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Use of Intermediaries in DWI Deterrence

Volume I—Phase II Report Development of Intermediary Programs

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16. Abstract <p>One potential approach to DWI deterrence and prevention involves encouraging people present in potential drunk driving situations to intervene in order to prevent a trip by an impaired driver. Potential "intermediaries" include service personnel in commercial drinking establishments, social hosts at private parties, friends and family members.</p> <p>The project, of which this report is one product, has had five primary objectives: (1) to analyze available data on the epidemiology of drunk driving to determine what "clusters" of drinking settings, drinkers, and possible intermediaries show the greatest potential for intervention; (2) to select a limited number of clusters for program development, (3) to develop one or more intermediary programs that would prepare and encourage potential intermediaries to intervene, (4) to investigate the feasibility of such programs and (5) to suggest approaches to development, dissemination and implementation.</p> <p>This report presents the results of Phase II of the project (program development, feasibility investigation and development of implementation and dissemination approaches). Two programs are developed: A. For bartenders and other service personnel, B. For friends and family members. Both programs include provisions for training of potential intermediaries, public information campaigns, and involvement of drinking establishment owners/managers and community organization. The programs would be disseminated through networks of cooperating alcoholic beverage trade associations with joint public private implementations at the local level.</p> <p>Appendices contain detailed outlines and drafts of program and training materials.</p>					
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TABLE OF CONTENTS

	page
List of Exhibits	ii
Acknowledgements	iii
Executive Summary	iv
I. INTRODUCTION	1
Summary of Phase I Findings	2
Project Objectives	3
Project Schedule	4
Products	4
Organization of this Report	5
II. RESULTS OF PHASE II DATA COLLECTION	6
Introduction	6
Bartenders/Service Personnel	6
Organizations that Can Reach Potential Intervenors	13
III. TWO DWI INTERVENTION PROGRAMS	20
Program A. Service Personnel in On-Premise Drinking Establishments	20
Program B. Friends and Family Members	31
Environmental Support for Intervention	44
IV. IMPLEMENTATION STRATEGY	45
Phased Approach	46
Pilot Testing/Feasibility Analysis	50
Probability of Success	51
References	54
Appendices	55

LIST OF EXHIBITS

<u>EXHIBIT</u>		<u>PAGE</u>
2.1	Organizations that Can Reach Intervenors	15
3.1	Potential Trainers for the Service/Personnel Bartender DWI Intervention Seminars	27
3.2	Suggested Seminar Content to Develop Positive Attitudes toward DWI Intervention	28
3.3	Suggested Seminar Content to Improve Knowledge and Skills for DWI Intervention	29
3.4	Public Information Campaign Messages Aimed at Potential Intermediaries	32
3.5	Messages Directed Toward Patron Acceptance of DWI Intervention	33
3.6	Media for Conveying Messages Directed Toward Patron Acceptance of DWI Intervention	34
3.7	Message Content for Friends and Family Members to Increase Their Willingness to Intervene	37
3.8	Message Themes for Public Information Campaigns to Encourage Friend to Friend Intervention	39
3.9	Proposed Content for the Training Program to Encourage DWI Intervention by Friends and Family Members	42
4.1	Suggested Schedule for Intermediary Program Development, Dissemination and Utilization	48
4.2	Suggested Networks for Dissemination, Utilization and Monitoring of Two Intermediary Programs	49

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USE OF INTERMEDIARIES IN DWI DETERRENCE
EXECUTIVE SUMMARY

Driving under the influence of alcoholic beverages has persisted despite legal sanctions, public information campaigns and educational programs. This persistence of the problem has stimulated a search for alternative approaches to prevention and deterrence.

One proposed approach involves encouraging people present in potential drunk driving situations to intervene in order to prevent a trip by an impaired driver. Potential "intermediaries" include service personnel in commercial drinking establishments, social hosts at private parties, friends and family members.

In October, 1981 the National Highway Traffic Safety Administration initiated a project to investigate the potential use of intermediaries in DWI deterrence and to develop a prototype program or programs to encourage intervention in drunk driving situations by intermediaries. The project has had two overall goals. The first was to identify and select a limited number of "target clusters"--combinations of probable drunk drivers, potential intermediaries, drinking settings, and interventions--that offered the greatest potential payoff in terms of reduced DWI behavior. The second was to develop the intervention strategies more fully and perform limited feasibility analysis and focus group discussions on the selected target clusters.

The project has been divided into two phases, roughly corresponding to these two overall goals. In Phase I, the data collection, analysis and assessment needed to support the selection of target clusters were carried out. In Phase II, two intermediary programs--one directed toward bartenders and service personnel, the other, toward friends and family members--were developed. The work of the project is summarized in a three volume Final Report.

Volume I. Phase II Report. Development of Intermediary Programs.

Volume II. Phase I Report. Analysis of Potential Target Clusters for DWI Intermediary Programs.

Volume III. Dram Shop Acts, Common Law Liability and State Alcoholic Beverage Control (ABC) Enforcement as Potential DWI Countermeasures

PHASE I METHODOLOGY AND RESULTS

In Phase I information was collected in five general topic areas: (1) descriptive epidemiology of drinking and DWI; (2) psychosocial characteristics of DWI individuals and potential

intermediaries; (3) previous studies of DWI intervention; (4) previous studies of analogous interventions (crisis intervention, "gate-keeper" therapy, etc.); and (5) past campaigns to motivate intermediaries (e.g., "Friends don't let friends drive drunk"). The investigation of these topics consisted of a literature review, interviews with key individuals involved in DWI intervention and prevention, a review of recent clinical interviews and focus groups dealing with DWI, and an analysis of national survey data on accidents and alcohol consumption.

Major Empirical Findings

Drinkers and Drunk Drivers. A high percentage of accident-involved drunk drivers were young (less than 30 years old) males. Driving history and occupation status were also predictors, albeit weaker ones, of DWI accident involvement. Other driver characteristics, such as race and marital status, were unrelated to DWI involvement.

Drinking Locations and DWI Trip Origins. Interviews and survey data indicate that the largest share of drinking appears to take place at home. But studies of DWI trip origins, though inconclusive, indicate that a majority of DWI trips originate at bars and other public drinking places.

Public Drinking Places and DWI Intervention. Because a large number of DWI trips tend to originate from public drinking places, they are important places to intervene. However, the attitudes that people carry with them into bars, their behavior in bars and the mechanisms of social control (or lack thereof) in bars make intervention difficult. The three potential agents of social control in bars--bar management or service personnel, other patrons and the individual himself--face real limitations in their ability to control drunk driving, although the potential for exercising such control varies widely among different types of public drinking places.

DWI Intermediaries and Intervention. From 1972 to 1980 increasing percentages of the population reported intervening in potential DWI situations--up to 42 percent in 1979 and 1980. This suggests growing public acceptance of intervention. Males, younger persons and persons frequently involved in alcohol situations more frequently reported intervention. In order of decreasing acceptability, the most acceptable interventions have been driving the person home, taking the person's keys away and having the person stay over.

Analysis and Recommendations

In the analysis portion of Phase I a descriptive model of factors affecting the impact of particular target clusters was developed. The model was used to assess the likely impact associated with selecting groups of drinkers, intermediaries, drinking settings and intervention techniques. From this analysis, 25 target clusters were selected, their likely impacts

were evaluated using multi-dimensional ratings and consensus analysis, and two clusters with the greatest potential were recommended for further development.

The two target clusters were:

- o Younger and older adult males in neighborhood or home territory bars, service personnel as intermediaries, and
- o Youth and younger adult males in singles or market place bars, friends/family as intermediaries.

PHASE II RESULTS

At the outset of Phase II, the two target clusters were broadened slightly to ensure maximum program applicability. In the first cluster, potential target drinkers were broadened to include all patrons and the target drinking locations were expanded to include all on-premise drinking establishments, although the emphasis was still put on male drinkers--who have the greatest DWI risk--and neighborhood-type bars--where service personnel are likely to be most effective as intermediaries. In the second cluster, potential target drinkers were also expanded to include all drinkers, but again with the emphasis remaining on younger males. Potential intervention locations were broadened to include off-premise as well as on-premise drinking settings, since most intervention techniques used by friends or family members in on-premise locations could presumably be used elsewhere as well.

In Phase II, two intermediary programs were developed in order to reach the two target clusters. In order to increase, intervention, it is necessary to increase intermediaries willingness to intervene and ability to intervene. Increasing their willingness to intervene involves:

- o Increasing the perception of risks associated with non-intervention,
- o Reducing fear or apprehension (on the part of the friend or family member) concerning adverse consequences of intervention, and
- o Increasing the positive values associated with intervention.

Increasing the ability to intervene involves increasing potential intermediaries' ability to recognize impairment, providing them with a repertoire of intervention techniques, methods and alternatives to DWI and giving them some experience intervening.

Program A, to encourage intervention by bartenders and service personnel, has three components:

- o Owner/Management Activities. The objective of this component is to reduce impediments to intervention and to create a supportive environment which will promote intermediary action in drinking establishments. To achieve this objective owners and managers must support and adopt pro-intervention policies and service practices and must encourage their staff to participate in the service personnel training.
- o Service Personnel Training. The objective of this component is to develop the willingness and ability of service personnel to act as effective intermediaries. The delivery mechanism for achieving this objective will be a training program administered locally.
- o Public Information. The objective of this component is to increase the willingness of service personnel to act as intermediaries and to increase the receptivity of patrons to intermediary action. This will be accomplished through national and local media.

Program B, to encourage intervention by friends and family members, also has three components:

- o Public Information. The objective of this component is to increase the willingness of friends and family members to act as intermediaries, and increase the knowledge of the kinds of actions which can be taken to prevent a drinker from driving while impaired. This will be accomplished through national and local media, and through support by drinking and eating establishments, vendors of alcohol, and community organizations.
- o Citizen Training. The objective of this component is to develop the willingness and ability of friends and family members to act as effective intermediaries. The delivery mechanism will be a training program administered through the community (e.g., civic associations, community cable T.V., etc.).
- o Action by On-and Off-Premise Alcohol Beverage Licensees. The objective of this component is to create an environment which is supportive of intervention thus reducing the reticence of friends and family members to act as intermediaries. This objective will be achieved through action by community businesses, in particular drinking and

eating establishments and retail off-premise beverage outlets.

Volume I elaborates on the components of these programs and the appendices to that volume present detailed outlines and drafts of material to be used in each program.

DRAM SHOP ACTS, COMMON LAW LIABILITY, ABC ENFORCEMENT

As an auxiliary part of this project, the legal framework for businesses licensed for the sale and on-premise consumption of alcoholic beverages was examined. Dram Shop laws, common law liability and state Alcoholic Beverage Control laws were considered from the perspective of what impetus they give owners and employees to intervene in potential drunk driving situations. A state by state tabulation of Dram Shop and common law liability was also presented. There are constraints on the effectiveness of all legal approaches to encouraging DWI intervention but stepped-up enforcement of the state Alcoholic Beverage Control laws and regulations appears to offer more potential for encouraging intervention.

CHAPTER I

INTRODUCTION

In the United States, driving under the influence (DUI) of alcohol or while impaired (DWI) is a behavior that has persisted despite legal sanctions, public information campaigns and educational programs. Little seemed to affect the number of motor vehicle accidents and the fatalities associated with drunk driving. Recent heightening of public awareness about the problem, changes in legislation that have increased sanctions against DWI, and associated enforcement "crackdowns" by law enforcement agencies hold promise for reducing the DWI problem. In many areas these recent well-publicized efforts to reduce drunk driving have met some success, according at least to Traffic Safety Department press releases and news reports. It will not be clear for some time, however, whether these are transitory changes or the beginning of long lasting downward trends.

The persistence of DWI has stimulated a search for alternative approaches to prevention and deterrence. One proposed approach has been to involve people who are present as hosts, service personnel or friends and family in drinking situations that could turn into DWI incidents. The contract, of which this report is one part, represents an effort on the part of the National Highway Traffic Safety Administration (NHTSA) to explore the feasibility of, and develop a program for the Use of Intermediaries in DWI Deterrence.

Under Phase I of this project, recent research literature on the epidemiology of drinking and driving, the sociology of drinking establishments and the social psychology of intervention was reviewed. The purpose of this review was to determine what combination of drinkers, drinking settings and possible intermediaries would provide the best potential for a DWI intervention program, that is, a program to encourage other persons to intervene in the immediate drinking/driving situation to prevent DWI. The findings of that research review are presented in the Phase I Report and summarized later in this Introduction.

Based on the research review in Phase I, National Capitol Systems Incorporated (NCSI) made a recommendation to NHTSA concerning the "target clusters" -- the combinations of drinker group, drinking setting and intermediary group -- that appeared to offer the most promise of success in deterring driving while impaired.

The task for Phase II of the contract has been twofold: (1) to develop a program or programs to reach these intermediary groups and persuade them to intervene in incipient drunk driving situations in order to prevent the DWI trip, and (2) to explore the feasibility of such programs with both representatives of the

potential program targets and representatives of organizations that would be involved in carrying out such programs.

Summary of Phase I Findings

The data and the research studies that were reviewed during Phase I yielded the following major findings especially relevant to the selection of target clusters and the development of intervention strategies.

Drinkers and Drunk Drivers. A high percentage of accident-involved drunk drivers were young (less than 30 years old) males. This high accident involvement has a number of components. Proportionately, there are more young people and more young licensed drivers than older people and older licensed drivers in the general population. Young drivers are more likely to drive while intoxicated or under the influence than are older drivers. However, of DWI or DUI drivers, with one exception, young people are no more likely than older people to be involved in accidents. The one exception involves young males who have just attained legal drinking age. A few studies suggested that young males who were both learning to drink and learning to drive may have faced greater risk of DWI. Driving history and occupational status were also predictors, albeit weaker ones, of DWI accident involvement. Other driver characteristics, such as race and marital status, were unrelated to DWI involvement.

Drinking Locations and DWI Trip Origins. Interviews and survey data indicate that the largest share of drinking appears to take place at home. In terms of the distribution of drinking, women tend to drink more in restaurants and other peoples' homes, while men tend to drink more in bars and other places outside of the home. Studies of DWI trip origins, though inconclusive, indicate nonetheless that a majority of DWI trips originate at bars and other public drinking places.

Public Drinking Places and DWI Intervention. Because large numbers of DWI trips tend to originate from public drinking places, they are important locations for intervention. However, the attitudes that people carry with them into bars, their behavior in bars, and the mechanisms of social control (or lack thereof) in bars make intervention difficult. Bar patrons view bars as "time-out" social settings where a wide range of social behaviors are tolerated. Many social activities and standards of behavior in bars support and reinforce heavy drinking and the consequent attainment of impaired BAC's. The three potential agents of social control in bars--bar management or service personnel, other patrons and the drinking individuals themselves--face real limitations in their ability to control drunk driving, although the potential for exercising such control varies widely among different types of public drinking places.

Helping Behavior and Intervention. Reviews of related social psychological research on helping behavior and bystander

intervention found that the presence of other individuals, the ambiguity of emergency situations and lack of clarity on what should be done inhibit intervention. On the other hand, feelings of personal responsibility, an absence of norms restricting intervention and tangible evidence of the victim needing help encourage intervention. Most potential DWI situations do not rate very favorably on these factors.

DWI Intermediaries and Intervention. From 1972 to 1980 increasing percentages of the population reported intervening in potential DWI situations--up to 42 percent in 1979 and 1980. This suggests growing public acceptance of intervention. Males, younger persons and persons frequently involved in alcohol situations more frequently reported intervention. There were also variations in intervention behavior--both amount and type of intervention--by personality type. In order of decreasing acceptability, the most acceptable interventions have been driving drinkers home, taking their keys away and having them stay over.

Analysis and Recommendations from Phase I. In the analysis during Phase I, a descriptive model of factors affecting the impact of particular target clusters was developed. The model was used to assess the likely impact associated with selecting groups of drinkers, intermediaries, drinking settings and intervention techniques. From this analysis, 25 target clusters were selected, their likely impacts were evaluated using multi-dimensional ratings and consensus analysis, and two clusters with the greatest potential were recommended for further development.

The two target clusters were:

- o Younger and older adult males in neighborhood or home territory bars, service personnel as intermediaries.
- o Youth and younger adult males in singles or market place bars, friends/family as intermediaries.

During its review, NHTSA broadened the recommended clusters. The target drinkers in both clusters were expanded to include all drinkers instead of just a limited segment of the male sub-population. For the first cluster, the drinking setting was expanded to include intervention in most on-premise drinking settings but still with an emphasis on neighborhood-type bars. For the second cluster, the drinking setting was expanded to include off-premise locations--especially private parties.

Project-Objectives

As has been noted, this project had two overall goals. The first was to identify and select a limited number of "target clusters"--that is, combinations of probable drunk drivers, potential intermediaries, drinking settings, and intervention techniques which offer the greatest potential payoff in terms of

reduced DWI behavior. The second was to develop the intervention strategies more fully and perform some very limited feasibility analyses and testing of the selected target clusters.

The project was divided into two phases, roughly corresponding to these two overall goals. In Phase I, the data collection, analysis and assessment needed to support the selection of target clusters were carried out. The Phase I report summarized the data collection and analysis performed during Phase I and presented NCSI's recommendations concerning selection of target clusters. In Phase II, selected intervention strategies have been developed; some additional feasibility analysis and limited testing of the selected target clusters have also been conducted.

Project Schedule

Work on the project began in October, 1981. Phase I was completed in June, 1982, with the first draft of the Phase I summary report submitted in July, 1982. Phase II got underway in August to be completed in April, 1983.

Products

In addition to this Phase II Final Report, NCSI has developed several draft documents and detailed working outlines to be used in the implementation of the DWI intervention program. All of these materials are included as appendices to this Phase II Final report.

- o An outline for the format and contents of the Bartender/Service Personnel Training Seminar (Appendix 4),
- o A detailed outline of the videotape to be used in the Bartender/Service Personnel Training Seminar (Appendix 5),
- o A draft training manual and discussion guide for the Bartender/Service Personnel Training Seminar (Appendix 6),
- o A video-tape outline for the Friends/Family Presentation Program (Appendix 8),
- o A draft training and discussion guide for the Friends/Family Presentation Program (Appendix 9),
- o A draft handbook for planning and setting up a local DWI intervention program, (Appendix 7),
- o A list of resources and contacts useful for obtaining additional information on DWI prevention and deterrence (Appendix 10).

Organization of this Report

This Phase II Final Report is organized in a very straightforward manner. Chapter II contains a presentation and analysis of the data obtained from bartenders and national organizations and associations on the feasibility of a DWI intervention program and considerations that should go into designing and running such a program. Chapter III presents NCSI's recommendations for the content and format of two DWI intervention programs: the first, aimed at service personnel, especially bartenders in on-premise drinking establishments; the second, aimed at friends and family members intervening in both on- and off-premise drinking settings. Finally, Chapter IV lays out a proposed implementation strategy for carrying out the DWI intervention programs proposed here.

Given the current climate of public concern and activism on the drunk driving issue, involving service personnel and friends in DWI prevention would appear to be an idea whose time has come. NCSI hopes that the materials contained herein and in the accompanying appendices will prove to be a practical guide to persons or organizations interested in carrying out this concept.

CHAPTER II

RESULTS OF PHASE II DATA COLLECTION

INTRODUCTION

During Phase II the limited data collection that was undertaken focused on exploring the feasibility of an intermediaries program from the perspective of both bar and restaurant owners who would have to support such a program, and bartenders/service personnel who would be among its primary targets. Two efforts were made: one to talk with a small number of bartenders to explore issues surrounding intervention to prevent DWI and the encouragement of intervention; the second, to talk with representatives of trade associations or other organizations representing the owners and managers of on-premise drinking establishments or other groups that might be involved in supporting or promoting DWI intervention. This chapter summarizes both the procedures used in obtaining this information and the information itself.

BARTENDERS/SERVICE PERSONNEL

Overview

In order to understand better the specific factors that are related to intervention and non-intervention by service personnel in potential DWI situations, two focus groups were arranged where these issues were to be discussed.

