	79%	74%
Not care if people drink and drive?	18%	23%
Encourages people to drink and drive?	3%	3%
How effective are Dane County's efforts to reduce drinking and driving?		
Very effective	12%	10%
Somewhat effective	54%	61%
Not too effective	16%	14%
Not at all effective	4%	2%
Not sure	13%	12%
Is aware of community efforts to prevent drinking and driving	67%	66%

Table F11—Continued.

Variable	Pre Test	Post Test
Have such community efforts recently:		
Increased	29%	22%
Decreased	4%	4%
Remained the same	39%	52%
Not sure	27%	22%
Where have you heard about or seen these efforts?		
Radio	43%	30% *
TV	56%	44%
Newspapers	33%	40%
Stores	4%	3%
Bars/taverns	14%	23%
Restaurants	3%	3%
Law Enforcement Officers	0%	0%
Billboards	0%	4% *
Which place have you heard about or seen these efforts the most?		
Radio	18%	15%
TV	62%	47%
Newspapers	12%	19%
Stores	0%	0%
Bars/taverns	6%	12%
Restaurants	2%	3%
Billboards	0%	3%
How interested are you as a citizen in preventing drinking and driving in your community?		
Not interested	3%	2%
Not very interested	9%	8%
Somewhat interested	61%	65%
Very interested	27%	24%

\*  $p < .05$

Table F12: Real Behind the Wheel

Variable	Pre Test	Post Test
Has heard about the "Real Behind the Wheel" campaign	2%	7%
If yes, where?		
Radio	0%	50%
TV	50%	25%
Newspapers	0%	25%
Stores	0%	0%
Bars/taverns	0%	0%
Restaurants	0%	0%
Work	50%	0%

Table F13: CareFare Program

Variable	Pre Test	Post Test
Aware of CareFare program	24%	38% *
Has used CareFare	3%	0%
Number of times has used CareFare		
1-2	100%	0%
3-4	0%	0%
5-6	0%	0%
More than 8	0%	0%
Where obtained order form for the CareFare coupon book		
Workplace	0%	0%
From a partner, friend, or relative	100%	0%
Got it myself	0%	0%

p < .05

Table F14: Attitudes Regarding Drinking and Driving

Variable	Responses	Pre Test	Post Test
It's okay to drink and drive as long as you don't get caught.	Strongly agree	1%	0%
	Agree	1%	1%
	Neither agree/ disagree	9%	5%
	Disagree	34%	36%
	Strongly disagree	56%	59%
A smart person will intervene with friends in a potentially dangerous drinking and driving situation.	Strongly agree	61%	67% *
	Agree	34%	33%
	Neither agree/ disagree	2%	0%
	Disagree	1%	0%
	Strongly disagree	2%	0%
Asking a sober person to drive is a sign of weakness.	Strongly agree	2%	0%
	Agree	0%	0%
	Neither agree/ disagree	0%	1%
	Disagree	18%	14%
	Strongly disagree	80%	85%
The smart thing to do is not drink and drive.	Strongly agree	72%	74%
	Agree	23%	22%
	Neither agree/ disagree	3%	2%
	Disagree	0%	0%
	Strongly disagree	2%	2%
Insisting on using a designated driver will insult your friends.	Strongly agree	0%	1%
	Agree	1%	0%
	Neither agree/ disagree	9%	4%
	Disagree	42%	40%
	Strongly disagree	48%	55%

Table F14—Continued.

Variable	Responses	Pre Test	Post Test
It's okay to drink and drive as long as you don't hurt anyone.	Strongly agree	0%	0%
	Agree	2%	2%
	Neither agree/ disagree	6%	4%
	Disagree	29%	36%
	Strongly disagree	63%	58%
Your partner or date will respect you if you refuse to drive when drinking.	Strongly agree	43%	43%
	Agree	39%	46%
	Neither agree/ disagree	18%	9%
	Disagree	1%	0%
	Strongly disagree	0%	2%
It's convenient to use a cab for transportation when you're out drinking.	Strongly agree	23%	19%
	Agree	28%	30%
	Neither agree/ disagree	28%	28%
	Disagree	18%	20%
	Strongly disagree	3%	3%
You don't want to embarrass friends by taking their keys if you suspect they're too impaired to drive.	Strongly agree	0%	0%
	Agree	11%	11%
	Neither agree/ disagree	15%	12%
	Disagree	48%	45%
	Strongly disagree	26%	32%
It's okay to tell people you're with that you've had too much to drink to drive safely.	Strongly agree	48%	51%
	Agree	50%	49%
	Neither agree/ disagree	1%	0%
	Disagree	0%	0%
	Strongly disagree	1%	0%

Table F14—Continued.