Procedure

Following in-depth interviews with a number of well-informed individuals associated with the bar and restaurant industry, the decision was made that those individuals possessing the most experience -- and hence the most potentially useful knowledge -- in intervening with intoxicated patrons were bartenders. Consequently, it was determined that an effective way in which to tap this knowledge would be to bring together a number of bartenders in focus groups designed to provide an open discussion of specific issues regarding bartender intervention with intoxicated patrons to prevent possible DWI incidents. Toward this end the following procedure was followed.

Forty bars/restaurant establishments in the Washington D.C. metropolitan area were identified, from the yellow pages, selecting fairly equal numbers from the Washington, D.C., Maryland and Virginia locales. These establishments were subsequently contacted by telephone, at which time the caller (an NCSI employee) asked to speak to either the head bartender or bar manager. The purpose of the call -- to assess interest in participating in the focus groups -- was explained and the

individual's interest assessed. Although the focus groups had been originally envisioned as being held the following week, these initial contacts revealed that the planned dates (during the week containing St. Patrick's Day) would not be convenient because of the preparation needed for St. Patrick's Day. Those contacted were far more amenable to attending groups held the following week.

Subsequent to this initial round of contacts, a letter was sent (Appendix 3) to 30 individuals who indicated an interest in attending, explaining more fully the purpose of the project. This letter was followed by a second round of telephone contacts to confirm the individual's interest and attempt to schedule him or her for one of the two groups to be held the week of March 21st. Nine people were scheduled for the Monday afternoon group and eight for the Tuesday afternoon group. These people were then sent a second letter, thanking them for their willingness to participate and giving them written confirmation of the practical details of time and place.

However, despite this fairly intensive amount of contact over a short time span, attendance was -- in a word -- dismal. Specifically, only one of the eight people scheduled for the first meeting showed up. In an attempt to better this showing for the second meeting, all those scheduled were contacted the evening before as a gentle reminder. Only two of the three persons who said they would definitely be there actually appeared; however, the third sent a substitute. None of the other five originally scheduled appeared.

Regardless of this very low turnout -- which certainly suggests some logistical barriers toward getting bartenders involved in training programs -- a fair amount of useful information was obtained. However, the low response rate makes it imperative that whatever information was obtained be as representative as possible. Therefore, the results from two prior interviews with individual bartenders -- following a guide similar to that developed for the focus groups -- are included in this analysis as well.

The information gathered will be covered below in the approximate order in which the general topic areas were discussed (see also Appendix 2 for Agenda and Protocol/guide for meetings). These overall areas of inquiry included:

- o Bartender experience intervening with intoxicated patrons
 - general
 - specific to DWI
- o Factors discouraging intervention-costs
- o Encouraging intervention.

Results

As part of the introductory phase of the two "group" meetings, the participants revealed some information about themselves and the bars they work in. This information confirmed that at least part of our original intent had succeeded; the participants included one bar owner/manager, two bar managers and one assistant manager. The types of bars thus represented included:

- o one self-proclaimed neighborhood bar, with the owner stating that between 70 and 80% of the customers are known (recognized) by the personnel
- o three hybrid neighborhood bars, with between 25 and 50% of customers cited as regulars.

Two of the bar managers cited mostly walk-in trade; the other two were mostly drive-to bars. The crucial factor in this difference was proximity to a large residential enclave. In addition, the bars appeared to represent a fairly good cross-section of customer variety with, if anything, a slightly greater concentration of fairly young (mostly college student) adults -- thus including good representation of the higher risk group for DWI, i.e., young males.

In addition, the strategy of selecting bar managers/head bartenders was based on the assumption that the participants would have had several years working in bars and therefore a wealth of experience to draw from: all of the interviewees indicated fairly extensive experience in the business, thus confirming our assumption.

However, there are two caveats which should be stated and kept in mind while reading these results. The first deals with the self-selection process which resulted in only four (out of seventeen) volunteering participants actually appearing. It is in fact impossible to say whether there is some relevant characteristic (e.g., a sense of responsibility) of these individuals -- or the bars in which they work -- which makes the information gleaned from them less than totally generalizable to the greater population of bartender/managers. The second caveat is also related to the self-selection process. The four bartenders attending represented three D.C. and one suburban Maryland bar; no Virginia-based bars were represented. If we can assume that the bars in the metropolitan area are fairly similar this does not pose a serious problem. Unfortunately, we have no data bearing on this relationship.

Bartender Intervention Experience. The individuals interviewed indicated a fair amount of experience in intervening with intoxicated patrons. The interviewees were asked the approximate times they had to cut off service to a patron or ask a patron to leave. Low estimates indicated this occurred about

once a week; however, although three times a week was considered heavy, it was not unimaginable. Other, less direct, types of intervention -- slowing down drinks, for example -- appeared to occur more frequently. Respondents indicated that they maintained a watchful attitude coupled with a sense of responsibility toward both the bar and its patron.

Factors Influencing Intervention in General. When asked under what circumstances they intervened, a fair amount of agreement was reached. Almost all of those interviewed talked about the development of a bartender's "instinct", but, when pressed for more detailed examples, provided the following:

- o They monitor consumption. This becomes problematic with patrons who have already had a few drinks elsewhere, but otherwise is not a severe problem. However, interviewees agreed that height-weight considerations did not -- in their experience -- play a large role in determining how much someone can drink before becoming impaired.
- o They look for physiological signs -- e.g., impaired motor coordination, slurred speech, knocking over drinks. They all said that they walk the floor watching people continually; one said that he occasionally sets himself up near the route to the men's room because the hallway is difficult for drunks to negotiate.
- o They look for behavioral signs. These include sudden personality changes, overly friendly or happy behavior, boisterousness, belligerence or irrationality. One cited some tips given in training to cocktail staff members which included unusual cigarette lighting behavior indicative of the experience of time distortion.

In addition, at least half felt that some feedback was necessary. They said that they would engage the "suspect" in conversation to confirm or disconfirm their impressions, and would often check with the individual serving the patron to assess how much the patron had actually drunk and determine whether there was a known condition which would explain the person's behavior (speech impediment, muscular dysfunction, etc.).

Most of the respondents stressed the uniqueness of each situation, refusing to cite "typical" examples. The same was said of the drinker's response, although specific intervention behaviors which seem to minimize negative responses were cited and are discussed below.

In general, the most potent factor in the decision to intervene is the degree of obnoxiousness being demonstrated by the patron. Disturbance of the bar's atmosphere is sure to bring

on intervention. None of the interviewees felt that open drunkenness is as tolerated in today's climate as it once was; it is no longer funny to act drunk, and it is a sure way of getting oneself ejected from a responsible bar that cares about its reputation.

Factors Influencing Intervention to Prevent DWI.

Unfortunately, compared with the relative wealth of detail supplied when discussing intervention in general, the interviewees had very little to add when DWI intervention was specifically discussed. For example, no more rigorous criteria are used to judge degree of impairment, and essentially the same intervention strategy is followed. Although the bartenders admitted to the probability of impaired driving at lower blood alcohol levels than necessary to show up as visibly intoxicated, they also said that there is a fine line between being a responsible, concerned host and intruding on a customer's privacy; until there is visible evidence, they feel that their hands are tied.

Intervention. As mentioned previously, many of the individuals interviewed felt that there is no "typical" intervention situation. However, when pressed, the following generalizations emerged as "rules of thumb."

- o When the judgment is made that a customer has had enough or too much to drink, the individual serving him or her is alerted and service is slowed down. The feeling was that if the patron gets frustrated enough to leave, all the better. The fact that this may mean turning out an individual who is already drunk did not seem to be of particular concern to the respondents unless they knew the person was going to be driving immediately upon leaving. In that case, attempts would be made to encourage use of an alternate transportation mode (see below). In at least one bar, the night manager said that all such decisions originate from him or the regular manager.
- o If the above strategy proves ineffective, a decision is made to cut off alcohol service to the offending patron. This can be communicated either directly or indirectly.
 - (Direct) The manager or bartender will suggest to the individual that he or she has had enough alcohol for the evening and might like to have something nonalcoholic or something to eat, or call it quits and come back the next night. It is imperative that this be accomplished quietly, and not attract the attention of other patrons. In some cases, an attempt will be made to catch the person away from the bar or table (e.g., on the way to the bathroom) to minimize embarrassment. If it is known that the person has driven to the bar (easier with regulars) an offer

will be made to get a cab or get a friend to drive the person home. One bar even makes it a policy to pay for a regular's cab home if it is needed.

- (Indirect) At least half of those interviewed felt that indirect intervention -- when possible -- is best and most likely to succeed without ill will. This consists of getting a sober-seeming friend of the intoxicated patron to suggest driving the patron home. Again, the suggestion is made surreptitiously, to avoid embarrassment. However, this technique is apparently subject to certain restrictions (see below). In one case, the bar manager mentioned that a large number of police officers frequent the bar and that he has been known to ask an officer to intervene with a drunk driver leaving the bar who refuses to listen to reason. (Similarly, a Washington, D.C. based weekend bar manager mentioned the continual presence of police officers on the street as an effective deterrent.)

When asked about other considerations which may affect the choice of intervention strategy, the one female participant (bar owner/manager) stated that cross-sex pairings -- i.e., male personnel intervening with women customers, women personnel intervening with male patrons -- seem to work best. This was not confirmed (or disconfirmed) by any of the male participants. Also, one interviewee cited two situations that are particularly explosive in terms of probability of offending the customer; specifically these are:

- o a male-female couple with an intoxicated male
- o a highly excited and/or emotional group of male friends.

Finally, they all seemed to feel that regulars were far easier to deal with than "strangers", especially in terms of probability of a belligerent response. They also seemed to feel that if a close working relationship existed with the police (as it seems to exist with at least two of the bars) they would be more likely to telephone a known officer to inform him/her of a potential DWI leaving the bar.

Drinker Response. Once again, the majority felt that, aside from the points made above, drinker response cannot be easily predicted. Customers most likely to react negatively to intervention would seem to be:

- o non-regulars or strangers
- o men with their female friends/spouses
- o men in highly excited groups (e.g., just returning from an exciting sports event)

- o younger men in general
- o out-patients who were known to be from a local psychiatric facility.

In general, regulars are often grateful and generally return to the bar on another day. Even responses here seem to vary, with some regulars expressing effusive thanks and others never mentioning the incident to the intervenor.

Costs--Factors Discouraging Intervention. Interviewees were probed regarding factors which tend to discourage intervention. They admitted that uncertainty -- about degree of impairment, not about what to do or say -- often is present, stating that this is the major reason for obtaining feedback prior to cutting off service to a customer. As previously mentioned however, they also said that there is no way they can legitimately cut off service in the absence of visible signs of impairment.

The laws are such that the actions of service personnel are also restricted -- they cannot touch a patron unless they themselves have been assaulted or clearly provoked. A patron cannot be detained against his or her will.

The potential spectre of loss of patronage or tips is considered more of a cost for "lower level" service personnel than anyone else. For this reason, waiters, waitresses and low level bartenders are generally encouraged to approach the bar manager or owner should they perceive a problem with an inebriated patron. In addition, the respondents generally agreed that they do not want nor need the patronage of a customer who is going to cause trouble; many cited the fact that they have people waiting in line to get into the bar. (It should be kept in mind therefore, that loss of patronage might be a more problematic issue in a newly opened or less successful bar.)

On the whole the bartenders/managers interviewed felt that they are adequately or more than adequately filling their role as responsible hosts and that intervention by them is as high as it can be given the constraints under which they work. They feel that their owners are extremely supportive and share their viewpoint as professionals. They realize that they will not be able to identify everyone who is impaired enough to have their driving affected but not impaired enough to show visible signs, but feel that they are doing all they can. At least a couple feel that more publicity about the results of drunk driving -- gore, not statistics -- would be a very effective strategy to use directly on the populace.

Encouraging Intervention. Aside from their contention that intervention by service personnel is as high as it is going to get, the participants had little else to offer with regard to the encouragement of intervention. They noted that public attitudes toward DWI have changed drastically in the past few years. In support of this they cited:

- o customers slowing down drinking and leaving the establishment earlier
- o more groups coming in where one person abstains from drinking and serves as driver/"nursemaid"
- o a general distaste expressed for drunken behavior
- o patrons being more willing to accept intervention gracefully rather than feeling insulted.

They attribute a large part of this change to fear and the hassle of being arrested for DWI, media attention given to personal tragedies caused by drunk drivers and citizen action groups (MADD was specifically mentioned a few times).

In general, the individuals interviewed were not overly positive about the value of additional formal training. They also felt that strong management support would be necessary to ensure attendance. They felt that the best way to get information to bartenders is through the owner, and at least one felt that a successful owner would be a good communicator.

ORGANIZATIONS THAT CAN REACH POTENTIAL INTERMEDIARIES

The Phase I report recommended that the intermediary program use trade associations and professional organizations in the alcohol beverage manufacturing, distribution and service industries to disseminate whatever programs were to be developed for the chosen target clusters. In Phase II we needed to investigate the feasibility of this approach and develop some specific networks that could be used for program dissemination and utilization. This section of the report identifies and discusses the major organization that could be used to reach potential intermediaries. Chapter IV presents a suggested implementation strategy effectively involving these organizations and agencies.

This section is based on three sources of data:

- o organizations and agencies we visited,
- o organizations and agencies suggested in reports, in the literature, and by other agencies, and
- o focus groups we conducted.

Selection of the organizations and agencies for possible inclusion in a network to implement an intermediary program was based on the following criteria:

- o previous involvement in DWI prevention or deterrence programs,

- o resources available for potential commitment to an intermediary program,
- o potential impact on the target clusters, and
- o ability to participate in a coordinated program.

There are many organizations and agencies that could participate in an intermediary program. They can be categorized according to their scope (national, state or local) and their government affiliation (public vs. private). Exhibit 2.1 shows the organizations that we have identified for possible inclusion in a dissemination network cross classified according to scope and government affiliation. The following paragraphs present brief synopses of organizational characteristics and experience that would be relevant for a DWI intermediary program.

National Highway Traffic Safety Administration (NHTSA)

NHTSA is the Federal agency with the most direct responsibility for helping deter and prevent drunk driving. Its roles include research, development and provision of modest grant monies to states for traffic safety programs. Its most visible effort related to intermediaries has been the well received "Friends don't let friends drive drunk" campaigns--a long running series of radio and television spots promoting intervention. As noted below, this campaign has been picked up and carried on by other organizations. This campaign may have reached or "saturated" the market for which it was intended. On the other hand, repetition is an important ingredient of successful advertising. NHTSA has an inventory of materials (ads, posters, etc.) that have been used in previous campaigns.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

NIAAA's recent T.V. campaign aimed at youthful drinking and driving provides significant resource for describing the types of messages that can reach individuals involved in a DWI situation. NIAAA spent considerable time and resources in preparing this campaign including testing the public service ads with focus groups and other feedback mechanisms.

Bureau of Alcohol, Tobacco and Firearms (BATF)

The Bureau of Alcohol, Tobacco and Firearms in the Treasury Department issues occupational licenses to alcohol retailers. BATF has not traditionally been involved in alcohol abuse prevention but has the potential to reach every retail outlet in the United States once a year.

Licensed Beverage Information Council (LBIC)

The Licensed Beverage Information Council organization is a powerful national resource. It is sponsored and supported by the major national manufacturing and trade associations involved

EXHIBIT 2.1

ORGANIZATIONS THAT CAN REACH INTERMEDIARIES

Public

Private

National

National Highway Traffic Safety
Administration
National Institute on Alcohol
Abuse and Alcoholism
Bureau of Alcohol, Tobacco and
Firearms

Licensed Beverage Information Council
Distilled Spirits Council
National Restaurant Association
National Licensed Beverage Assoc.
National Liquor Store Association
National Alcoholic Beverage
Control Association
Wine and Spirit Wholesalers

State

Alcohol prevention coordinators
Highway safety coordinators
Alcohol Beverage Control agencies

State chapters and affiliates of
national trade associations
listed above

Community

Police departments
Health departments

Local media
Beverage wholesalers and distributors
Taverns and restaurants
Liquor stores
Churches and civic groups
Chambers of Commerce, business
associations

with alcoholic beverages (see Exhibit 2.1 for member organizations). LBIC and its member organizations are committed to responsible alcohol consumption and to reducing drunk driving. However, these organizations emphatically do not and will not be involved in "scare tactic" or "negative" campaigns. In December 1982, LBIC and the Outdoor Advertising Association of America sponsored a nationwide public service advertising campaign to discourage drunk driving. They featured the "Friends Don't Let Friends Drive Drunk" theme on three thousand billboards throughout the country. The one million dollar campaign also distributed radio public service spots to 1,200 radio stations. LBIC and its member organizations have expressed interest in promoting the concept of responsible drinking and responsible behavior surrounding the drinking/driving situation. In this regard, they are favorably disposed toward increasing the potential for intervention by bartenders, service personnel, and patrons as well as friends in other drinking settings (home, recreational event, etc.). The constituent organizations within LBIC can also sponsor or support their own individual activities related to drunk driving. LBIC and its member organizations have the following capabilities:

- o Newsletters - each of its member organizations sends a monthly newsletter to its constituents,
- o Training seminars - a few of the member organizations have special seminars for constituents, for example, bartenders, during which techniques and methods are discussed,
- o Promotional materials - most of the member organizations can produce posters, placemats, stickers, decals, match book covers, brochures, etc., either in-house or through special arrangements with other facilities
- o Advertising spots - member organizations can produce T.V., radio, print, outdoor and other campaign materials
- o Networking contacts - each organization has affiliates and members at the state and local level. Each can reach thousands of constituents either regularly or on an as-needed basis
- o Conventions - each organization has an annual convention; some also have quarterly regional conventions. At these conventions, special promotional or topical issues are presented and discussed.

Most importantly, LBIC and its member organizations can and are willing to provide the financial resources to develop and implement an intervention program. In addition, they can identify state and local organizations and individuals that will

help make the program successful.

Several companies represented by the Distilled Spirits Council of the U.S. (DISCUS) an LBIC member, such as Seagrams, Bacardi, and Heublein, have initiated DWI campaigns on their own. Response to their campaigns has been favorable.

State alcohol prevention coordinators and state highway safety coordinators

Each state government in the U.S. has an individual responsible for coordinating traffic safety programs and a different individual responsible for alcohol-abuse prevention programs. The former works with NHTSA on traffic safety and possibly DWI programs; the latter serves as a contact between NIAAA and the state agencies dealing with alcohol problems and treatment. Traditionally, the state individual responsible for traffic safety programs and for alcohol-abuse programs have not worked together, as they have generally been located in different parts of the state government and have had different objectives. However, it could be helpful for the two offices to cooperate in sponsoring DWI intervention programs for service personnel, as well as individuals.

Alcohol Beverage Control ABC Agencies

State Alcoholic Beverage Control agencies are responsible for regulating the manufacturing, distribution and sale of alcoholic beverages in the various states. For our purposes their most important role is in regulating the on-premise sale and consumption of alcoholic beverages, including who can be served and the conditions and hours of service. Bars and restaurants must obtain a license to sell alcoholic beverages; to retain the license they must conform to state laws and regulations. The ABC agencies or state or local police employ agents and investigators who monitor retailers for compliance with ABC regulations.

Most state laws and ABC regulations forbid the sale or service of alcoholic beverages to intoxicated or "obviously intoxicated" patrons. Strict enforcement of such regulations would encourage at least one form of intervention by service personnel (cutting-off of service). The ABC agencies could also serve as an important part of a network to encourage intervention--providing information to licensees on good service practices and sponsoring, or at least supporting efforts to reach and train potential intermediaries. Through partial rebates of license fees or some other innovative approaches, they might also be able to provide some economic incentive to licensees for participation in intermediary programs.

In most states, the ABC agencies have not played an active role in DWI deterrence or prevention. There are exceptions. In California the ABC agency using Federal grant monies operated a pilot training program for service personnel.

State and local police

State and local police, represent organizations that can reinforce DWI prevention campaigns. Their enforcement efforts, their visibility, and their cooperation are important factors in any DWI programs.

State chapters and affiliates of national trade associations

State chapters and affiliates of national trade associations have direct contact with member owners, bartenders, service personnel, and other retail and wholesale employees. For example the National Restaurant Association and National Licensed Beverage Association have affiliates in many states and some metropolitan areas. Depending on the organization and the state, some are quite powerful while others represent only a small proportion of wholesalers or retailers in their states or regions. In general, they do not, with a few exceptions, initiate campaigns or develop campaign materials. Instead, they rely on their national organizations to provide them with guidance and pre-packaged campaign materials. They do provide a critical network for reaching individual members and disseminating information.

Health departments

Local health departments, either at the county or city level, are a vital link into county and city government for DWI campaigns. Typically these departments focus on communicable disease, maternal and child health, and environmental health problems. They do have resources, however, to contribute to accident prevention. Their most important contribution could be their ability to organize local community leaders to support a DWI campaign.

Local media

Local media include radio and T.V. stations, newspapers, outdoor advertising companies, direct mail companies and other organizations who reach the public via a defined medium. Each is capable of providing public service messages. Editorials and specialized promotions (e.g., contests, fairs, and other "events") are possible. In many communities there exists a special relationship between local media and bars and restaurants. In the past they have cooperated to raise money for charities and other worthwhile causes.

Beverage wholesalers and distributors, taverns and restaurants, and liquor stores

These individual establishments reach both intervenor and individuals susceptible to DWI. Their employees can either act as stimulators of intervention, or, can directly intervene themselves. They are accustomed to sponsoring and promoting programs in the public interest and many have participated in

responsible drinking campaigns. Wholesalers and distributors through their advertising budgets have been known to sponsor DWI campaigns directly to the public*. A key element in acceptability of materials and other promotional features of a campaign for these groups is that the materials be consistent with the positive image that these establishments seek to maintain, be eye catching and be in good taste.

Churches and Civic Groups

Local churches and civic groups, such as the Lions Club, are usually more than willing to sponsor campaigns involving health and safety issues. They would be particularly attuned to pre-packaged seminars and training sessions. In addition they could reinforce the tavern/restaurant campaign and could reach and make problem drinkers more susceptible to DWI messages. A campaign strategy that involves these groups is discussed in Chapter 4 along with methods for increasing the chances of success. The content of the intermediary programs is described in the next chapter.

*Several wholesalers who have sponsored DWI campaigns are listed in the resource list in the appendices.

CHAPTER III*

TWO DWI INTERMEDIARY PROGRAMS

INTRODUCTION

Work on the development of programs to reach and encourage DWI intervention by the two intermediary target clusters began soon after the start of Phase II. The basic outlines of each program were developed from known characteristics of the target groups and knowledge of the objectives being sought. This work was performed parallel to the empirical work summarized in Chapter II. The results of the empirical work, available only quite recently, have led to some minor modifications in the two programs.

Each DWI intermediary program is described in the following sections of this chapter. The program for encouraging intervention by bartenders and other service personnel is described first, followed by the program for encouraging intervention by friends and family members. Each program description provides information on (1) the characteristics of the target group and drinking setting, (2) assumptions underlying the program, (3) major program objectives, and (4) program components. Chapter IV provides suggestions on appropriate channels for disseminating the programs.

PROGRAM A: SERVICE PERSONNEL IN ON-PREMISE DRINKING ESTABLISHMENTS

Characteristics of Target Groups and Settings

The target intermediary group is service personnel (bartenders, waitresses, waiters). The targeted drinking locations are public drinking places, particularly the more close-knit neighborhood-type taverns or the more sedate cocktail lounges or restaurants. These locations were selected because they tend to be patronized by a cadre of regulars. The bartender, owner, or waitress often knows a large percentage of the patrons and, in many cases, the service personnel are at the center of social activities. We believe that in such settings the service personnel are uniquely situated to influence potential DWI behavior because they have some degree of personal concern for their patrons. Intervention in other types of on-premise drinking establishments can be encouraged as well. It just appears that it is more likely to be effective in these settings.

* Dr. Maria Vegega, the NHTSA Contract Manager for this project contributed significantly to the development of these intervention programs.

Target drinker-driver groups include any person patronizing the drinking establishment. Although male drinkers (all ages) will be particularly emphasized, intervention strategies will not preclude intervention with female patrons.

Assumptions Underlying the Program Design

Service personnel face a number of potential obstacles and/or impediments to successful intervention. Any program design must take these into account.

- o Service personnel often lack knowledge and information about the effects of alcohol.
- o Regular patrons may have driven home repeatedly in the past with only very infrequent and isolated incidents of accidents and/or arrests (negative reinforcement effects).
- o Service personnel lack information on how best to propose DWI alternatives to impaired patrons.
- o Service personnel may fear that intervening will dampen the convivial atmosphere of the bar and make the patrons, even those not directly involved in the potential DWI incident, less inclined to return to the bar.
- o Service personnel may fear a loss of revenues (and tips) from cutting off service to intoxicated patrons and from a loss of patronage to bars where the service personnel are not intervening as vigorously.
- o Service personnel do not want to embarrass the patron who is becoming impaired, risk making him/her angry, and create a "scene".
- o Service personnel face almost no legal or financial incentives for intervention. Liquor control regulations regarding service to intoxicated persons are laxly enforced. Dram shop or common law liability is not perceived as a big risk or incentive to take action.
- o Service personnel may lack experience in intervening.

Program Objectives

The primary purpose of this program is to increase effective intervention by bartenders, service personnel, and proprietors to prevent DWI incidents on the part of their clientele. Several objectives have been formulated to address the potential impediments to intervention stated in the preceding section. Increasing intervention will require a two-pronged approach:

increasing the willingness of service personnel to intervene and increasing their ability to intervene effectively.

Three objectives address the desire to increase service personnel willingness to intervene:

- o Increase service personnel perception of the risks associated with non-intervention,
- o Reduce the fear (on the part of service personnel) of the adverse consequences of intervention,
- o Increase the positive values associated with intervention.

In order to increase their perception of risks associated with DWI, service personnel can be provided with information on: (a) risks to clientele: both accidental injury or property damage and legal consequences of DWI; (b) risks to innocent others and to society; and (c) risks to themselves and to the drinking establishment. In order to reduce the fear of adverse intervention consequences, they can be informed that intervention need not dampen the convivial atmosphere of the bar; that there are ways to approach patrons so as to minimize embarrassing or angering the patron; and that loss of revenues and patronage need not take place as a result of intervention. To increase the positive values associated with intervention, messages to service personnel can emphasize that intervention is a "good deed," beneficial to the patron (even though he/she may not appreciate it), beneficial to the community, and beneficial to society at large. Messages can also stress the "professionalism" of intervention behavior.

In order to increase the ability of service personnel to intervene effectively, it is necessary to:

- o Increase their ability to recognize impairment;
- o Provide them with a repertoire of intervention techniques/methods/alternatives to DWI; and
- o Provide them with experience in intervening and in handling "difficult" situations.

Increasing their ability to recognize impairment requires providing them with potential behavioral cues and alcohol consumption guidelines. The repertoire of intervention practices should include techniques of intervention and alternatives to DWI that can be suggested (taking a cab, letting a friend drive, etc). Experience and practice can come through role playing or on-the-job intervention with supervision or tutoring from more experienced service personnel.

Components of Program A.

Program A, directed toward encouraging service personnel to intervene, will have three major components:

- o Owner/Manager Activities. All our evidence suggests that the owner and managers of a bar or restaurant are critical for the encouragement of intervention by service personnel in that establishment. The objective of this component is to reduce impediments to intervention and to create a supportive environment which will facilitate intermediary action in drinking establishments. To achieve this objective we must influence the owners and managers to support and adopt pro-intervention policies and service practices and persuade them to encourage their staff to participate in the service personnel training.
- o Service Personnel Training. The objective of this component is to develop the willingness and ability of service personnel to act as effective intermediaries. The delivery mechanism for achieving this objective will be a training program administered locally.
- o Public Information. The objective of this component is to increase the willingness of service personnel to act as intermediaries and to increase the receptivity of patrons to intermediary action. This will be accomplished through national and local media.

Each of these program components, how the program component could be carried out and its substantive content, will be described in greater detail in the following subsections.

Owner/Manager Activities. Bar and restaurant owners and managers set the "house" policies regarding service of alcoholic beverages and the behavior and comportment of employees. Individual employees may deviate from those policies but only at the risk of losing their jobs. Policies may be explicitly stated; they can also take the form of unspoken bounds of acceptable behavior. Intervention by service personnel to prevent DWI is much more likely if management makes it clear to employees that the house favors "responsible" alcohol beverage service and opposes driving while impaired.

A DWI intervention program should encourage bar and restaurant owners and managers to adopt policies and procedures that discourage impaired driving and encourage staff intervention. The following steps could facilitate the effective implementation of such policies and procedures:

- o Hire enough staff, especially on busy days or nights, so staff members have adequate time to observe drinking patrons and detect impairment;

- o Adopt a physical layout and staff circulation patterns so service personnel and managers can unobtrusively monitor patron behavior;
- o Minimize the possibility of patrons receiving beverage service from more than one waitress or bartender; this makes consumption monitoring by service personnel easier;
- o Instruct employees, especially new or less experienced employees in recognition of alcohol impairment,
- o Have a house policy of intervention at the earliest signs of alcohol impairment;
- o Encourage interventions other than cutting off service; cutting off service may simply precipitate a drunk driving trip;
- o Have staff, especially waitresses providing table service, refer needs for intervention to the on-duty manager or head bartender; this should minimize the financial risk of intervention to the service person; the patron is less likely to get mad and not leave a tip;
- o Prominently post a notice of the owner and management's policy toward service for impaired patrons and discouragement of drunk driving; this will provide a back-up for intervening service personnel;
- o Tactfully and diplomatically back up the service personnel if a patron complains about premature or unfair intervention or cut off of service, even if there is some doubt about the situation. This is critical to continued intervention and high employee morale. If an employee is really too zealous, then make any suggestions in private, out of sight of patrons;
- o Recognize and try to compensate for financial risks that service personnel take in intervening: pay higher wages to reduce their dependence on tip income or institute a monthly cash bonus for the employee who did the best job of intervention that month;
- o Meet with other bar and restaurant owners in the area to discuss intervention policies and procedures: adopt and publicize a common stance toward intervention and prevention of DWI (patrons will be less able to avoid intervention by "bar hopping" or going to other drinking establishments; service personnel, knowing this, will more readily intervene); and

- o Encourage or even require employees to attend the training seminars put on as part of the local DWI intervention program.

Service personnel in bars and restaurants, like employees in any organization, respond to the explicit policies and implicit behavioral cues all around them. In most drinking establishments there are not alot of cues favoring early intervention to prevent impaired driving. It is the owner's and manager's responsibility to maintain an environment more conducive to service personnel intervention. Adopting as many of these policies and procedures as possible will boost the likelihood of effective intervention by bar and restaurant service personnel. Additionally, activities for owners and managers designed to encourage patron-to-patron intervention, especially by friends and family members, are discussed in the section of this Chapter on Program B.

Service Personnel Training. The objective in training or conducting seminars for bartenders, waitresses and other service personnel in bars and restaurants is twofold: first, to develop more positive attitudes toward intervention, and second, to develop the knowledge and skills needed for effective intervention.

Based on NCSI's discussions with service personnel and industry representatives, the most viable mechanism for directly transmitting these pro-intervention values and the knowledge and skills needed for effective intervention appears to be a two to three hour seminar on DWI intervention. In a local area the seminars will be promoted and sponsored by one or more local agencies or organizations involved in the alcoholic beverage industry and/or concerned with the DWI problem. For the staff of larger restaurants or drinking establishments, the seminars can be held "on-site", that is, right in the bar or restaurant itself. For the staffs of smaller establishments, the seminars should be arranged so the staffs from more than one bar or restaurant can attend and should be held at a mutually convenient time and place.

Issues related to how many training seminars can be held in a particular area and how many service personnel from each drinking establishment can attend would be a function of the resources available in the local area. Clearly, having as many service personnel from as many establishments with liquor licenses as possible would be desirable. If such resources are not available, priorities for attendance may have to be set, e.g., either selection of licensees or selection of attendees from each establishment.

Who actually runs the seminars or training sessions is another issue that will have to be addressed locally. Ideally, the trainer(s) should be knowledgeable about the local beverage service industry, familiar with laws and regulations concerning drunk driving and alcohol beverage service, able to attract an

audience, personally concerned enough about drunk driving to be convincing on the subject, a decent speaker and reasonably skilled at group dynamics. Although this seems like a tall order, there are people in most communities who will meet most of these criteria and can be given some orientation or training for areas in which they are weak. Exhibit 3.1 contains a list of potential trainers for service personnel seminars.

Because the service personnel training sessions/seminars are to be conducted locally by people with diverse backgrounds, experiences, and orientation toward DWI, NCSI recommends that a core part of the seminar be a 30-45 minute videotape or 16 mm film developed and produced under the auspices of NHTSA. This would ensure some standardization of material presented in the seminar and a common basis for discussion. Producing a high quality training film would be cost effective if its use could be anticipated in many local areas; it is unlikely that a local area developing its own DWI intervention program could bear such production cost.

As previously noted, the training seminar and its core videotape will have two central objectives: developing more positive attitudes toward intervention and developing the knowledge and skills needed for effective intervention. To develop more positive attitudes, the training seminars can incorporate three kinds of information: points stressing negative aspects of DWI, points emphasizing the positive aspects of intervention and, points minimizing the negative effects of intervention. Exhibit 3.2 lists suggested seminar content in each of these three areas.

In terms of improving knowledge and skills necessary for effective intervention, there are four general substantive areas that a training seminar should cover: recognition of alcohol impairment; knowledge of the effects of alcohol consumption on human perception and motor skills, including operation of an automobile; alternatives to DWI that can be suggested; and intervention techniques and approaches. Finally, a training seminar should try to instill some confidence among potential intervenors in their ability to intervene successfully. Exhibit 3.3 suggests training seminar content that address each of these concerns.

There are many possible ways to put all these materials together. NCSI has developed a proposed training seminar using the 2 1/2 to 3 hour format with a 35-45 minute videotape core. The Appendix to this report contains among other things (1) an outline of the training seminar session, (Appendix 4), (2) a detailed outline of the core videotape, (Appendix 5) and (3) a draft training manual/discussion guide for the seminars (Appendix 6).

Public Information. Public information programs will reinforce the messages conveyed by owner/manager activities and by the training seminars. As with the training, positive

EXHIBIT 3.1

Potential Trainers for
Service Personnel DWI Intervention Seminars

- (1) State Alcoholism Program Staff
- (2) Mental Health/Health Care Professionals
- (3) Training Office of Professional/Trade Associations
- (4) Liquor Industry Personnel (e.g. Licensed Beverage Association)
- (5) Owners/Proprietors (especially former bartenders)
- (6) State ABC staff
- (7) Police Officers

EXHIBIT 3.2

Suggested Seminar Contest
to Develop Positive Attitudes Toward
DWI Intervention.

A. Information Stressing the Negative Aspects of DWI:

- (1) Death toll from drivers (national, state or local statistics);
- (2) Local toll from drunk driving (serves to bring the issue "closer to home");
- (3) Liability under Dram Shop or Common Laws (where applicable);
- (4) Potential violation of ABC Statutes (against the law to serve intoxicated persons).

B. Points Stressing the Positive Aspects of Intervention:

- (1) Concern for one's patrons (i.e., indication of personal concern over the welfare of regular clientele) is good for business;
- (2) Beneficial to the patron (even though he/she may not embrace it);
- (3) Emphasis on positive action: "Good Guys" intervene;
- (4) Indication of good citizenship: Concern for one's neighborhood and community implies intervening to prevent potentially harmful events;
- (5) Emphasis on professionalism of bartenders: Concern for their business, patrons, neighborhood, etc.;
- (6) Survey results/testimonials showing appreciation of intervention by drinkers.

C. Points Minimizing the Negative Effects of Intervention:

- (1) One can intervene and still have a convivial bar;
- (2) Intervention may embarrass a patron, but that is better than having him/her, or someone else, dead;
- (3) Continued intervention can establish a norm of socially acceptable behavior: Service personnel can be influential in establishing this norm.

EXHIBIT 3.3

Suggested Seminar Content to Improve Knowledge and Skills for DWI Intervention

A. How to recognize alcohol impairment:

- (1) Physiological indicators
- (2) Behavioral indicators
- (3) Relationship of alcohol consumption, time and body weight to alcohol impairment
- (4) Use of breath testers.

B. Issues related to drunk driving:

- (1) Meaning of BAC
- (2) Effects of alcohol on performance, especially driving ability
- (3) Person can be impaired and not be "legally drunk"
- (4) Magnitude of alcohol highway safety problem
- (5) Magnitude of DWI problem in local area.

C. Things to do--Alternatives to DWI:

- (1) Get a friend to drive
- (2) Call a taxi cab (or van service)
- (3) Delay departure from the bar.

D. Techniques/Approaches on how to intervene:

- (1) Improve persuasive appeals
- (2) Possibilities for indirect intervention (e.g., server contacts bartender or proprietor who takes action)
- (3) Minimize negative repercussions.

Exhibit 3.3 (continued)

E. Develop confidence in ability to intervene:

- (1) Practice techniques (e.g., role playing)
- (2) Witness techniques in action (e.g., view a videotape; watch a staged scenario)
- (3) Discussion of ways to maximize successful intervention (provides social support for engaging in intervention).

attitude development through public information campaigns will be directed toward offsetting the apprehension of service personnel about, and minimizing the negative effects, of intervention. Some of the possible message themes for public information programs directed toward service personnel are listed in Exhibit 3.4.

The best ways for conveying such messages to alcohol beverage service personnel using public information are not altogether clear. If untargeted media (where messages are received by the general viewing or listening audience) are used, it probably makes most sense to incorporate the pro-intervention-by-service-personnel message within a more general pro-DWI intervention message. Service personnel are probably not a large enough segment of the media audience to justify messages directed only to them.

A second important role for public information campaigns in encouraging service personnel intervention is to "soften up" or prepare the patron for intervention. If the patron expects intervention and shares a perspective that intervention is appropriate given his or her level of intoxication, then there should be less resistance or resentment toward the service person's action. This more favorable (or less unfavorable) response can encourage the service person to intervene again. There are many potential messages and media for conveying such information. Exhibit 3.5 lists some of the messages that could be directed toward establishing the legitimacy and the expectation of intervention among patrons. Exhibit 3.6 suggests potential transfer mechanisms for conveying the acceptance of intervention message.

PROGRAM B. INTERVENTION BY FRIENDS AND FAMILY MEMBERS

Characteristics of Target Group and Settings

Target intermediary groups are friends and members of the drinker's family. "Friend" is broadly defined to include casual drinking companions as well as more intimate or long standing acquaintances. Friends and family members have been selected as intermediary groups because in many drinking settings, both public and private, they may be the only potential intervenors.

Drinking locations (target settings) are primarily public drinking places (bars and restaurants) and secondarily private parties and social occasions. Emphasis has been put on public drinking places because of some research evidence indicating that a large percentage of DWI trips originate from bars. Private parties and social occasions are included because many of the intervention techniques applicable in public drinking places could also be used in private settings. With respect to public drinking places, intervention from friends will be especially important in discos, singles bars, night clubs, large cocktail lounges and other public drinking places where service personnel often are not regularly acquainted with their clientele and may

EXHIBIT 3.4

Public Information Campaign
Messages Aimed at Potential Intermediaries

- A. Messages stressing the positive aspects of intervention
- (1) Concern for one's patrons (i.e., indication of personal concern over the welfare of regular clientele) is good for business;
 - (2) Beneficial to the patron (even though he/she may not embrace it);
 - (3) Emphasis on positive action: "Good Guys" intervene;
 - (4) Indication of good citizenship: concern for one's neighborhood and community implies intervening to prevent potentially harmful events;
 - (5) Emphasis on professionalism of bartenders: Concern for their business, patrons, neighborhood, etc.;
 - (6) Survey results/testimonials showing appreciation of intervention by drinkers.
- B. Messages stressing how service personnel can be influential in establishing a norm that intervention is socially acceptable behavior.
- C. Messages emphasizing legal liability under Dram Shop or Common Laws (where applicable) or potential violation of ABC Statutes.