Variable	Responses	Pre Test	Post Test
My employer doesn't care what I do on my own time.	Strongly agree	3%	1%
	Agree	8%	10%
	Neither agree/ disagree	33%	27%
	Disagree	37%	45%
	Strongly disagree	19%	17%
My employer has strict policies about alcohol.	Strongly agree	9%	12%
	Agree	27%	27%
	Neither agree/ disagree	51%	43%
	Disagree	10%	12%
	Strongly disagree	4%	5%
There would be serious consequences for me if I got arrested for impaired driving.	Strongly agree	8%	4%
	Agree	16%	21%
	Neither agree/ disagree	53%	48%
	Disagree	19%	23%
	Strongly disagree	3%	4%
My employer cares about my safety and welfare.	Strongly agree	14%	14%
	Agree	49%	53%
	Neither agree/ disagree	32%	30%
	Disagree	5%	4%
	Strongly disagree	0%	0%
My employer values responsible, mature behavior on and off the job.	Strongly agree	29%	31%
	Agree	53%	54%
	Neither agree/ disagree	17%	14%
	Disagree	1%	2%
	Strongly disagree	0%	0%

Table F14—Continued.

Variable	Responses	Pre Test	Post Test
Many people in Madison value people who don't drink and drive.	Strongly agree	25%	16% *
	Agree	53%	60%
	Neither agree/ disagree	19%	15%
	Disagree	2%	7%
	Strongly disagree	0%	2%
Many people in Madison don't really care if people drink and drive.	Strongly agree	1%	2%
	Agree	14%	15%
	Neither agree/ disagree	24%	19%
	Disagree	49%	52%
	Strongly disagree	0%	12%
Many people in Madison encourage people to drink, and then drive.	Strongly agree	1%	1%
	Agree	10%	8%
	Neither agree/ disagree	19%	18%
	Disagree	36%	46%
	Strongly disagree	34%	27%

p < .05

**Appendix G:**  
**Tables of all comparisons for pre and post intervention**  
**among Madison-Kipp employees**

**Table G1: Driving Behavior**

Variable	Pre Test	Post Test
Driving frequency		
Everyday	93%	90% *
Several days a week	6%	3%
Once a week or less	1%	3%
Once a month	1%	0%
Several times a year	0%	1%
Never	0%	0%
Stopped for OWI	18% Yes	28.7% Yes
Number of convictions (mean)	0.3	2.1
	84% no convictions	74% no convictions

p < .05

**Table G2: Mean Times Per Month Respondent Consumed Alcoholic Beverages**

	Pre Test	Post Test
Mean times/month 1-2 drinks	6.8 days	4.9 days
Mean times/month 3-4 drinks	4.9 days	7.1 days
Mean times/month 5-6 drinks	2.4 days	4.6 days *
Mean times/month 7+ drinks	2.0 days	5.1 days *
Mean times/month 0 drinks	12.8 days	18.2 days *

p < .05

Table G3: Where Respondents Were Most Likely to Drink

Variable	Pre Test	Post Test
Where Drink?		
Own home	63%	66%
Other's people's homes	22%	22%
Bars/taverns	46%	40%
Restaurants	29%	15% **
Somewhere else	2%	6%

\*\* p < .001

Table G4: Drinking and Driving Behavior (I)

Variable	Pre Test	Post Test
Drinks before too dangerous to drive (mean)	4 drinks	4 drinks
Drinks before found legally intoxicated (mean)	4 drinks	4.5 drinks
In past 6 months, number of times driven within 2 hours of drinking	10.75 times	8.4 times
Most recent time drank within 2 hours after drinking		
Today	3%	3% *
Days ago	37%	30%
Weeks ago	25%	28%
Months ago	28%	19%
Not sure	7%	20%
Under what circumstances would drive if consumed too much alcohol		
Wouldn't drive	56%	52%
Emergency only	14%	17%
Most sober person	8%	8%
Only way to get home	21%	21%
Short distance to home	2%	1%

p < .05

Table G5: Drinking and Driving Behavior (II)

Variable	Pre Test	Post Test
In past 6 months, number of times driven after thought had drank too much (mean)	1.3 times	4.6 times
In past 6 months, deliberately avoided driving because had consumed too much alcohol	56% Yes	57% Yes
In past 6 months, if had avoided driving after drinking too much, when was last time?		
Today	0%	0% *
Days ago	10%	6%
Weeks ago	31%	32%
Months ago	46%	44%
Not sure	13%	18%
What have you done in past 6 months to avoid driving after drinking		
Called cab or ride service	13%	14%
Ridden public transportation	2%	5%
Asked someone for ride	34%	38%
Designated a driver	35%	26%
Stayed overnight as a guest	19%	25%
Waited until the effects of the alcohol wore off	17%	20%
Walked to your destination	11%	12%
Drank in moderation	37%	24% *
Nothing	4%	0% *
Has self-imposed limit on amount he/she will drink before driving	63%	63%
Limit (mean number of drinks)	1.4 drinks	1.4 drinks