EXHIBIT 3.5

Messages Directed
Toward Patron Acceptance of DWI Intervention

- A. Acceptance of intervention is the appropriate thing to do.
- B. Intervention is widespread ("Everyone is doing it!").
- C. Intervention demonstrates our (i.e., the drinking establishment's) concern for you (i.e., the patron); please accept our concern.
- D. Don't be embarrassed if you are asked not to drink anymore or not to drive; we like your company and want you back.
- E. "The Buck Starts Here" (i.e., drinking begins in the drinking establishment; here is where it should be helped).

EXHIBIT 3.6

Media for Conveying
Messages Directed Toward Patron Acceptance
of DWI Intervention

- A. National and local media.
- B. Signs and posters in drinking establishments, liquor stores, and other appropriate locations.
- C. Distribution of brochures, pamphlets, coasters, BAC charts, etc. in drinking establishments, liquor stores, wine and beer outlets urging responsible drinking and intervention.
- D. Purchase or rental of individual breath testers for use by customers. (This may encourage intervention and possibly make an impaired person more receptive; e.g., "You say you haven't had too much to drink. Let's see you prove it! Someone else will drive if you blow a .05 or more.")
- E. Development of sample script segments or suggestions for ongoing TV serials (e.g., Quincy, Archie Bunker's Place, Alice, Cheers, etc.). Bartenders seem to have reputations as amateur psychiatrists; the successful intermediary concerned for his/her patrons could be built into this image.
- F. Centralized character as a message disseminator: it may be appropriate to use a single character to disseminate messages about the appropriateness of intermediary action. For example, Jackie Gleason developed a bartender character as one of his roles. Current TV personalities could include MAGNUM or Flo (waitress in Mel's Diner on Alice).

also lack the time for effective intervention.

Target drinker/driver groups include any person patronizing the public drinking place or attending the private party or social occasion. Although male drinkers (all ages) will be particularly emphasized, intervention strategies will not preclude intervention with female patrons. Also techniques that can be effective with young drinkers/drivers will be especially important because of their patronage of the described settings.

Assumptions Underlying the Program Design

Many of the factors discouraging intervention by service personnel also impede intervention among friends and family members. Friends and family members often lack knowledge and information on the effects of alcohol. Friends and family members lack information on how best to propose DWI alternatives to impaired drivers. People do not want to embarrass their drinking companion who is becoming impaired, make him/her angry, or risk creating a scene. Awareness of past success of impaired drinkers in getting home without incident provides negative reinforcement for the friend or family member considering intervention. Finally, even more so than service personnel, most people lack experience intervening.

Other factors, unique to intervention by friends/family, must be considered in designing a program for encouraging intervention by them. Some of these factors favor intervention, whereas others may discourage it. Friends have greater knowledge of, and experience with, the drinker and hence may be better able to detect impairment. Because of this greater knowledge and experience, friends and family members may be better able to select an intervention appropriate to the drinker's personality and temperament. On the one hand, concern for the impaired drinker's well-being, born of friendship or family ties, could be a motivating force for intervention. On the other hand, fear of losing or weakening the friendship, or avoidance of a perceived source of tension in the family relationship, could discourage intervention. A program to encourage intervention by friends or family members must be sensitive to several additional factors: the potential impairment of the person intervening, and the problems facing female friends or family members intervening with male drinkers.

Program Objectives

The objectives of a program directed toward increasing intervention by friends and family members parallel very closely the objectives of the program directed toward intermediaries: first to increase the willingness to intervene, and second, to increase the ability to intervene effectively. Increasing willingness to intervene involves three changes:

- o Increasing the perception of risks associated with non-intervention,
- o Reducing fear or apprehension (on the part of the friend or family member) concerning adverse consequences of intervention, and
- o Increasing the positive values associated with intervention.

Exhibit 3.7 lists some of the message contents that could be used to encourage these changes.

Increasing the ability of friends and family members to intervene effectively implies, as with service personnel, increasing their ability to recognize impairment, providing them a repertoire of intervention techniques, methods and alternatives to DWI and giving them some experience intervening.

Components of Program B.

Program B, encouraging friends and family members to intervene, will have three components closely paralleling the three components for encouraging intervention by service personnel.

- o Public Information Campaigns. The objective of this component is to increase the willingness of friends and family members to act as intermediaries, and to increase the knowledge of the kinds of actions which can be taken to prevent a drinker from driving while impaired. This will be accomplished through national and local media, and through support by drinking and eating establishments, vendors of alcohol, and community organizations.
- o Citizen Training. The objective of this component is to develop the willingness and ability of friends and family members to act as effective intermediaries. The delivery mechanism will be a training program administered through the community (e.g., civic associations, community cable T.V. etc).
- o Action by On-and Off-Premise Alcohol Beverage Licensees. The objective of this component is to create an environment which is supportive of intervention thus reducing the reticence of friends and family members to act as intermediaries. This objective will be achieved through action by community businesses, in particular drinking and eating establishments and retail off-premise beverage outlets.

A program for reaching the friends and family members of potentially impaired drivers will differ in several important

EXHIBIT 3.7

Message Contents for
Friends and Family Members to Increase their
Willingness to Intervene

- A. Increase perception of the risks associated with non-intervention:
 - (1) Risks to the impaired drinker; both accidental injury or property damage and legal consequences of DWI;
 - (2) Risks to innocent others and to society;
 - (3) Risks to themselves if accompanying the impaired drinker;
- B. Reduce the fear (on the part of the family member or friend) of the adverse consequences of intervention:
 - (1) Intervention need not embarrass or anger the drinker;
 - (2) Intervention need not result in loss of the friend or an increase in tension in the relationship;
- C. Increase the positive values associated with intervention:
 - (1) Intervention is a "good deed," beneficial to the community, beneficial to society at large;
 - (2) Intervention is beneficial to the drinker even though s/he may not appreciate it;
 - (3) Intervention with a friend makes the intervenor feel good; it is part of being a friend.

respects from a program for service personnel. Service personnel in public drinking places are an identifiable occupational group within the population, a group that can be reached through their places of employment and their professional or occupational associations. Friends and family members of potentially impaired drivers are a broader segment of the general population belonging to many types of professional, occupational, organizational and social groups. There is no natural single network for conveying information to them directly; however, creative use of the mass media and the many groups to which this general population belongs will help disseminate information about intervention programs across the many segments of a community. In the following subsection each of these program components will be described.

Public Information. The purpose of this component is twofold: (1) to develop positive attitudes about intervention on the part of friends and family members of drinkers; and (2) to provide knowledge and information about different intervention techniques.

It is anticipated that national and local media channels will be utilized. It is important to remember, however, that reaching a target group as broad as "friends and families of drinkers" requires cooperation of many segments in of the community, especially its business, civic, and social organizations. Furthermore, different kinds of target audiences will have to be addressed. Messages and appeals may well be different for younger age groups than for older age groups. Some potential message themes are presented in Exhibit 3.8. NCSI has not attempted to specify how such messages should be funded or produced. Government funds may perhaps best be spent in developing the content or concepts for the messages, campaigns or scripts; while private sponsors such as the Licensed Beverage Information Council (LBIC) support production and distribution. Potential channels for distribution of such pro-intervention messages include: national and local mass media; signs and posters in drinking establishments, liquor stores, restaurants, and other appropriate locations; and signs/posters/brochures handed out by local businesses and employers.

Citizen Training. Friends and family members of drinkers are a far broader segment of the population than are service personnel. The many types of professional, occupational, organizational and social groups to which this general population belongs will be utilized in disseminating information about intervention programs. A promising means of "training" citizens in intervention tactics seems to be to provide local groups (e.g., civic associations, PTAs, cable TV) with a set of presentation materials that can serve multiple purposes. The core of the training package will be a 30-45 minute videotape presentation of the essential information accompanied by a discussion guide for the presenter.

EXHIBIT 3.8

Message Themes for
Public Information Campaigns to Encourage
Friend-to-Friend Intervention

A. Messages to Develop Positive Attitudes About Intervention

- (1) Concern for your friend or family member.
- (2) Emphasis on socially acceptable positive action: "The in-crowd intervenes"; "Everyone is doing it."
- (3) One can intervene and still remain friends (i.e. intervention shows you care about your friend).
- (4) Intervention may embarrass your friend or family member, but that's better than having him/her dead.
- (5) Indication of good citizenship: Concern for one's neighborhood and community implies intervening to prevent potentially harmful events.

B. Messages Providing Information about DWI

- (1) Death toll from drivers (national, state or local statistics);
- (2) Local toll from drunk driving (serves to bring the issue "closer to home");
- (3) Recognizing impairment: A person need not be "stone" drunk to be impaired.

C. Messages Providing Information About Intervention

(1) Alternatives to suggest:

- a. Someone else ought to drive
- b. Call a taxi cab
- c. Delay departure from establishment or party
- d. Suggest the friend spend the night

(2) Techniques for Increasing Successful Intervention

- a. Improve persuasive appeals
- b. People management: how to minimize negative repercussions of intervention
 - i. How to diffuse potential sources of family/friendship tension (e.g., make a joke, do things indirectly)

EXHIBIT 3.8 (Continued)

- ii. How to minimize the potential problems associated with female friends or family members intervening with male drinkers.
- c. Possibilities for indirect intervention (e.g., family member asks another family member or drinker's "good buddy" to suggest alternatives to DWI).

The videotape could be used in two contexts. It could be used for a "stand alone" presentation by any citizen group without lengthy preparation on the part of the presenter. The discussion guide would provide suggestions on how to introduce and conclude the videotape presentation and some topics for discussion. The entire meeting might run 60 to 90 minutes.

In the second format the videotape would serve as the core of a 2 1/2 to 3 hour presentation containing opportunities for expanded discussion, role-playing and practice. The trainer's manual/discussion guide will contain expanded topics for discussion, a list of resource materials and suggested procedures for role playing and practice. This second format could be used in civic meetings with somewhat more preparation on the presenter's part, but it would probably be most suitable for employer, adult education or community college presentations. Having two alternative presentation formats will mean that the material is adaptable to the multiple needs and time constraints of various community organizations.

Appendices 8 and 9 to this report contain suggested outlines for both the videotape and trainer's manual/discussion guide for the friend and family DWI intervention program. Exhibit 3.9 displays the type of information and messages that the citizen training program would attempt to convey.

Action by Local Businesses, Especially Beverage Licensees. Local businesses, especially restaurants, drinking establishments and retail liquor stores have the potential for influencing patron and customer behavior. In on-premise drinking locations the physical environment and staff and management behavior can convey a lot of information regarding what constitutes acceptable or desirable behavior. This suggests a strategy of using the restaurant or tavern owner and service personnel to encourage intervention by friends and family members. Restaurants and tavern owners can display signs at the entrance to the establishment and in other high visibility locations (cashier areas, restrooms, etc.) urging direct intervention by friends or family members and indicating willingness of service personnel to assist if necessary. They can also distribute literature, coasters, BAC charts, etc. urging responsible drinking and intervention. Drinking establishments could also purchase or rent non-evidentiary breath tests for use by customers. (This could encourage intervention and possibly make the impaired person more receptive: e.g., "You say you haven't had too much to drive. Let's see you prove it! I'll drive home if you blow a .05!")

At the same time, service personnel could be trained in how to respond and urged to respond to requests for intervention assistance from friends or family members. Service personnel could also give verbal encouragement to intervention by friends (e.g., "Your friend looks like he/she may have had a bit too much. How about driving him/her home?")

EXHIBIT 3.9

Proposed Content for the Training Program to Encourage DWI Intervention by Friends and Family Members

A. Why People Should Intervene:

- (1) Magnitude of the alcohol highway safety problem;
- (2) Concern for your friends and family members: You don't want them dead;
- (3) You (i.e. the friend or family member) know your drinking companion, and may be in the best position to suggest alternatives to him/her;

B. Recognition of Impairment:

- (1) A person does not have to be "drunk" to be impaired;
- (2) Physiological and behavioral indicators;
- (3) Meaning of BAC and relationship of alcohol consumption, time and body weight to alcohol impairment;
- (4) Use of breath testers.

C. How to Intervene:

- (1) Alternatives to suggest
 - (a) Let someone else drive
 - (b) Call a taxi cab
 - (c) Delay departure (e.g. "why not wait and have some coffee and dessert with me?")
 - (d) Let person spend the night.
- (2) Ways to approach the person
 - (a) Persuasive appeals; arguments to make
 - (b) Possibilities for indirect intervention (e.g. if you know that someone else in you party is more persuasive with the drinker, suggest that s/he approach the drinker)
 - (c) Ways to minimize negative repercussions, possible embarrassment, or loss of friendship.

EXHIBIT 3.9 (Continued)

D. Provide Opportunity to View and/or Practise Intervention Approaches:

- (1) Actual practise;
- (2) View a videotape or watch a staged scenario;
- (3) Discussion as a means of providing support and suggestions for successful intervention (similar to self-help groups).

Liquor stores and beer and wine outlets could also exercise influence over people buying alcoholic beverages for off-premise or at-home consumption. Prominently displayed signs could urge intervention by friends or family members at private parties or social functions. Package inserts could describe effective intervention techniques and how to identify impairment.

ENVIRONMENTAL SUPPORT FOR INTERVENTION

The likelihood of intervention in potential DWI situations by either service personnel or friends and family members will be higher to the extent that there are other things going on in the environment that keep people's attention focused on the risks associated with intervention. In many communities there may be other anti-drunk-driving activities going on at the same time as the intervention program. If there are such activities, intermediary programs directed toward either service personnel or friends and family could capitalize on them by including information and/or messages about them in their training and public information components. For example, DWI enforcement crackdowns would reinforce an intervention program, as would a strong legal framework related to alcohol beverage service practices.

If the probability that a DWI patron will be arrested is increased, a bartender concerned about his/her clientele may be more likely to intervene. If the consequences of DWI are steep fines and/or jail sentences, a bartender may be more willing to intervene with a patron rather than risk losing the patron's business (at least for awhile). Highly visible police patrols may encourage intervention by providing the bartender with the rationale that he/she doesn't want his/her patrons embarrassed. Publishing DWI accidents/arrests in local papers and listing the location where drinking last occurred may provide bartenders with an incentive for intervening to avoid the potential embarrassment of having their establishments associated in such a negative context.

In terms of the legal framework surrounding alcohol beverage service practices, Common Law or Dram Shop Law liability may increase the costs of non-intervention for bartenders. Similarly, enforcement of ABC regulations regarding service to intoxicated persons may provide bartenders with an economic incentive for intervention.

PROGRAM DISSEMINATION CHANNELS

It appears that programs designed to encourage intervention to prevent DWI can be carried out best at the state or local level. At that level the program planners have better information on organization and community resources that can be used to develop and carry out the program. Chapter IV addresses the critical issue of how best to develop, transfer and disseminate these program concepts to state and local areas for implementation.

CHAPTER IV

DEVELOPMENT, TESTING AND IMPLEMENTATION STRATEGY

This Chapter addresses the method for implementing the programs described in this report. The success of a program depends not only on its quality and acceptability but also on a manageable plan for disseminating the program and reaching intermediaries and other individuals in agencies (e.g., police) who would reinforce this effort.

The steps outlined in this Chapter represent parallel developmental, testing and implementation activities. This combined approach seems to be warranted given the development status of the programs, current attitudes toward drunk driving and the need to take immediate steps to reduce the DWI problem. On the one hand, although the programs that have been proposed here seem sound and feasible, based on all the information that has been collected, they have not been field tested. The need for refinement and evaluation of the program makes a pilot test desirable. On the other hand, from our discussions with the staffs of several national associations, there appears to be a willingness on the part of other associations to move forward with program implementation. To ignore the need and the "demand" for such programs risks missing an opportunity that might never present itself again.

To meet both the need for testing and the demand for implementation, suggestions are made in this Chapter for parallel development, dissemination and utilization of the program materials and the operation of a pilot test. NHTSA would fund and carry out the pilot test in a limited number of communities, hopefully with the cooperation and support of the relevant national associations and private sector groups. Parallel dissemination and utilization of the program concepts and materials in other communities would be undertaken by the national associations and private sector groups where a need or demand is perceived with NHTSA's support and technical assistance.

Prior to the pilot test and any more general dissemination and utilization of the programs, the program concepts and detailed outlines of program materials presented in this report and its appendices need to be developed, scripted and produced. To date, NHTSA has played the primary role in research and program development. Now it seems appropriate that the effort become more cooperative. We suggest that NHTSA, the Licensed Beverage Information Council (LBIC) and/or any of its constituent trade associations or organizations that are particularly interested in these intermediary programs work closely together to complete the development and production of these programs. Both the public agency and these private organizations are crucial to the success of the program. NHTSA has the general

expertise in DWI countermeasures and prevention programs as well as specific programmatic knowledge or use of intermediaries. The private associations and LBIC are most knowledgeable about the likely response to a program from the owners, managers and staff of licensed on-premise drinking establishments. They also have the resources needed to produce and the networks needed to disseminate program information.

This chapter suggests a phased approach to development, dissemination and utilization of the intermediary program using the network of organizations and agencies that were identified in Chapter II. Suggestions are also presented for pilot testing the intermediary programs.

PHASED APPROACH

Chapter III described two an intermediary programs:

- o Encouraging bartenders/service personnel to intervene (Program A),
- o Encouraging friends/family to intervene (Program B).

While these are two distinct target groups, the overall implementation strategy should allow for complementary, parallel components that would reinforce each other. Six sets of material have been identified that would fit into the programs.

- o Handbook for setting up local DWI intervention programs for intermediary groups (both programs)
- o Training Seminar on DWI Intervention Strategies for Service Personnel (Program A)
- o Training Manual/Discussion Guide in DWI for intervention from Bartenders (Program A)
- o Videotape on DWI Intervention for Bartenders and Service Personnel (Program A)
- o Training Manual/Discussion Guide for DWI Intervention using Friends and Family Members as Intermediaries (Program B)
- o Videotape on DWI Intervention for Training Friends and Family to be Intermediaries (Program B)

We suggest that the national organizations and agencies identified in Exhibit 2.1 produce and distribute the above materials using a phased approach. We recommend starting with the bartender component first (Program A) and then, after 6 months, starting the friends component (Program B). These components should be augmented by a general DWI awareness campaign to increase public perception of the urgency and magnitude of the

problem (and thereby stimulate demand for solutions) and by a program to increase the probability of detection and prosecution for DWI. Exhibit 4.1 indicates how these campaigns could be phased as follows:

During the development cycles, programs A and B could be developed by NHTSA with strong and meaningful participation by LBIC and the interested individual associations. The program materials could then be produced by LBIC and/or the interested individual association in cooperation with NHTSA, NIAAA, and the Bureau of Alcohol, Tobacco and Firearms. These public agencies have a vast inventory of video and print materials that could be made available to the LBIC. A working group of representatives from these organizations and agencies should be formed to share ideas and materials, but decisions should be made by one individual familiar with both public and private program objectives. Exhibit 4.2 shows the networks of national, state and local organizations that would be used in the dissemination and utilization process and the monitoring of this process for Programs A and B. Local media would be provided with public relations materials that would announce the introduction of the component packages.

State and local public agencies would be responsible for two functions:

- o monitoring of utilization and impact of the program
- o activation of the public awareness and enforcement efforts.

Thus both the private and the public sectors would jointly participate in the implementation, develop working relationships at all levels of the network, and would be aware of what the other is doing.

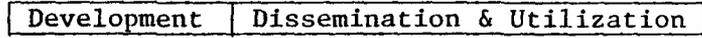
This proposed implementation plan is consistent with NHTSA's Alcohol Highway Safety Program Plan (1981) which recommends seed monies, technology transfer, technical assistance and networking efforts. NHTSA's plan also suggests:

- o making DWI offenders pay for programs
- o establishing the potential for self-sufficiency
- o appointing project directors for each community where programs are initiated
- o developing comprehensive, coordinated alcohol safety programs.
- o targeting states and communities that have "receptive climates."