\*p < .05

**Table G6: Designated Drivers**

Variable	Pre Test	Post Test
In past 6 months, number of times ridden with someone who consumed too much alcohol (mean)	0.6 times (80% none)	1 time (66% none)
In past 6 months, number of times ridden with designated driver (mean)	1.6 times (54% none)	1.9 times (48% none)
In past 6 months, has been a designated driver	40% Yes	43% Yes
Definition of designated driver:		
No alcohol before driving	77%	84%
One drink before driving	16%	6%
Two drinks before driving	3%	6%
As many drinks as you wanted as long as you felt you could drive safely	0%	4%

**Table G7: Actions Respondents Have Taken to Keep Friends from Driving While Impaired**

	Pre Test	Post Test
Have someone else drive them home	67%	64%
Have taxi/ride service drive them home	38%	37%
Drive them home	81%	64% **
Take their keys	48%	43%
Have them stay long enough to sober up	20%	18%
Nothing	1%	2%
Not sure	6%	6%

\*\* p < .001

**Table G8: Actions Respondents Have Taken to Keep Guests from Driving While Impaired**

	Pre Test	Post Test
Have someone else drive them home	56%	58%
Have taxi/ride service drive them home	36%	36%
Drive them home	68%	48% **
Have them spend night	61%	63%

Table G8—Continued.

	Pre Test	Post Test
Take their keys	28%	28%
Have them stay long enough to sober up	17%	13%
Nothing	1%	1%
Not sure	3%	3%

\*\*  $p < .001$ 

Table G9: Other People's Drinking and Driving

Variable	Pre Test	Post Test
Percentage of respondents who had not intervened to keep a friend who had consumed too much alcohol from driving	29%	23%
Types of problems that kept respondent from intervening:		
Potential fight	68%	38% *
Friend insisted he/she was ok	5%	5%
Afraid of losing friendship	8%	5%
Respondent was also drinking	5%	0%
Respondent did not know better	5%	5%
Friend's keys were hidden from respondent	5%	2%
Other	0%	43%
How much is drinking and driving by other people a threat to personal safety?		
A major threat	60%	58%
A minor threat	15%	12%
Somewhat of a threat	19%	23%
Not a threat	1%	3%
Not sure	5%	5%

 $p < .05$

**Table G10: Penalties for Drinking and Driving**

Variable	Pre Test	Post Test
How important is it that something be done to reduce drinking and driving?		
Very important	67%	70%
Somewhat important	26%	20%
Not very important	3%	4%
Not important	1%	1%
Not sure	3%	5%
Should penalties that are given out to drivers who violate drinking and driving laws be:		
Much more severe	35%	34%
Somewhat more severe	22%	26%
Somewhat less severe	6%	9%
Much less severe	3%	2%
Stay the same as they are now	29%	21%
No penalties should be given	1%	1%
Not sure	4%	7%

**Table G11: Community Efforts**

Variable	Pre Test	Post Test
Does your community:		
value people who don't drink and drive?	68%	68%
Not care if people drink and drive?	29%	30%
Encourages people to drink and drive?	2%	2%
How effective are Dane County's efforts to reduce drinking and driving?		
Very effective	16%	25% *
Somewhat effective	49%	51%
Not too effective	19%	12%
Not at all effective	3%	3%
Not sure	13%	9%

Table G11—Continued.

Variable	Pre Test	Post Test
Is aware of community efforts to prevent drinking and driving	64%	57%
Have such community efforts recently:		
Increased	30%	34%
Decreased	6%	9%
Remained the same	42%	43%
Not sure	22%	14%
Where have you heard about or seen these efforts?		
Radio	37%	32%
TV	46%	45%
Newspapers	48%	32% **
Stores	3%	4%
Bars/taverns	14%	17%
Restaurants	3%	2%
Law Enforcement Officers	1%	0%
Billboards	0%	0%
Which place have you heard about or seen these efforts the most?		
Radio	11%	12% *
TV	44%	58%
Newspapers	33%	15%
Stores	0%	1%
Bars/taverns	11%	13%
Restaurants	1%	0.5%
Billboards	0%	0.5%
How interested are you as a citizen in preventing drinking and driving in your community?		
Not interested	3%	7%
Not very interested	17%	15%
Somewhat interested	54%	49%
Very interested	26%	30%

\*\*  $p < .001$  $p < .05$

**Table G12: Real Behind the Wheel**

Variable	Pre Test	Post Test
Has heard about the "Real Behind the Wheel" campaign	3%	3%
If yes, where?		
Radio	75%	33%
TV	25%	56%
Newspapers	0%	0%
Stores	0%	0%
Bars/taverns	0%	11%
Restaurants	0%	0%
Work	0%	0%

**Table G13: CareFare Program**

Variable	Pre Test	Post Test
Aware of CareFare program	34%	60% *
Has used CareFare	0%	7%
Number of times has used CareFare		
1-2	62%	62%
3-4	13%	13%
5-6	0%	0%
More than 8	25%	25%
Where obtained order form for the CareFare coupon book		
Workplace	0%	33%
From a partner, friend, or relative	0%	33%
Got it myself	0%	11%

p < .05

Table G14: Attitudes Regarding Drinking and Driving

Variable	Responses	Pre Test	Post Test
It's okay to drink and drive as long as you don't get caught.	Strongly agree	1%	1%
	Agree	2%	2%
	Neither agree/ disagree	18%	15%
	Disagree	34%	37%
	Strongly disagree	45%	45%
A smart person will intervene with friends in a potentially dangerous drinking and driving situation.	Strongly agree	60%	58%
	Agree	34%	31%
	Neither agree/ disagree	3%	4%
	Disagree	1%	4%
	Strongly disagree	2%	2%
Asking a sober person to drive is a sign of weakness.	Strongly agree	1%	4%
	Agree	1%	2%
	Neither agree/ disagree	3%	3%
	Disagree	23%	25%
	Strongly disagree	71%	65%
The smart thing to do is not drink and drive.	Strongly agree	58%	62%
	Agree	29%	27%
	Neither agree/ disagree	8%	4%
	Disagree	2%	2%
	Strongly disagree	3%	5%
Insisting on using a designated driver will insult your friends.	Strongly agree	1%	5%
	Agree	3%	4%
	Neither agree/ disagree	10%	10%
	Disagree	40%	35%
	Strongly disagree	46%	46%

Table G14—Continued.

Variable	Responses	Pre Test	Post Test
It's okay to drink and drive as long as you don't hurt anyone.	Strongly agree	1%	1%
	Agree	4%	4%
	Neither agree/ disagree	16%	13%
	Disagree	36%	35%
	Strongly disagree	36%	35%
Your partner or date will respect you if you refuse to drive when drinking.	Strongly agree	32%	33%
	Agree	51%	45%
	Neither agree/ disagree	13%	14%
	Disagree	3%	6%
	Strongly disagree	1%	2%
It's convenient to use a cab for transportation when you're out drinking.	Strongly agree	17%	30% *
	Agree	31%	35%
	Neither agree/ disagree	26%	15%
	Disagree	21%	15%
	Strongly disagree	5%	5%
You don't want to embarrass friends by taking their keys if you suspect they're too impaired to drive.	Strongly agree	2%	3%
	Agree	13%	8%
	Neither agree/ disagree	14%	19%
	Disagree	43%	34%
	Strongly disagree	28%	36%
It's okay to tell people you're with that you've had too much to drink to drive safely.	Strongly agree	47%	43% *
	Agree	49%	47%
	Neither agree/ disagree	3%	3%
	Disagree	1%	3%
	Strongly disagree	0%	4%

Table G14—Continued.

Variable	Responses	Pre Test	Post Test
My employer doesn't care what I do on my own time.	Strongly agree	5%	8%
	Agree	14%	14%
	Neither agree/ disagree	23%	22%
	Disagree	40%	35%
	Strongly disagree	18%	21%
My employer has strict policies about alcohol.	Strongly agree	28%	35%
	Agree	51%	40%
	Neither agree/ disagree	13%	15%
	Disagree	3%	5%
	Strongly disagree	5%	5%
There would be serious consequences for me if I got arrested for impaired driving.	Strongly agree	9%	14%
	Agree	18%	22%
	Neither agree/ disagree	35%	34%
	Disagree	27%	19%
	Strongly disagree	11%	11%
My employer cares about my safety and welfare.	Strongly agree	17%	19%
	Agree	49%	42%
	Neither agree/ disagree	23%	22%
	Disagree	6%	8%
	Strongly disagree	5%	9%
My employer values responsible, mature behavior on and off the job.	Strongly agree	20%	24%
	Agree	53%	47%
	Neither agree/ disagree	21%	22%
	Disagree	4%	3%
	Strongly disagree	2%	4%

Table G14—Continued.

Variable	Responses	Pre Test	Post Test
Many people in Madison value people who don't drink and drive.	Strongly agree	13%	21%
	Agree	59%	50%
	Neither agree/ disagree	24%	25%
	Disagree	3%	3%
	Strongly disagree	1%	1%
Many people in Madison don't really care if people drink and drive.	Strongly agree	1%	5%
	Agree	21%	18%
	Neither agree/ disagree	31%	25%
	Disagree	39%	35%
	Strongly disagree	9%	17%
Many people in Madison encourage people to drink, and then drive.	Strongly agree	1%	2%
	Agree	8%	8%
	Neither agree/ disagree	27%	19%
	Disagree	37%	36%
	Strongly disagree	28%	35%

p < .05