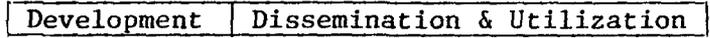
EXHIBIT 4.1

SUGGESTED SCHEDULE FOR
INTERMEDIARY PROGRAM DEVELOPMENT
DISSEMINATION AND UTILIZATION

Bartenders (Program A)



Friends (Program B)



Public awareness
Enforcement

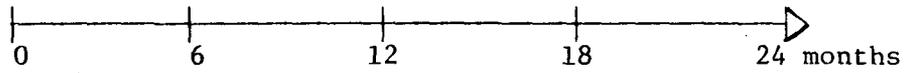
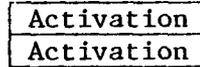
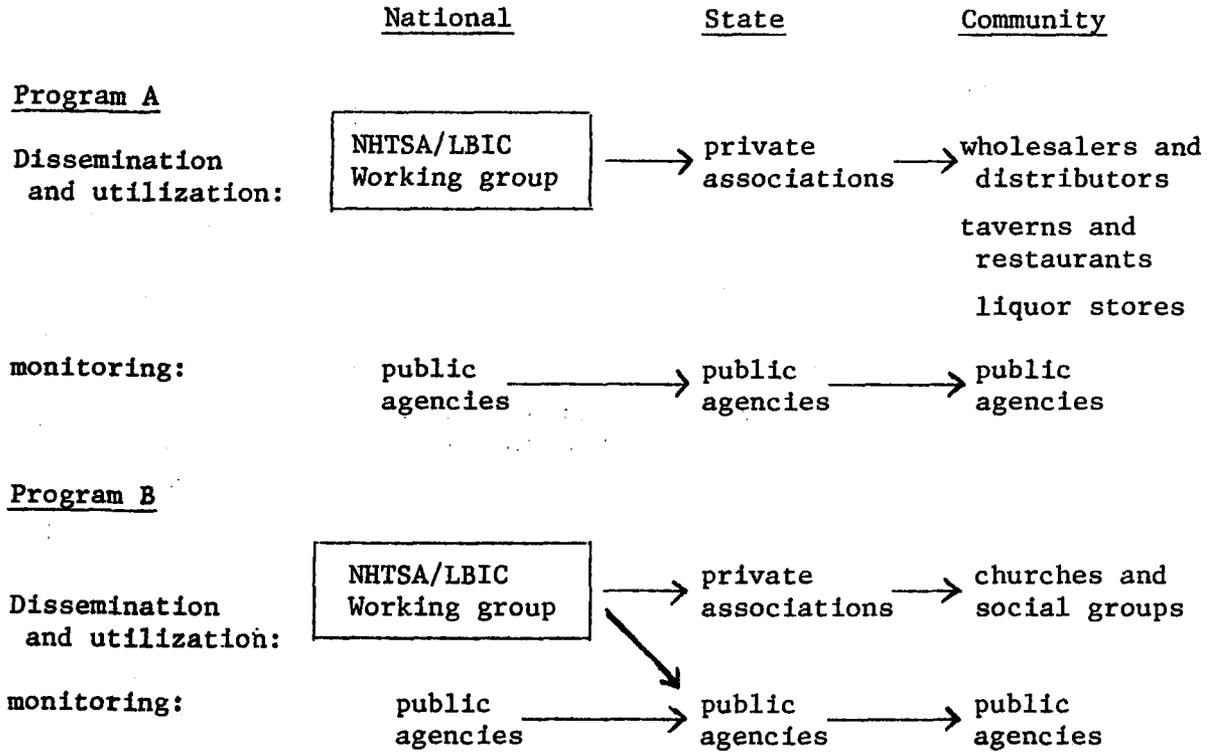


EXHIBIT 4.2

SUGGESTED NETWORKS FOR DISSEMINATION,
UTILIZATION AND MONITORING OF
TWO INTERMEDIARY PROGRAMS



- o developing the DWI prevention program "reinforced by an energetic, continuous enforcement program" as part of a model state and community program.

These guidelines indicate that NHTSA policy makers and planners have established criteria by which to select the first several communities that would participate in the program implementation outlined above. While we have suggested a top-down private/public initiative, we also suggest feasibility testing, briefly discussed in the next section of the report, that would depend, in large part, on identifying communities that are both ready to implement this program and actively participating through their local public and private organizations in the network displayed in Exhibit 2.1.

PILOT TESTING/FEASIBILITY ANALYSIS

Building on the concept of targeting states and localities that have receptive climates for implementation of the DWI prevention program, we suggest pilot testing the feasibility of our phased, two component program with supplemental campaigns in two communities. The purpose of the pilot test would be to catalyze the network, perform a formative evaluation of the process, and conduct a summative evaluation of a few short-term impacts. An important feature of the pilot test would be to determine the degree of acceptability and useability of the products based on the perceptions of the community users.

As with all field evaluations of prevention projects, the study design can be compromised by intervening variables and other study constraints. If the pilot test is to produce timely results, the development of the prototype packages (training materials, videotapes, etc.) must experience few delays, the packages must be distributed to the waiting communities and must be put into use. To reduce the problem of confounding variables, the communities must agree to implement the packages on a fixed schedule with no deviation and to introduce no other DWI programs. A before-after study design with two matched communities as comparisons (controls) would enhance the validity of the evaluation results. The two test communities might differ in terms of their urban/suburban composition, for example, a large metropolitan city might be one site and a county might be another site. The controls would be matched on population characteristics and on their similarity of DWI programs prior to implementation of the previously described intervention program.

NHTSA has designated 10 "targets of opportunity" by region as localities, where introduction of DWI programs appear most feasible. They are:

<u>Region</u>	<u>Area</u>
I	Massachusetts - 4 cities
II	Nassau County, New York
III	State of Delaware

IV	Florida: Dade, Broward, Palm counties
V	Illinois: 6 counties
VI	Baton Rouge, Louisiana
VII	Wichita, Kansas
VIII	Salt Lake County, Utah
IX	Arizona - 2 counties
X	Spokane, Washington

These areas should be considered during selection of sites for the pilot test, but several of them may not be suitable sites due to other DWI programs being initiated during the same time period as the intermediary Programs (A and B). In discussions with officials of LBIC member organizations, we identified other localities that are eager to implement a pilot project. These sites should also be considered for possible pilot tests. Thus, selection of sites for feasibility testing and prototype refinement should be based on a match between public, private and locally expressed interests.

PROBABILITY OF SUCCESS

As mentioned in Chapter 4 (PRIVATE/PUBLIC INITIATIVES) of the Phase I report, there are a number of factors favoring the use of the alcoholic beverage industry and related trade and professional associations for dissemination of information and motivation of intermediaries.

First, these firms and organizations have well developed communication networks either for reaching potential intermediaries or for reaching the people who can reach potential intermediaries.

Second, these firms and organizations have a strong interest in "responsible alcohol use" so long as such use does not result in reduced overall consumption of alcoholic beverages. Their interest in such use stems, at least in part, from a desire to avoid detrimental regulatory or tax policies. They do not want the concern over drunk driving to result in laws or regulations restricting the availability or increasing the price of alcoholic beverages.

Third, the manufacturers and distributors of alcoholic beverages, the trade associations that represent them and the organizations representing related service sectors and professions (tavern owners, restaurant owners, bartenders, etc.) have a high degree of credibility among their members and among persons in related service industries. Consequently, these organizations are in a very good position to encourage intervention. They also enjoy a certain degree of built-in legitimacy and credibility when urging moderation or responsible use.

Fourth, these organizations have experience in developing and distributing training, education and information materials.

They have successfully sponsored campaigns in the past.

Fifth, they want to sponsor more programs in the future. They are highly motivated to initiate these programs now.

Sixth, and finally, the manufacturers and distributors of alcoholic beverages and the trade associations that represent them have access to considerable financial resources that could be used to encourage intervention.

Pressure is mounting for these organizations to take action. Several national organizations that are concerned about DWI are monitoring the performance of manufacturers and distributors and suggesting more active participation. For example, the Presidential Commission on Drunk Driving (President's Commission, 1982 pp. 67-68) had the following recommendations for alcoholic beverage industries and servers:

- (1) The beer/wine and distilled industries at the producers, wholesalers and retail levels should either initiate or expand educational programs to warn the public of the hazards of drinking and driving.
- (2) Package stores, bars, restaurants, and other establishments having an alcoholic beverage license should display signs informing customers of the law relating to alcohol use and highway safety.
- (3) Alcohol Beverage Control Commissions should encourage owners of retail establishments which serve alcoholic beverages to provide their employees with education on alcohol use and abuse, including its relationship to highway safety.
- (4) Schools for bartending should provide education and training concerning alcohol use and abuse and highway safety.
- (5) Party hosts should be provided information in ways of entertaining that help to prevent the abusive use of alcohol at social functions and in methods of intervening to prevent intoxicated guests from driving.

The Commission also noted:

The beer, wine, and distilled spirits industries have worked to encourage the public and the users of their products to act responsibly. Continued efforts by these groups to increase public awareness of the need for responsible decisionmaking by drinkers before driving is important.

Most Americans use private motor vehicles as their primary means of transportation. Hence, if excessive drinking takes place outside the home, the likelihood

exists that an impaired person will attempt to drive. As part of their responsibility to prevent misuse of what they sell, purveyors of alcoholic beverages should take care to see that customers are reminded of the illegality and danger of driving under the influence.

Alcohol's pharmacological effects put a great burden of responsibility on servers and purveyors of alcoholic beverages to prevent misuse of these beverages and to prevent dangerous actions on the part of guests or patrons who misuse alcohol (Presidential Commission, 1982, pp. 68).

Two final points about the implementation of the intermediary programs (Programs A & B) and their supplemental campaigns should be emphasized. First, the private sector, represented by the organizations that belong to the LBIC, is ready now to sponsor DWI prevention programs. Second, society seems ready to establish a social norm that drunk driving is unacceptable, harmful, and anti-social behavior. These two factors alone vastly increase the probability of success and, as far as timing is concerned, ought to be closely heeded.

REFERENCES

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- U.S. Presidential Commission on Drunk Driving, An Interim Report to the Nation, Washington, D.C.: December 13, 1982.
- Use of Intermediaries in DWI Deterrence: Phase I Report. Washington, D.C.: National Capitol Systems, Inc., February, 1983. (prepared under NHTSA Contract DTNH 22-81C-07601).

APPENDICES

1. Bartender and Service Personnel Discussion Guide
2. Service Personnel Focus Group Agenda and Discussion Guide
3. Focus Group Invitation Letters (2)
4. Bartender/Service Personnel Training Seminar Outline
5. Outline of Bartender/Service Personnel Videotape
6. Draft Training Manual/Discussion Guide for the Bartender/Service Personnel Training Seminar
7. Draft Implementation Guidelines: A Handbook for Local Organizations Planning and Carrying Out A DWI Intervention Program
8. Outline of the Friends/Family Videotape
9. Draft Training Manual/Discussion Guide for the Friends/Family Training Seminar
10. Organization Resource List

APPENDIX 1

BARTENDER AND SERVICE PERSONNEL DISCUSSION
GUIDE

BARTENDER AND SERVICE PERSONNEL QUESTIONS

This protocol was used to guide a series of unstructured interviews with a small number of bartenders early in Phase II of the project. The questions of interest were divided into five specific areas:

- A. Past and Present Intervention Behavior
- B. Drinker Response to Intervention
- C. Reasons for Not Intervening More
- D. Encouragement of Intervention
- E. Perceptions of Organizations and Media

BARTENDER AND SERVICE PERSONNEL DISCUSSION GUIDE

A. Past and Present Intervention Behavior

1. Do you ever intervene to prevent a customer from DWI?
2. How do you decide that a customer has had too much to drink to drive safely? What are the danger signs?
3. What do you do when you intervene?
 - o How do you approach the drinker?
 - o What do you actually say to him or her?
 - o What do you suggest that the drinker do instead of DWI?
 - o How do you overcome resistance?
 - o Do you ever ask for assistance from other patrons?
 - o When do you give up?
4. Interventions to probe: pros and cons of each, why use or not.
 - o Moderating or stopping service
 - o Getting friend to drive patron home
 - o Calling cab for patron
 - o Trying to sober person up: food, coffee
 - o Persuading to delay trip
 - o Getting patron to walk or take public transportation.
 - o Calling spouse
 - o With regular patrons who tend to get pretty drunk, preplanning of what to do

B. Drinker Response to Intervention

1. How do drinkers usually react to your intervention?
2. What kinds of intervention, suggestions, approaches work best?
3. Are there differences in what works or in drinker reactions for different types of drinkers or in different situations?
4. Are drinkers that you intervene with less likely to come back to the bar--go elsewhere in the future?
5. Does intervention tend to cause a scene, or disrupt the friendly atmosphere of the bar?
6. How do your other patrons react to intervention?

C. Reasons for Not Intervening More

1. Have there been instances when you thought it might be a good idea to stop some patron from DWI but for some reason didn't?
2. In such situations why don't you intervene? What keeps you from intervening? What makes you reluctant to intervene?
3. "Cost" of intervention issues to explore or probe:
 - o Lack of time, need to pay attention to other patrons.
 - o Concerned about negative reaction of patron: "creating a scene", or just taking patronage elsewhere.
 - o Loss of revenue, tips
 - o Disrupting friendly, "good time" atmosphere of the bar

D. Encouragement of Intervention

1. There is talk about trying to get bartenders more involved in helping prevent drunk driving. What do you think about that idea?
2. What would get bartenders, cocktail waitresses or other personnel more involved in DWI prevention? Get them to intervene more?

3. Specific ideas to probe:

- o Making bartenders more aware of the dangers of DWI.
- o Police "crackdowns" on DWI violators and/or tougher penalties for DWI violations.
- o Stricter ABC investigation and enforcement of liquor law violations related to service to intoxicated persons.
- o Changing patrons' values and attitudes toward intervention, so intervention will be more accepted and will be less likely to result in a scene.
- o Agreements among bars in area to encourage intervention, so bartender won't worry about patrons fleeing to laxer drinking establishments.
- o Publicity on the virtues of intervention
- o Publicity of study showing that many drinkers appreciate intervention.
- o Training bartenders in how to recognize the "early warning" signs of impairment, what the legal limits are, how much a person can drink over time to stay below legal limit.
- o Teaching bartenders techniques and approaches for intervention.
- o Teaching bartenders about specific alternatives to DWI that they can suggest to drinkers.
- o Practice or role playing.

E. Perceptions of Organizations and Media

1. What bartender or alcohol service-related organizations do you (personally) belong to?
2. What organizations does the bar itself (owner, manager) belong to?
3. (For any organizations mentioned) what activities does that organization sponsor or carry out?

- o How often does it meet? What is the usual agenda for a meeting? How many people attend?
 - o Any publications (Newsletter, etc)? How often distributed? What are the usual contents?
 - o Membership?
 - o Does it ever sponsor seminars or training for bartenders or owners?
4. Do you get any other magazines, newsletters or other publications related to the tavern business?
 5. How do you hear about issues affecting the tavern business locally--tax proposals, new regulations, ABC crackdowns, or whatever?
 6. If you were trying to convince bartenders to get involved in preventing DWI, how would you go about doing that?
 7. If someone were trying to work locally to get bartenders involved in preventing DWI, what groups or organizations should they work with?
 8. If someone were trying to use the media--radio, T.V., magazines, newspapers--to get bartenders involved in preventing DWI, what media and kinds of messages would be most effective?

F. Bartender Background, Bar Setting and DWI Attitudes/Awareness

1. How long have you been a bartender?
2. How long at this bar?
3. How many other bartenders, waiters, waitresses work here? How many are on duty at a busy time of the day or evening?
4. What are your busy times of the day?
5. What kind of patrons does the bar attract? (Differentiate by different times of day, e.g., lunch vs. evening crowd.)
6. How many of your customers are "regulars" (at least 3 times a week, first name basis)?

7. How long do waiters, waitresses, bartenders usually work here?
8. To your knowledge, has drunk driving ever been a problem for any of your patrons? Gotten arrested? Had an accident?

APPENDIX 2

SERVICE PERSONNEL FOCUS GROUP AGENDA
AND GUIDE

AGENDA

BARTENDER MEETINGS ON DRUNK DRIVING VISTA INTERNATIONAL HOTEL

March 21-22, 1983

- A. Introduction of facilitator and participants.
Summary of meeting purpose and format.
- B. Overview of DWI issue.
- C. Bartenders' experience intervening with intoxicated patrons.
Topics to be explored include:
 - o When and in what situations do bartenders intervene?
 - o What intervention techniques are used? What works best?
 - o What are the results of intervention? How do patrons react to intervention?
- D. Factors discouraging intervention.
- E. How to encourage intervention.

Bartender Focus Groups

March, 1983

<u>General Topic</u>	<u>Cues</u>
A. Introduction	<ol style="list-style-type: none">1. Introduction of facilitator and other NCSI participants2. Group Focus: To help identify specific factors related to intervention and non-intervention from viewpoint of bartender.3. Reasons for taping: To provide data for content analysis to maximize value of discussion in understanding issues.4. Today's agenda: Open discussion of specific issues regarding bartender intervention with intoxicated persons to prevent possible DWI.5. Participant introductions:<ul style="list-style-type: none">- name (first name is enough)- bar worked in; location- length of time employed as bartender
B. Overview of DWI Issue	<ol style="list-style-type: none">1. Drunk driving, and how to prevent it are current topics.<ul style="list-style-type: none">- Lots of publicity- Local task forces- New tougher laws- Police crackdowns2. Many (but obviously not all) drunk driving trips originate from bars and restaurants.3. Our interest today is in exploring how bartenders, waiters, waitresses in bars and restaurants deal with DWI.
C. Bartender Experience	
1. General (intoxicated patron)	<ol style="list-style-type: none">1. Under what circumstances do you tend to intervene with an intoxicated patron?<ul style="list-style-type: none">- how do you tell if person is impaired?- any typical situations?- how does the person tend to react?- what factors go into your decision to intervene or not? (e.g., how do you judge intoxication?)

2. Specific (DWI intervention)

2. How often do you intervene to prevent DWI?
 - does knowing that the patron will be driving encourage you to intervene more than you would normally do?
 - do you act the same or differently? Say the same or different things? For example?
 - do you use the same criteria to judge degree of intoxication?
3. What do you do when you intervene to prevent DWI?
 - is there a typical DWI type of patron or typical DWI intervention?
 - can you demonstrate?
 - use of indirect intervention: ie., getting more sober friend to drive person home.
4. Are there factors you consider in determining how you will intervene?
 - sex
 - age
 - other characteristics of individuals involved
 - characteristics of place (type of bar)
 - demonstrate where appropriate
5. Is there one technique for intervention which is generally accepted as being more effective than any others? Two?
 - what are judged the most effective technique(s)
6. What is the drinker's response to being singled out for attention?
(probe)
 - does s(he) return to bar at another time?
 - does s(he) leave a tip and act grateful?
 - does s(he) become belligerent?
7. Does the intervention have any effects on other than the patron?
 - other patrons
 - atmosphere
8. Have you experienced any memorable personal consequences as a result of DWI intervention?
 - bad or good
 - effects on subsequent decisions to intervene

D. Costs (factors discouraging intervention)

- (probe)
1. Do you ever experience uncertainty in deciding whether a customer has had too much to drink in general?
 - specifically in relation to driving?
 - monitoring consumption problems
 - observation of behavior problems
 - what factors send you "over the threshold" in deciding to intervene?
 2. Do you ever experience uncertainty in deciding whether or not to intervene because you're not sure of what to do or say?
 3. What could be done to overcome uncertainty in Q.1 or Q.2?
 4. Do you feel that it shouldn't be your responsibility to make such on-the-spot decisions, or to intervene to prevent drunk driving?
 - whose responsibility should it be?
 5. Do you believe that specific amounts of alcohol consumption are predictive of below average driving capability? Understanding of what "BAC" means and its relationship to impairment?
 6. Are there other potential costs associated with intervening?
 - fear of offending patrons
 - fear of being proven incorrect
 - fear of being reprimanded by employer
 - loss of tips
 - loss of future patronage

(probe)

E. Encouraging intervention

1. How practical is it to attempt to increase intervention by service personnel in DWI situations?
 - recommendations
2. In your opinion, would any of the following be likely to increase intervention? Why or why not?
 - reassurance that patrons will not be too offended--are expecting intervention
 - information on what to do, how to do it
 - tips on how to detect intoxication
 - information on DWI risk at particular BAC levels

3. Have you found that the present general atmosphere of negative publicity about drunk driving has had any effect in your workplace? With regard to intervention? How has it affected bar patrons?
4. Do you think that you might be able to play a role in encouraging patron-to-patron intervention? (give example re-role modeling)
5. What are the best ways to get information to bartenders?
 - what (who) are most respected, trusted sources
6. Seminars or training.
 - Willingness to attend?
 - Amount of time one would spend?
 - Time of day convenient?
 - Most appropriate content?
 - Who's sponsoring?
 - Who's leading or teaching?
 - Willingness of employers to give time off?
7. Reaching and influencing "career" vs. "transitory" bar personnel?

APPENDIX 3

FOCUS GROUP INVITATION LETTERS (2)

**National
Capitol Systems
Incorporated**

1900 L Street, N.W.
Suite 305
Washington, D.C. 20036

(202) 659-9383



Dear

National Capitol Systems, Inc. (NCSI), in conjunction with the U.S. Department of Transportation, is working on a project studying ways to prevent drunk driving (NHTSA Contract DTNH 22-81C-07601). In connection with this project, NCSI is organizing two small informal gatherings of Washington area bartenders on March 21 and 22, 1983.

Through these gatherings, we hope to learn about your experience dealing with people who have had too much to drink and how you intervene with drinkers who are potential drunk drivers. In other words we would like to get a look at drunk driving from the bartender's perspective. The issues we are interested in include:

- o How you tell that a person has had too much to drink to drive safely,
- o What kind of intervention is most effective in preventing drunk driving,
- o How patrons react to your intervention, and
- o What steps could be taken to further reduce drunk driving.

We invite you to share your expert opinion with us on this subject by attending one of these meetings, each of which will run for about two hours. Of course, neither you nor your bar will be identified with any of the opinions or ideas you express.

Ms. Nadine Jalandoni will call you sometime in the next several days to discuss your participation--or the participation of another bartender from your establishment--in these sessions. She will also be happy to answer any questions that you might have about the drunk driving project.

Again, you may choose to attend one of the two meetings which will be held on:

Monday, March 21, 1983 - 1:30 p.m. - 3:30 p.m.

Tuesday, March 22, 1983 - 1:30 p.m. - 3:30 p.m.

at the new Vista International Hotel, 1400 M Street, N.W., Washington, D.C.

You will receive \$20.00 stipend for parking, gas and any other costs associated with coming to the meeting.

We appreciate your interest in this topic and hope you will take this opportunity to share your experiences with us.

Sincerely,



Bill Cozzens
Project Manager

**National
Capitol Systems
Incorporated**

1900 L Street, N.W.
Suite 305
Washington, D.C. 20036

(202) 659-9383



March 15, 1983

Dear

Thank you for planning to join us on March , 1983 at 1:30 p.m. to discuss your views and experiences on the prevention of drunk driving.

Attached is a map showing the exact location of the Vista International at 1400 M St., N.W. There is some meter parking on nearby streets, but getting a space might be difficult. We would recommend just parking in the hotel. Or, the McPherson square stop on the Metro is just 3 blocks away at 15th and I Streets. We will be meeting in the Berkeley Room located on the mezzanine level of the hotel.

We look forward to seeing you there.

Sincerely,

Bill Cozzens
Project Manager

APPENDIX 4

BARTENDER/SERVICE PERSONNEL TRAINING
SEMINAR OUTLINE

BARTENDER INTERVENTION PROGRAM
TRAINING SESSION

OVERVIEW

Length of Time: 2 - 3 hours

Participants: 10-30 bartenders, waiters, waitresses or other liquor and food service personnel.

Trainer/Facilitator. (Preferred Option) Locally recruited individual, probably affiliated with state or local Alcohol Beverage Control agency, police or Alcohol Abuse Agency. (Alternate Option) Owner or manager of bar or restaurant using the training and discussion guide and the film.

Location: For service personnel in larger drinking establishment or restaurants (more than 10 bartenders, waiters, waitresses), the sessions would be held on-premises, that is, at the bar or restaurant during hours when the establishment is closed. If the characteristics of the facility or its schedule precluded holding the program there, an alternative facility in the area would be found. For service personnel in small establishments (less than 10 service personnel), staff from several bars or restaurants would be brought together and the session would be held in one of the cooperating establishments or in some alternate facility.

Required Equipment: Seating for expected attendees, video cassette player/recorder and color monitor (or 16mm film projector and projection screen).

Optional Equipment. Bar, bar stools, tables and chairs to simulate beverage serving situations requiring intervention (to be used in role playing).

Material/Supplies. Videotape or 16mm film on bartender intervention, bartender intervention training and discussion guide, handout packets sufficient for attendees.

OUTLINE OF TRAINING PROGRAM

Introduction (10 minutes by host and trainer)

- Introductions of trainer and attendees
- Purpose of program
- Local drunk driving situation
- Local legal context: DWI laws
- Local legal context: Dram Shop laws, common law liability, ABC enforcement
- Bar and restaurant potential role

Bartender Intervention Film (35-45 minutes)

- (See separate description for more detail)
- Introduction - roles, responsibilities, reasons for becoming involved
- Understanding alcohol and the DWI problem
- Encouraging responsible patron action
- Intervening directly
- Conclusion

Break (15 minutes)

- Coffee, soft drinks provided by host

Discussion and Question/Answer (20-30 minutes)

- Response by trainer to questions or issues raised by attendees
- If few questions, trainer can stimulate discussion and reinforce points made in the film by asking questions of attendees.
- Problem solving orientation: how to overcome potential impediments to intervention and acceptance of intervention.

Demonstration and Role Playing (30-45 minutes)

- Trainer plays the role of bartender or waiter with attendees playing the role of drinking patrons to demonstrate intervention.
- Attendees divided into groups of 5. Within each group rotate playing role of bartender or waiter with two others in group being patron and two being observers to critique the intervention.

Conclusion (10-20 minutes)

- Brief analysis and recap of role playing
- Next steps
- Getting started
- Support networks

APPENDIX 5

OUTLINE OF BARTENDER/SERVICE PERSONNEL
VIDEOTAPE

BARTENDER INTERVENTION PROGRAM
CORE VIDEOTAPE AND/OR 16MM FILM

OVERVIEW

Length: 35-45 minutes

Intended Audience: Bartenders, waiters, waitresses and other personnel involved with the service of alcoholic beverages in restaurants and public drinking places.

Purposes: To motivate the intended audience to intervene to prevent driving by intoxicated patrons; to provide specific information that will enable the intended audience to recognize impairment and take effective action to prevent driving by intoxicated patrons.

Concept, Style and Tone: Bartenders, especially experienced ones, believe that they know all about drinking, drunk driving, and "handling" drunks (intervention). Most do not feel that they need training in this area. Therefore they will resist messages that are explicitly "educational" or intended to "train" them. Many will also approach the program with a "show me" attitude, not expecting to see or hear anything new. Also many may resist the intervention message because of their perception that more intervention could cost them money or have adverse effects on patronage.

To overcome these problems the intervention videotape/film will incorporate the following features:

- o No references to "training" or "education" will be made, either in the material itself or in any promotional information for the program.
- o A lecturing or condescending tone will be avoided at all costs. The tone will be direct, professional and collegial.
- o To reinforce the preceding point, the primary on-and off-screen narrator will be a "bartender". When he is on screen he will be in "his" bar. His references to "our profession," and "our bars and restaurants" along with a casual one-on-one style of speaking and close range camera shots will support the viewer's feelings of collegiality and personal affiliation with the narrator.

- o The script will explicitly acknowledge and deal with concerns that the audience may have about intervention. This "frankness" and willingness to address key issues from the perspective of the bartender will build legitimacy and audience respect. It will also help the audience feel closer to the narrator and his point of view.
- o In terms of content, the videotape will present varied information in sufficient detail to hold the interest of the audience.
- o The material will be presented in an arresting, attention holding fashion. There will be lots of visual action; word and data charts will use bold color graphics. The tempo will be fast and narration will be accompanied by appropriate music.

OUTLINE OF VIDEOTAPE CONTENTS

1. Introduction (8-10 minutes)
2. Understanding Alcohol and the DWI Problem (10-15 minutes)
3. Encouraging Responsible Patron Action (5 minutes)
4. Intervening Directly (10-15 minutes)
5. Conclusion (2-4 minutes)

Introduction (8-10 minutes)

- Positive image of bar and restaurant attendance: individual enjoyment, conviviality, social value, economic benefit.
- This has its negative side. Some patrons do not know their limits and behave irresponsibly. This can result in serious property damage and tragic injury or loss of life.
- Thousands die or are seriously injured in alcohol related accidents.
- Public is becoming less willing to accept such losses. Tougher laws are being enacted. Police are stopping and arresting more drivers. Judges and juries are convicting and handing down bigger fines and longer sentences.
- All the drinking drivers don't come from bars; people drink everywhere: at home, at the ball game or a picnic.
- But with some limited exceptions, almost everybody drinking in a bar or restaurant has to drive home.
- That situation creates some special responsibilities for bartenders, waiters, waitresses and anybody involved in serving alcoholic beverages. Need to understand the effects of alcohol on patrons and on their ability to drive, need to encourage responsible actions by our patrons and may need to intervene directly.

Understanding Alcohol and the DWI Problem (10-15 minutes)

- The alcohol highway safety problem: number of accidents, relative risk of accident, magnitude of DWI as a public health problem, relative risk of death or injury from DWI for young adult males compared to other causes of death or serious injury.
- Physiological and neurological effects of alcohol.

- Effects on driving ability, reaction time, judgment, perception of risk, resulting control, stopping distance; consequent increased accident risk.
- Relationship between these physiological/behavioral effects and blood alcohol concentrations. Important point to make: how these effects and resulting accident risks increase sharply at even relatively low blood alcohol concentrations.
- Legal prohibitions on drinking and driving: Blood alcohol concentrations at which driving is illegal (two tiered systems); penalties for drunk driving; enforcement: trend toward tougher enforcement.
- BAC and alcohol consumption: equivalence of different types of drinks, effect of body weight, effect of time. Important point to make: how little alcohol needs to be consumed to result in impairment.

Encouraging Responsible Patron Action (5 minutes)

- Ultimate responsibility of patrons for their own lives, their own decisions to drink or not to drink.
- (But) as waiters, waitresses and bartenders who understand the physiological effects of alcohol and the risks associated with mixing alcohol and automobile use and who are involved in serving alcohol, we have a responsibility to encourage responsible alcohol use.
- Responsible service and encouragement of responsible patron behavior is also in the best interest of your bar or restaurant. In many states Dram Shop laws or the common law can make the bar or restaurant where a person drinks liable for damages later caused by the person. Also, almost all state ABC laws prohibit serving intoxicated persons. So responsible service and encouragement of responsible behavior by your patrons helps protect you and the owner of your establishment.
- Steps by service personnel to encourage responsible patron action:
 - o Discussion with regulars (when sober) of what they would like the bartender to do if they become too intoxicated to drive safely,

- o Assisting patrons pace their consumption,
- o Providing verbal reminders to patrons not to drive drunk.
- Role for management in encouraging responsible patron action and in backing up service personnel.
 - o (if high patronage bar or restaurant) courtesy car or van to take patrons home,
 - o Signs on premises indicating that it is the management's policy for employees to discourage drunk driving,
 - o Telephone line for free local calls to cabs or family to give the drinker a ride home,
 - o Agreements with other bars and restaurants in the vicinity to limit service and to intervene.

Intervening Directly (10-15 minutes)

- No matter how successful the management of your establishment is in setting up an environment that encourages patrons to behave responsibly, and no matter how effective you and the other service personnel are in helping regular patrons plan ahead, at some point you will have to intervene directly to prevent drunk driving.
- There are three keys to successfully preventing drunk driving: Knowing when intervention is needed, what to do, and how to cope with resistance or opposition from your patrons. (These will be addressed in that order).
- Knowing when to intervene is the first problem.
- Most bartenders intervene at some point, especially to deal with drinkers who are becoming obnoxious or are bothering other patrons. Some intervene to prevent drunk driving among obviously intoxicated patrons.
- Alcohol impairment for driving comes well before the obvious signs of drunkenness are apparent.
- Key issue and problem: how to tell which patrons need help.
- Intervening with regular patrons may be easier than with newer customers. Your familiarity with your "regulars'" drinking habits will assist you in

determining whether they may be consuming more than their usual limit. Since rapport already exists between you and your regular patrons, it is unlikely that they will respond too negatively to your intervention. This should not, however, prejudice you from intervening with new clients as well.

- Monitoring consumption: possible in some bars and restaurants, drinks per hour rules of thumb for safe BAC's.
- Keeping track of consumption is not always possible: Number of customers, several bartenders or waiters and waitresses serving particular customers, patron mobility in the bar.
- Paying close attention to the physical signs and behavior that indicate impairment. Most drinkers exhibit definite indications of alcohol-related impairment before they become overtly obnoxious or "falling down" drunk. When these signs start showing up it is time to intervene because the drinker can no longer drive safely.
- How to intervene: again bartenders have quite a lot of experience with obnoxious patrons. Most common interventions: cutting off service, throwing the person out. Not the best alternatives for dealing with a potential drunk driving situation. The person is just as likely to go out driving drunk--possibly home but maybe down the street or across town to another bar to get even more intoxicated.
- Alternatives to cutting off service: depend on the situation (transportation options, proximity to closing time, who is with the drinker, your ability to monitor a cut off in service, etc).
- Possible options include the following (each illustrated with a short vignette showing the bartender or waitress proposing, and the drinker accepting and implementing a DWI alternative):
 - o Friend or fellow patron driving the drinker home,
 - o Calling a cab,
 - o Using public transportation,
 - o Stop drinking but remaining at the bar
- Most of your patrons are not going to be real enthusiastic about any of these alternatives.

Let's face it, not driving home will probably be costly and inconvenient (at the time and later), possibly embarrassing (the next day, especially), and a blow to the driver's ego (conceding that he can't successfully combine drinking and driving).

- The drinker will also challenge your assessment of his fitness to drive. Remember that judgment and risk assessment are two of the first things to be affected by alcohol consumption. So your evaluation of the situation is probably better than his.
- Your success in preventing drunk driving and in minimizing conflict will depend in part on your approach and the persuasive arguments you use for not driving while impaired (Presentation of short vignettes illustrating different approaches that are likely to minimize objections from patrons)

Conclusions (2-4 minutes)

- Although patrons may resist your intervention, a lot is on your side. The law backs you up with stricter laws, tougher enforcement, and there is more publicity concerning DWI violators; your patrons are more aware than ever before of the risks they face in driving while impaired.
- Public opinion also supports your intervention. Crashes causing death, injury and property damage involving DWI drivers are coming to be viewed less as "accidents" and more as negligent acts. Support is growing for action to reduce such acts.
- Your intervention and encouragement of responsible patron behavior and your bar or restaurant's discouragement of driving while impaired can make a big contribution to reducing the DWI problem.
- Handled skillfully and in a professional manner intervention will help maintain the friendly sociable character of our restaurants and bars without the social stigma of drunk driving hanging over our heads.

APPENDIX 6

DRAFT TRAINING MANUAL/DISCUSSION
GUIDE FOR THE BARTENDER/SERVICE PERSONNEL
TRAINING SEMINAR

BARTENDER/SERVICE PERSONNEL DISCUSSION GUIDE

INTRODUCTION

This guide is designed to aid you in conducting a session on intervention by bartenders and other service personnel in potential driving while intoxicated (DWI) situations. It does not have to be followed to the letter but it is meant to help you conduct a well-organized and effective training session. Deviations in time or topic may vary depending on your own local needs and situations.

This guide is broken down into four major sections. The first section provides helpful hints on how to start the session, some introductory comments to make, and general questions that may be raised before viewing the film. This initial interaction may be helpful in establishing rapport between trainer and participants. The second section is the showing of the videotape itself. The guide describes the videotape's purposes, intended audience, and content. The third section outlines possible discussion and activities that can follow the videotape showing, along with some questions which you, the trainer, may raise to stimulate discussion. The technique of role playing is discussed and described, and possible objections of intervening that participants might raise are listed with corresponding counter responses to them. Finally, the last section lists the handouts provided and resources that can be contacted in your community which are involved in the prevention of DWI.

This program which you're conducting is projected to run for approximately 2 1/2 - 3 hours. For purposes of achieving its maximum effectiveness, it is recommended that the following sequence be used:

1. Introduction (20-30 minutes) (by host and trainer)
2. Bartender Intervention Film (35-45 minutes)
3. Discussion and Question/Answer (20-30 minutes)
4. Break (15 minutes)
5. Demonstration and Role Playing (30-45 minutes)
6. Conclusions (5-10 minutes)

I. INTRODUCTORY REMARKS AND DISCUSSION

A. Introductory Comments

1. Introduction of host, trainer and participants
2. A brief background on the DWI problem
3. Goals and purposes of this program
4. Overview of the local drunk driving situation and local state laws against DWI
5. Reasons for focusing on bartenders and other service personnel

B. Questions for Group Discussion before Viewing the Film

1. Is it the policy in your establishment to intervene with intoxicated patrons who may be potential DWI offenders?
2. What discourages or prevents you from intervening with a patron?
3. Do you ever experience uncertainty in deciding whether or not to intervene because you are not sure of what to do or say?

II. AUDIOVISUAL PRESENTATION (VIDEOTAPE)

A. Brief Description

A 35-45 minute videotape or 16mm film on bartender intervention and the prevention of drunk driving.

B. Purposes

1. To motivate the intended audience to intervene and prevent driving by intoxicated persons by emphasizing the physical and economic costs of accidents due to DWI.
2. To provide specific information that will enable the intended audience to recognize impairment due to the consumption of alcohol.
3. To present various techniques of intervening effectively with patrons in order to prevent them from driving while intoxicated.

C. Audiences

Bartenders, waiters, waitresses, and other personnel involved with the service of alcoholic beverages in restaurants and public drinking places.

D. Substance of audiovisual presentation

1. Concept: A primary consideration in the production of this film is to present the material in a style and manner which could overcome the initial resistance the intended audience may have to any messages that are explicitly intended to "train" or "educate" them. As such, no references to "training" or "educating" will be made. The tone will be collegial, professional and direct.
2. Narrator: The primary on-and-off-screen narrator will be a bartender with the scenes taking place in a bar. This is aimed at encouraging the audience to feel a personal affiliation with the narrator.
3. Content outline:
 - a. Introduction (8-10 minutes)
 - b. Understanding Alcohol and the DWI Problem (10-15 minutes)
 - c. Encouraging Responsible Patron Action (5 minutes)
 - d. Intervening Directly (10-15 minutes)
 - e. Conclusion (2-4 minutes)
4. Content discussion

The film presents a short overview of the DWI problem and the potential role that bartenders and other service personnel have in alleviating the problem. It presents facts and figures on injuries, deaths, and property damages due to DWI; the increased risks of getting into a traffic accident when intoxicated; the physiological and neurological effects of alcohol; and the effects of alcohol on a person's driving ability even at low blood alcohol concentrations (BAC). The film will discuss and illustrate the three keys to the successful prevention of drunk driving, namely: 1) knowing when to intervene; 2) what to do; and 3) how to cope with resistance from the intoxicated person. Various options and techniques in preventing a patron from driving while intoxicated will also be presented. The film will underscore the growing public support for programs aimed at preventing DWI as well as the enforcement

of tougher legal and police regulations against DWI violators. Emphasis will be given to the fact that intervention is not only good for the patron's well-being but also for the reputation and character of the bar itself.

III. FOLLOW-UP DISCUSSION AND ACTIVITIES

A. Question and Answer Session

After viewing the film, the trainer should encourage the audience to raise questions they may have regarding the contents of the film or DWI in general. If the audience initially hesitates to raise questions, the trainer can stimulate discussion by reinforcing points made in the film and by asking the following questions:

1. How often do situations similar to that shown in the film (i.e., intervening with an intoxicated patron) take place in your bar or restaurant?
2. What are the positive and negative effects you've found that intervention may have on:
the patron?
the bar/restaurant?
bartenders/service
personnel?
3. Do you tend to handle potential DWI situations in a fashion different from that demonstrated? For example?
4. Have you found that an indirect approach is as effective, less effective or more effective than a direct approach toward intervention with patrons? What kinds of effects does this have?
5. Are there any factors which you think might encourage bartenders/service personnel to intervene more with intoxicated patrons who may be potential DWI drivers. What are they?
6. How can the impediments to intervention and the acceptance of intervention be more effectively overcome?
7. What signs or behavioral mannerisms, in your experience have been useful in recognizing alcohol impairment? Are your bar personnel trained or briefed to look out for these signs?
8. Are there any devices or aids which you use to help you recognize alcohol impairment? Would you be willing to use breath testers in your bar?

9. If your initial intervention fails and the patron insists on driving, what alternatives do you then take (i.e., call the police, get their keys, etc.)?
10. Are you amenable to putting up friendly and attractive posters in your establishment discouraging DWI?

B. Role Playing

Regardless of the amount of information -- with regard to both depth and breadth -- which is transmitted to an individual, there is often a gap between what he or she knows and what he or she does. In many cases, this is because the person has not been given the opportunity to try-out or practice the new behaviors which may have recommended. The feeling of uncertainty or discomfort associated with the new behavior makes it more likely that the person will return to the old, familiar behavior, regardless of its perhaps lesser effectiveness.

In this particular program, a period of time for role playing has been built in; this should accomplish two major purposes. One purpose is to demonstrate in more detail the intervention techniques shown in the film. The second purpose is to allow the participants to act out these various techniques in a comfortable, non-threatening environment where they can receive feedback from their peers and become more familiar with the behavior being recommended, thus being more likely to perform it in the future.

It is recommended that you start out with an "enactment and discussion" procedure, where a particular, pre-determined scenario is specified, with each participant taking on the role of patron and the trainer serving as the bartender. The trainer briefs the participants on their roles and distributes materials which provide specific instructions on roles to be played in terms of the type of person or problem depicted. The participants play out their roles and a post-enactment discussion is conducted. This discussion is designed to allow the participants to analyze the problems and issues raised as well as develop insights into the behaviors, feelings and attitudes of both the patrons and the service personnel.

Following one or two of these enactments, the attendees should be broken down into small groups of four or five individuals and each person should get an opportunity to role-play the bartender or waiter/waitress role and to receive feedback from the observers.

C. Potential problems

This section does not represent a formatted part of the training session. Instead, it is meant only to provide some counter-arguments to objections or problems which may be raised by the attendees as a result of the information conveyed in either the film or the ensuing discussion. If none of these objectives are raised, then no counters need be offered.

For example, one of the participants may state that his or her livelihood is dependent on not turning away customers. A response to this may involve probing the person as to the owner's philosophy concerning the type of clientele who s/he wants to frequent and not frequent the bar. Other participants could be queried concerning their managers' philosophy on this issue and whether they're backed up on recommendations to intervene. Also, the strategy of having the head bartender or bar manager -- who is probably less dependent on tips -- intervene should be explored.

Some personnel may assert that they are intervening as much as they can, given that the patron needs to show some clearcut sign of intoxication before the staff member can act. In this instance you might want to reiterate the statistics regarding accidents at even low BAC levels, and try to elicit some suggestions from the rest of the participants as to special behavior they have noted are indicative of impaired functioning. See also the handout detailing indicators of alcohol impairment. Tell them that even one more person stopped from driving while impaired can have a very large effect if it prevents an accident.

Another problem which might be raised is how the staffer can tell whether someone is driving? Aside from pointing out the fact that they probably know if the person is a regular, you can also suggest that they gently ask the patron or one of the patron's perhaps less inebriated companions.

IV. HANDOUTS AND RESOURCES

A. Handouts

Indicators of Alcohol Impairment

- a listing of physical and psychological characteristics manifested by individuals who may have had too much to drink

Number of drinks per hour to stay below .05/.08 BAC level

Checklist of responsible serving practices

Checklist of intervention techniques

State laws and penalties against driving while intoxicated

Dram-shop laws and state regulations regarding the serving of alcoholic beverages

B. Resources

(See Appendix 10 for detailed listing)

APPENDIX 7

DRAFT IMPLEMENTATION GUIDELINES

"A Handbook For Local Organizations
Planning and Carrying Out A
DWI Intervention Program"

INTRODUCTION

This handbook is designed to help groups or organizations concerned about drunk driving set up local DWI intervention programs. A DWI intervention program is a concerted effort to get people involved in preventing alcohol impaired driving in places where drinking of alcoholic beverages takes place and where drunk driving trips originate. Bartenders, waiters, waitresses and other service personnel in restaurants, taverns and other on-premise drinking establishments can help discourage driving while alcohol-impaired. Similarly, the friends of potential alcohol-impaired drivers, whether in public drinking places or private get-togethers, could help prevent such trips.

A local DWI intervention program can and should do several things for people in a potential position to intervene: demonstrate the need for and benefits of intervention; teach them how to intervene successfully; and, allay their fears about any negative consequences of intervention. An intervention program should also try to create a public atmosphere where the potential alcohol impaired driver accepts, and even comes to expect, intervention. Such a climate will not only reduce the drinker's resistance to intervention but also encourage hesitant intervenors to take action.

A typical DWI intervention program will have several parts:

- o Recruitment of drinking establishment owner/manager support and participation in the program, including adoption of responsible service policies and promotion of employee participation in the training seminars.
- o Training seminars for bar and restaurant service personnel, providing information to them on risks associated with impaired driving, detection of intervention situations, intervention techniques, minimizing negative consequences of intervention and an opportunity to practice intervention through role playing.
- o Placement of signs, coasters, etc. in bars and restaurants stating management's support for efforts to curb alcohol impaired driving, stating management's beverage service policies, encouraging responsible alcohol consumption and encouraging patron-to-patron intervention.
- o Publicity in local media encouraging intervention by and acceptance of intervention among the general population.
- o Showing a film encouraging friend-to-friend and patron-to-patron intervention in both on-premise and off-premise drinking situations on television or at local community group meetings.

Every DWI intervention program need not have all of these components. Part of the reason for operating such a program at the local level is so it can be tailored to local conditions. If the local situation required it, a local program could exclude one or more of these parts or include additional elements. Nevertheless, these five components address the main requirements for a successful DWI intervention program.

Intended Audience

The intended audience for this Handbook is any group or organization interested in setting up a local program to encourage intervention among citizens and/or alcohol service professionals. Examples include:

- o Groups with their primary interest in DWI prevention, such as local DWI Task Force, or community-based citizen organizations such as a local chapter of Mothers Against Drunk Driving (MADD).
- o Associations with members involved in the sale and serving of alcoholic beverages such as a restaurant association, a tavern owners' or licensed beverage association or a liquor store owners' association.
- o A public agency or agencies with their mission defined to include public health and safety or alcohol abuse prevention, such as a Public Health Department, Alcohol Abuse Division, Department of Transportation, Police or Alcoholic Beverage Control agency. Traditionally, no single agency has defined drunk driving prevention as its primary mission. Thus, the particular agency that gets involved in a lead role will depend on local circumstances.

Outline of the Handbook

This handbook suggests the steps that need to be taken to carry out a local DWI intervention program: planning the local program, obtaining cooperation, publicizing the program, recruiting participation, distributing materials, carrying out the seminars and presentations and evaluating the program. For each step the Handbook discusses factors to consider and possible ways to proceed. Because local areas and the organizations carrying out the program will differ, a handbook cannot cover all contingencies. There is no "cookbook" approach to implementing a DWI intervention program. The Handbook tries to provide some guidelines, suggests ways to proceed and answers some of the questions that may come up.

The handbook is organized according to the major steps that need to be carried out. There are separate sections on planning, obtaining cooperation and support, recruiting business participation, publicity, running the service personnel seminars and program evaluation.

II. PROGRAM PLANNING

Having a clear idea of what you are trying to accomplish and how you are going to accomplish it is a critical element necessary for the success of a DWI intervention program. People concerned over the DWI problem quite naturally want to "do something" as quickly as possible. In this instance, a modest amount of time spent thinking through what you want to accomplish and how you want to achieve it will be amply rewarded with smoother implementation of the program and greater chances of success.

The major planning tasks include: defining the local problem, setting program objectives, assessing resources, determining the specific activities that need to be carried out, establishing a time table for carrying out these activities and agreeing on who will be responsible for carrying them out. Considerations that should be kept in mind for each of these planning tasks are discussed in the following subsections.

There can, nevertheless, be too much of a good thing. Planners sometimes call it "paralysis by analysis" -- spending too much time developing an excessively detailed plan when the situation really calls for action. For a local DWI intervention program, many of the suggested planning activities require the passive and active participation of other associations, organizations or agencies. For example, analyzing the local DWI problem and the potential effectiveness of an intervention program might require data from the police on DWI arrests and accidents or, data from the Alcoholic Beverage Control agency on the number and type of alcoholic beverage licensees in the area. Assessing available resources will require initial contacts with and solicitations of support from local restaurant and tavern owner associations or from other groups or agencies that might be involved in the program.

Thus, before planning can get to a more detailed level, the subsequent step "Obtaining Cooperation and Support" will have to be underway. Yet, paradoxically, that support is more likely to be forthcoming if you, the initiating organization, seem well informed and organized and your proposal is well thought out. This suggests two competing rules of thumb for planning a DWI intervention program:

- o Develop a concise statement of the need for a DWI intervention program, what you hope to accomplish and, in outline form, how you propose to accomplish it before approaching other potential participants.
- o Do not attempt detailed planning (schedules, who will do what, etc.) until after meeting with other potential participants.

Everybody prefers to have a hand in shaping something which will affect them. You will get more wholehearted support and

participation and enjoy a greater probability of long term success if participating organizations help plan the program. Their contribution in planning the program will help insure a favorable response among those members and constituents.

Step 1

Defining the Problem and Determining Need

The extent and nature of your local DWI problem will influence the kind of DWI intervention program you design. State or local police and traffic safety officials and the court system can usually provide information on the number of drivers arrested or brought to trial for DWI. Sometimes they can provide information on alcohol involvement in traffic accidents. It can be helpful to look at such statistics over a several year period to get some idea of the magnitude of the problem you are dealing with. The police and other officials can help interpret such figures. An up or down trend may be due to a change in the law or an enforcement "crackdown" or possibly to increased publicity and awareness about the risks of drunk driving among the population. You must also keep in mind that arrest and accident statistics represent the proverbial "tip of the iceberg", since only a very small percentage of impaired drivers are actually arrested.

Police and other officials can also provide helpful information for further defining your local drunk driving problem. Although hard statistics are often not available, they can frequently give you some idea about factors such as:

- o the age breakdown of local drunk drivers,
- o particularly bad days or nights of the week,
- o streets, intersections or parts of town that seem to have more than their share of drunk driving arrests or accidents,
- o origins of drunk drivers (a particular entertainment district or even specific bars or clubs), and
- o events that seem to generate a rash of drunk driving incidents (sporting events, holidays, local festivals or celebrations).

None of this is essential, but any such information certainly helps you define more clearly the problems being addressed through a DWI intervention program.

Planning a DWI intervention program also benefits from some information on local alcoholic beverage distribution and consumption. Alcohol is sold for off-premise consumption through liquor stores, beer and wine outlets and in some places grocery

and convenience stores. On-premise consumption takes place in restaurants, clubs and a wide range of drinking establishments specializing in alcoholic beverages -- bars, taverns, pubs, saloons, cocktail lounges, night clubs, etc. Nationally the long term trend since World War II has been away from on-premise and toward off-premise beverage consumption. This means people are drinking more at home or at private parties than at bars and restaurants. However, the very few studies that have been done on where people drink before DWI suggest that more DWI trips still originate from on-premise drinking locations.

In all probability you will not be able to get local data on where people drink, how much alcohol is consumed in on- versus off-premise locations or on- versus off-premise origins for drunk drivers; although the police may have some data on this last point. What you should be able to get, probably from your state's Alcoholic Beverage Control (ABC) agency, is a count of the number of on- and off-premise liquor licensees and a list of those licensees, by type. Depending on your state, such a count and list may include other useful planning information. For example, the lists could distinguish between restaurant and bar or tavern licensees among the on-premise establishments. The lists may also give some indication of the size of the establishment, indicated by the tax receipts or the licensing fee, although such information will probably not be available.

In any case, the count and lists of licensees will give you some concrete information that can be used to begin developing objectives for that portion of your program directed toward bartenders and service personnel. Any additional information on the lists may be useful at later stages in program planning.

It is also important to become familiar, if you are not already, with the state and local laws governing driving while impaired or intoxicated and service of alcoholic beverages. This should include the Alcoholic Beverage Control agency's rules regarding sales or service to intoxicated patrons and any state "Dram Shop" laws or court decisions establishing liability of alcoholic beverage providers for damage caused by persons they have served. These laws, regulations and court decisions have a big influence on how bar, restaurant and liquor store owners respond to the drunk driving issue.

Defining the Program and Setting Objectives

Based on the information that has been collected on the local drunk driving problem and alcohol beverage service in your area, you are ready to begin defining your intervention program and setting some objectives for it. In the Introduction to this Handbook, the five typical components of a DWI intervention program were listed. Preliminary decisions need to be made on what your local program will include. We recommend that all five elements in some form be included in the program, although local factors could force you to modify or even exclude some

component. For example, if a local restaurant association is already sponsoring the placement of signs in area restaurants, that particular activity could be limited to bars and taverns under this program. The key rule of thumb here is:

Complement don't duplicate; coordinate don't compete.

Assuming that the program has been defined to include recruitment of bar and restaurant owners and managers and provision of seminars for service personnel, these activities will probably be the more time consuming and labor intensive parts of the program. Thus, careful thought needs to go into setting objectives for these components.

- o How many on-premise drinking establishments (bars and restaurants) will you try to reach?
- o How many service personnel (bartenders, waiters, waitresses) from each establishment will be included in the seminars/training sessions?
- o How many licensees can be trained at a time?

Answers to these questions determine how many seminars or training sessions will be needed. This estimate of the number of seminars will in turn imply the number of trainers and facilities required for the seminars.

It is at this stage that some consideration of the resources and support available for the DWI intervention program must come into play. It would be ideal to train all personnel who are involved in the service of alcoholic beverages at all on-premise licensees. But given available resources, that may turn out to be an unrealistically large number of seminar participants. Prior to obtaining cooperation and support from other organizations and getting a better idea of available resources, your overall goal can be stated in quite general terms, such as:

"To provide DWI orientation and DWI intervention training to as many service personnel involved in the service of alcoholic beverages as possible."

Such a goal yields a maximum possible number of seminars to be sponsored. You can use a numerical estimate, but in most communities the resources will just not be there to offer this many seminars, at least not initially.

Coming up with realistic objectives in this situation require what planners call an "iterative" process. An initial, perhaps unrealistic, objective is used to solicit resources. Initial estimates of resources are used to modify the objectives. This process is repeated until there is a realistic match between objectives and the available resources. Such a process may yield a smaller than desired number of licensees being reached or

service personnel being trained, given the magnitude of the problem. This should not lead you to be too discouraged.

There are a number of possible strategies for dealing with the discrepancy between available resources and the number of licensees or the number of service personnel for whom you want to provide training.

The first approach is to implement the intervention program in several phases. In the first phase plan only to provide those seminars that your current resources can support, with the intention to expand in subsequent phases. Your first phase must include activities that will generate favorable publicity, media attention and citizen support so that the supporting organizations will feel strongly motivated to continue taking part in subsequent phases of the program. Such publicity may encourage other organizations to also join resulting in further expansion of the program.

The second approach to dealing with limited resources is limitation and if possible careful selection of the participating licensees and service personnel. This is completely compatible with a phased approach. Keep in mind that the overall goal is reduction in drunk driving trips and DWI related motor vehicle accidents. Not all licensees serve as origins for the same number of DWI trips and not all service personnel have the same degree of contact with potential drunk drivers. The trick is to focus on the on-premise drinking establishments that generate a disproportionate share of DWI trips. If a phased approach is being used, try to have as your objective, training service personnel from those establishments likely to be higher DWI generators. Factors related to likely DWI trip generation potential include:

- o Size of the establishment,
- o Ratio of alcoholic beverage to food sales,
- o Location (requirement that patrons drive to get there), and
- o Age and sex composition of clientele (younger, more heavily male establishments appear to generate more DWI activity).

Focusing your objectives on such "higher risk" establishments should improve the effectiveness of your limited resources.

The third approach to dealing with limited resources, which can also be combined with the first two approaches, involves focusing your objectives on reaching particular categories of service personnel and limiting the number of participants from each licensee. Subordinate service personnel (waiters, cocktail waitresses etc.) do take their cues for appropriate service behavior from the bar manager and more senior bartenders or

hostesses. Training their more senior staff should have an effect on service practices throughout the establishment, although less of an effect than if all personnel were trained.

Assessing Program Resources

A prerequisite for setting realistic objectives and planning your program is knowing what resources you have to work with. You will have a much better idea of where you stand in this respect after doing your initial planning and making presentations to the primary groups from which you want help. (Obtaining local cooperation and recruiting participation are discussed separately below.) "Resources" should be conceived of as broadly and as creatively as possible. Money can be essential, but just as important are all the various "in kind" contributions that individuals and organizations can make: space, volunteer labor, publicity, advertising, use of a desk or telephone. In addition to the already mentioned organizations that have a direct stake in drunk driving, you can enlist the help of other businesses, citizen and student organizations. Also state and local public agencies have a considerable interest in the reduction of drunk driving and may be prepared to support a DWI intervention program. This assessment of resources will be an important prerequisite in the development of your working plan-- the topic covered in the next section.

Developing a Working Plan

The working plan is really the "how" of carrying out your DWI intervention program. It should indicate who is going to do what and when. It should be as concrete as possible and should reflect actual commitments from individuals and organizations.

To begin preparing the working plan, write down all the steps that will have to be carried out to implement your DWI intervention program. This list should be as specific as possible to minimize the chance of forgetting or overlooking necessary activities. Divide the list up according to the five major parts of the intervention program. Figure 1 illustrates such a list and can be used as a starting point for your local working plan.

Arrange the items on the list in the order that they should be carried out. Next to each activity on the list write down an estimate of how much time you expect that activity to take. Planning is easier if this estimate can have two parts: first, the actual number of working hours or days required to do the task, and second the calendar time (weeks or months) needed to complete the activity. The calendar time needed is a function of the required working time and the time and resources available to spend on the activity. For example, you may estimate that a particular activity will take one person 24 hours or three working days, to complete. But if you only have one day per week of volunteer time to spend on that particular activity, it will require three weeks of calendar time to finish the task.

Figure 1

ILLUSTRATIVE LIST OF TASKS AND
ACTIVITIES FOR IMPLEMENTING A LOCAL
DWI INTERMEDIARY PROGRAM

I. RECRUITING DRINKING ESTABLISHMENTS

- . contact local trade and civic association
- . present information to boards, executive committees
- . obtain commitments of support
- . plan and schedule presentations to their membership meeting
- . assist associations to publicize presentations
- . make presentations to membership meeting(s)
- . contact and obtain cooperation from ABC agency
- . obtain lists of licensees
- . prepare mail or telephone campaign to solicit cooperation
- . contact individual owners/managers.

II. ENCOURAGEMENT OF OWNER/MANAGER ACTIONS

- . at membership meetings in I. suggest actions that owners and managers should take
- . print lists of actions to take and responsible service practices
- . print signs (and other items) for distribution to owners/managers
- . distribute lists, signs and other items to owners/managers
- . arrange for publication of article in local association newsletter encouraging responsible service practices

III. TRAIN SERVICE PERSONNEL

- . identify potential trainers
- . recruit trainers
- . make facility/equipment arrangements
- . train trainers
- . reproduce training handouts
- . recruit owner/manager participation and support (Task II)
- . advertise training sessions
- . recruit participants
- . run training seminars

IV. LOCAL PUBLICITY CAMPAIGN

- . identify local media (print, broadcast)
- . contact media representatives
- . make presentation to them on the intermediary programs
- . obtain commitments to run spots or advertisements
- . schedule

Figure 1 (Continued)

V. INFORMATION AND TRAINING FOR FRIENDS AND FAMILY MEMBERS

- . identify local organizations that could sponsor presentations/training
- . contact and make presentations on the intermediary programs
- . recruit trainers/presenters
- . assist organizations with facility and equipment arrangements
- . assist with advertising and promotion.

Developing these time estimates is one of the most difficult parts of preparing a working plan. It can be very hard to tell how long a specific activity will take. Obviously you need not try to estimate these time requirements to the nearest hour or day, but the more accurate you can be, the better off you are. Good time estimates are essential for determining what resources are required. They are also an important antidote for discouragement. There is nothing more disheartening--for you or for other people working with you--than to find that activities which you thought could be completed in a week are dragging on and taking three or four weeks.

The final step in developing the working plan is determining who will be responsible for carrying out the DWI intervention program activities. It should go without saying that someone--group or individual -- must carry out each of the activities. Working out these responsibilities, especially when each participating group views the DWI intervention program somewhat differently, can be difficult. Each group or organization will probably be most interested in and most suited for a particular set of activities. Groups may differ on how particular tasks are carried out. To the extent possible such differences should be negotiated and resolved because the overall success of the program probably depends on the continued support of most participants. It makes sense to have one group take responsibility for any closely interdependent activities. This minimizes the problem of communication and coordination.

Delegation of responsibility for carrying out specific activities implies relinquishing control over exactly how those activities will be carried out. Usually, the groups know best how to do their assigned tasks. In any case, all participating groups need to feel that they have a real say in what is going on. A good way to ensure involvement is through real delegation of responsibility. As long as the work plan is clear about what is expected when, and there are some "check points" for monitoring progress, no problems should arise.

OBTAINING COOPERATION AND SUPPORT

In the introduction to this Handbook three kinds of groups were suggested as potential sponsors of a local DWI intervention program: anti-drunk driving interest groups, restaurant or tavern owner's associations and local public agencies. Regardless of which organization takes the lead in planning the program, cooperation and active support from other groups will be important for success. There are four basic steps to obtaining cooperation and support: (1) defining the help you need, (2) identifying and selecting organizations, (3) presenting the proposed program to them and (4) gaining commitments and cooperation.

Defining Your Need for Help

The characteristics of your local DWI intervention program and the resources that you as the initiating organization bring to the program will determine the kind and amount of support that you need from other groups or organizations. The help you might need could include:

- o Endorsements/declarations of support. No matter how self-sufficient the initiating organization is, it is valuable to have endorsements and declarations of support from other groups and organizations in the community. Such support could counteract any opposition the program might encounter. Broad organizational support also sensitizes potential intermediaries to the need for intervention and prepares drinkers to expect intervention.
- o Time and labor contributions. Who will do the actual training or run the seminars for service personnel in your local program? Who will handle all the logistical aspects -- scheduling, attendance, facility arrangements, etc.? Who will handle publicity? Who will recruit groups or organizations to screen the videotape/film for friend-to-friend, patron-to-patron intervention? All these activities and others will take time. In one or two instances state or local government agencies have supplied trainers/seminar leaders for such a program. In one instance, non-salaried officers of a state licensed beverage association served as seminar leaders.
- o Access to restaurant bar owners and managers. A list of licensees can be obtained from the ABC agency; bars and restaurants can then be contacted directly by letter or phone. Alternatively or additionally, state or local restaurant and licensed beverage associations can contact and recruit participation among their members and more broadly, among non-members.

- o Space/facilities. Seminars or conference room space at a bar, restaurant, hotel, or community college will be needed for the training.
- o Publicity. Local media coverage, printing advertising space, point-of sale distribution of pro-intervention material, etc. will be needed.

This is an illustrative rather than exhaustive list. As you develop your program, your needs for support from other organizations will become clearer.

Identifying Organizations

In every local area the list of organizations that could support or participate in a DWI intervention program is quite long, but every community will be different. Potential cooperating organizations include:

- o Restaurant owners association
- o Licensed beverage (tavern owners) association
- o Liquor store owners association
- o Chamber of Commerce
- o Labor union (Hotel and Restaurant Workers and Bartenders Union)
- o Alcoholic Beverage Control agency
- o Health Department - Alcohol Abuse Division
- o Police
- o DWI Task Force
- o Anti-DWI interest groups
- o Media: newspapers, radio or T.V. stations, etc.
- o Churches and civic organizations: Lions, Kiwanis, League of Women Voters, etc.

In small communities the range of possible cooperating organizations will not be as large. In some communities, only the Chamber of Commerce, Police, City health department, churches, civic organizations and media may exist at all. Restaurant owners, tavern owners and liquor store owners probably know each other informally and if they meet at all, it is probably in the context of the more general Chamber of Commerce or civic organization meetings.

In any community the first tasks are identifying the appropriate organizations and, for those organizations, finding out who should be contacted to discuss a DWI intervention program. In large cities or metropolitan areas, this can be difficult. If you know or can guess the name of the organizations or groups, the telephone directory provides immediate information. If you cannot find an organization in the phone book but still think that it exists, a reference librarian at the public library, the city desk of the local newspaper or the municipal government telephone operator can usually put you on the trail. Also, these sources can often help you identify and locate elected or appointed officers, administrators or board members -- the people whom you will have to approach to secure that organization's cooperation or participation. Finally, a helpful contact in one organization may be an excellent source of information on what other organizations exist and whom in those organizations should be contacted.

Making a Presentation

The first contact with a prospective organization can be by letter or phone. Telephone contact is often easiest because it enables you to make sure you are reaching the right individual in the organization. Whoever makes the phone call should have ready a short, concise, fairly general statement about the DWI intervention program. The purpose of this call is not to provide a detailed description or explanation of the program. The purpose is to set up a meeting at which one or more representatives of your sponsoring organization can make a presentation, solicit participation and answer any questions that the people from the potential participating organization might have. The person being called may have some questions. It is important that the caller be well informed so your organization makes a good initial impression, but a long, drawn out discussion should, if possible, be avoided.

The initial meeting with one or more representatives of the potential participating organization should be as much of a "two-way" encounter as possible. You want to get information as well as convey it. In addition to presenting information on your proposed DWI intervention program, you want to find out what the organization and its members' position on drunk driving is and what, if anything, the organization is already doing in the area of drunk driving prevention. You are trying to confirm that the organization's participation in the DWI intervention program will, indeed, be a boost for the program. Then, assuming an affirmative answer on that issue, you are also trying to become familiar with the organization so your presentation can be as effective as possible.

Any formal presentation you make should be kept brief. This avoids the risk of boring people. If you do not provide enough information in the presentation, you will have ample time to do so when they ask questions. If you are still at a fairly early

planning stage, be frank about that fact. Explain that one of the reasons for meeting with them at an early stage is to make sure that the program meshes with the needs and concerns of that organization and its members.

Gaining Commitments

Assuming that the initial presentation goes well, you will be asked at some point what you want the organization to do. Think about this ahead of time because it is a critical question and you cannot afford to be without an answer. For most organizations it is easier to respond to specific than to general requests. It is also easier for organizations to do things that are related to what they normally do. A restaurant owner's association holds occasional meetings of its members, publishes a regular newsletter, contacts its members to support or oppose public policies in its constituent's interests and provides some direct member services. Similar activities for the DWI intervention program could be handled easily. If the people to whom you are making the presentation do not ask what is expected of them, you will have to say at some point, "Here is what we would like you to do."

Obtaining commitments can be a time consuming and frustrating exercise. Many times the person to whom you make the first presentation will not be the one with the ultimate say on what the organization does. Voluntary organizations usually have boards of directors that have to adopt policies, even when the executive director or chairman of the board favors the activity. The managers or directors of city or state agencies have elected or appointed superiors who they frequently feel they must consult. You will probably need to make additional presentations and answer additional questions. If you are still at a fairly early planning stage you may get a commitment to support and participate without a clear definition of what form that participation might ultimately take.

RECRUITING BUSINESSES

Two primary groups of businesspeople need to be recruited for the DWI intervention program to succeed: restaurant owners/managers (those with liquor licenses) and bar, nightclub, tavern and pub owners/managers. Secondly, liquor store and beer/wine outlet owners and managers could be important to the program. In the case of the on-premise licensees, you will be trying to convince them to:

- o Modify their policies and procedures for service of alcoholic beverages to include intervention with impaired patrons,
- o Send their employees who serve alcoholic beverages to the bartender/service personnel seminars, and

- o Place signs in their establishments indicating policies of responsible service, support for anti-DWI campaigns and encouragement of patron-to-patron intervention.

For liquor store and beer/wine outlet owners and managers you are trying to convince them to distribute point-of-sale material intended to encourage friend-to-friend intervention.

Techniques for reaching and recruiting these businesses can be categorized as direct or indirect and specific or unspecific. The techniques that your program will be able to use depends on the type and extent of cooperation you receive from participating organizations. Possible techniques include:

- o Articles in trade organization magazines describing the DWI problem and suggesting responsible service practices,
- o Articles in state or local trade association newsletters describing the DWI problem, suggesting responsible service practices, and inviting participation in the local program,
- o Announcements in newsletters of availability of service personnel training seminars,
- o Local association meetings devoted to discussion of DWI, responsible service practices, and promotion of participation by employees in training seminars,
- o Letter from associations to members inviting participation,
- o Letter from Alcoholic Beverage Control agency director reminding licensees of their responsibilities under state laws and regulations, and noting the availability of the training to help the employees comply with the law,
- o Telephone call to owner or manager of drinking establishment briefly describing the program and asking for commitment to participate,
- o Follow-up visit by program volunteer to show owner/manager the signs and other material available for on-premise display.

Using more than one of these techniques should ensure that as many of the intended audience as possible get the message at least once and should provide reinforcement for those hearing it

more than once. Use of association mailing lists and networks will probably generate a higher favorable response rate because these organizations tend to be perceived by their members as credible, legitimate message sources. But not all restaurants, bars or retail liquor outlets belong to these organizations. Therefore, the more general mailings and telephone calls will be needed to reach the establishments that are not members of the associations.

CONCLUDING NOTE:

A Handbook following the model of this draft should probably include sections with suggestions on the seminars/training sessions for bartenders and service personnel, publicizing the program, using media and other channels to encourage friend-to-friend intervention and evaluating the program. At this stage in program development, there are few additional specifics that we can provide concerning these tasks.

APPENDIX 8

OUTLINE OF THE FRIENDS/FAMILY
VIDEOTAPE

FRIENDS/FAMILY INTERVENTION PROGRAM
CORE VIDEO AND/OR 16 MM FILM

OVERVIEW

Length: 35-45 minutes

Intended Audience: A group of 30-40 males and females who participate at least once a month in a social or business situation where alcohol is served. This group is also known as an Adult-ARS (Alcohol-Related Situation) Involved Group.

Purposes: To motivate the intended audience to intervene and prevent drunk driving by intoxicated friends, guests, relations or associates; to provide specific information that will enable the intended audience to recognize impairment and take effective action to prevent driving by intoxicated persons.

Concept, Style and Tone - Studies have identified the intended audience to be generally well educated, predominantly white collar or professionals.

Keeping these factors in mind, the film will incorporate the following features:

- o The primary focus will be on motivating individuals to intervene by presenting intervention as a "socially acceptable" act.
- o The language and tone of the script will be compatible with the audience's educational level, refraining from making any reference to "training" or "education" which might turn them off.
- o The primary narrator will be a prominent and recognized personality from the field of business, politics or show business with whom the audience can identify with and respect. The scenes will be shot in various locations where social drinking takes place: a bar, cocktail/dinner party, at a ball game or picnic. The dialogue will be a casual one-on-one style of speaking in order to establish rapport and personal affiliation between the audience and narrator.
- o The script will explicitly acknowledge and deal with concerns that the audience may have about intervention. This "frankness" and willingness to address key issues will build legitimacy and audience respect. It will also help the audience identify better with the narrator and his/her point of view.

- o In terms of content, the videotape will present varied information in sufficient detail to hold the interest of the audience.
- o The material will be presented in an arresting, attention holding fashion. There will be lots of word and data charts which will use bold colors.

OUTLINE OF VIDEOTAPE CONTENTS

1. Introduction (8-10 minutes)
2. Understanding Alcohol and the DWI Problem (10 - 15 minutes)
3. Encouraging Responsible Alcohol Consumption from Friends and Relations (5 minutes)
4. Intervening Directly (10-15 minutes)
5. Conclusion (2-4 minutes)

Introduction

- Positive image of a social gathering where drinking takes place, switching camera shots from a bar/restaurant setting to a cocktail/dinner party, portraying individual enjoyment, conviviality and social value.
- This has its negative side. Some bar patrons or party guests do not know their limits and may behave irresponsibly or get carried away by the social atmosphere. Their intoxication can result in serious property damage, tragic injury, or loss of life.
- Thousands die or are seriously injured in alcohol related accidents.
- Public is becoming less willing to accept such losses. Tougher laws are being enacted. Police are stopping and arresting more drivers. Judges and juries are convicting and handing down bigger fines and longer sentences.
- With some limited exceptions, almost every guest or bar patron has to drive home after drinking.
- This situation creates some special responsibilities for the host/hostess, friends or relations of the potential drunk driver in preventing him/her from driving while intoxicated. They should be informed of the effects of alcohol on a person's driving ability and encourage their intervention in preventing a friend or relative from driving while intoxicated.

Understanding Alcohol and the DWI Problem (10-15 minutes)

- The alcohol highway safety problem: number of accidents, relative risk of accident, magnitude of DWI as a public health problem, relative risk of death or injury from DWI for young adult males compared to other causes of death or serious injury
- Physiological and neurological effects of alcohol. Effects on driving ability, reaction time, judgment, perception of risk, resulting control, stopping distance; consequent increased accident risk.
- Relationship between these physiological/behavioral effects and blood alcohol concentrations. Important point to make: how these effects and resulting accident risks increase sharply at even relatively low blood alcohol concentrations.
- Legal prohibitions on drinking and driving: Blood alcohol concentrations at which driving is illegal (two tiered systems); penalties for drunk driving; enforcement: trend toward tougher enforcement.
- BAC and alcohol consumption: equivalence of different types of drinks, effect of body weight, effect of time. Important point to make: how little alcohol needs to be consumed to result in impairment.

Encouraging Responsible Action from Friends and Relatives.

- Ultimate responsibility lies with every person as to whether or not to drink.
- (But) as a friend, host or relative who understands the physiological effects of alcohol and the risks associated with mixing alcohol and automobile use, you have a responsibility to encourage responsible alcohol use.
- Steps to take to encourage responsible drinking habits by friends and relative
 - o Discussion with friend or relative as to what they would prefer their companion or friend to do if he/she become too intoxicated to drive.
 - o Assisting friend or guest to pace his/her alcohol consumption by giving friendly reminders.
 - o Encouraging friend, guest or relative to engage in other activities, (i.e, dance, take part in a game, etc.) to slow down his/her drinking

- o Slowing down service of drinks at cocktail parties or bringing limited quantities of wine/liquor or beer to a picnic or social gathering.

Intervening Directly (10-15 minutes)

- Regardless of your success in encouraging friends and relative to behave responsibly, an occasion may still arise when direct intervention will be necessary to prevent a friend/relation from driving while impaired.
- There are three keys to successfully preventing drunk driving: Knowing when intervention is needed, what to do, and how to cope with resistance or opposition from your friend or relation. (These will be addressed in that order).
- Friends and relatives usually intervene when the person they're with becomes obnoxious, too boisterous or threatens to make a scene in a social place or gathering. Most will intervene to prevent an obviously intoxicated friend, guest or relative from driving.
- Alcohol impairment for driving comes well before the obvious signs of drunkenness are apparent.
- Key issue and problem: how to tell when a friend or relative needs help.
- One possible measure to prevent DWI would be to monitor the alcoholic consumption of a friend or relative and urge him/her to stop after a few drinks and reminding him/her that he/she will be driving home.
- Paying close attention to the physical signs and behavior that indicate impairment. Most drinkers exhibit definite indications of alcohol-related impairment before they become overly obnoxious or "falling down" drunk. When these signs start showing up it is time to intervene because the drinker can no longer drive safely.
- How to intervene: needless to say, the intervention should be done as inconspicuously as possible, so as not to embarrass the person concerned, nor to disrupt the social atmosphere of the bar/restaurant or party.
- Possible options include the following (each illustrated with a short vignette showing the friend or relative proposing, and the drinker

accepting and implementing a DWI alternative):

- o Friend or relative driving the drinker home,
 - o Calling a cab,
 - o Using public transportation,
 - o Stop drinking but remaining at the bar/ restaurant or party.
- Resistance to your intervention is an expected possibility from your friend or relative. He/She might find it inconvenient, possibly embarrassing, and a blow to the driver's ego (conceding that ne/she can't successfully combine drinking and driving).
 - The drinker will also challenge your assessment of his/her fitness to drive. Remember that judgment and risk assessment are two of the first aspects of behavior affected by alcohol consumption. So your evaluation of the situation is probably better than his/her.
 - Your success in preventing drunk driving and in minimizing conflict will depend in part on your approach and the persuasive arguments you use for not driving while impaired (Presentation of short vignettes illustrating different approaches that are likely to minimize objections from patrons).

Conclusions (2-4 minutes)

- Although your friend and/or relatives may initially resist your intervention, s/he will most likely be grateful to you the next day when s/he realizes what possible risks s/he was spared from due to your intervention. S/he could have been stopped by the police for DWI resulting in a fine, arrest or suspension of permit to drive. Most of all, an accident which could have endangered both your lives, as well as others, may have been prevented.
- Public opinion also supports your intervention. Crashes causing death, injury and property damage involving DWI drivers are coming to be viewed less as "accidents" and more as negligent acts.
- Such interventions between friends and relations in bars, parties and other social gatherings to prevent driving while impaired can make a big contribution to reducing the DWI problem.

APPENDIX 9

Draft Training Manual/Discussion Guide for the
Friends/Family Training Seminar

FRIENDS/FAMILY DISCUSSION GUIDE

INTRODUCTION

This guide is designed to aid you in conducting a session on intervention by friends/family in potential driving while intoxicated (DWI) situations. Past experience has demonstrated that this kind of guide often provides the needed structure or ideas to get a slow moving group on the right track and keep it going. So, keeping the "guidance" value and purpose of this guide in mind, let us briefly describe what it contains.

In essence, this guide is broken down into four major sections. The first section outlines how the session should start, in terms of introductory comments and the kinds of questions that could be profitably raised prior to viewing the prepared videotape. This brief, initial interaction often serves to "set the mood" of the whole session. In the second section, the videotape itself -- its purposes, intended audience, content, etc. -- is described. The third section describes the discussion and activities which follow the videotape, and outlines some questions that might be raised by you and discussed by the group as a function of the substance of the audio-visual presentation just preceding. In addition, the technique of role playing is discussed and described, and objections to intervening which may be raised by members of the audience are listed with corresponding counters to them. Finally, a list of the handouts provided and resources to contact in your community is included at the end of the guide.

You have the option of running a short or extended version of this training session. The short version is projected to run for 1-1 1/2 hours, while the extended version runs for 2-3 hours. For purposes of achieving its maximum effectiveness, it is recommended that the following sequence, along with the suggested time, be used for either version.

	SHORT VERSION	EXTENDED VERSION
1. Introduction	15 minutes	30 minutes
2. Friends/Family Intervention Film	35 minutes	35 minutes
3. Discussion and Question/Answer	20 minutes	40 minutes
4. Break	(not included)	15 minutes
5. Demonstration and Role Playing	(not included)	30 minutes
6. Conclusion	5 minutes	10 minutes

I. INTRODUCTORY REMARKS AND DISCUSSION

A. Introductory Comments

1. Introduction of host, trainer and participants
2. A brief background on the DWI problem
3. Goals and purposes of this program
4. Overview of the local drunk driving situation and local state laws against DWI
5. Reasons for focusing on friends/families.

B. Questions for Group Discussion before Viewing the Film

1. Can you share a personal experience with us when you intervened with a friend or family member to prevent him/her from driving while intoxicated?
2. What discourages or prevents you from intervening with a friend or family member?
3. Do you ever experience uncertainty in deciding whether or not to intervene because you are not sure of what to do or say or afraid of the reaction your friend or relative may have towards your intervention?

II. AUDIOVISUAL PRESENTATION (VIDEOTAPE)

A. Brief Description

A 35-45 minute videotape or 16mm film on friend/family intervention and the prevention of drunk driving.

B. Purposes

1. To motivate the intended audience to intervene and prevent driving by intoxicated persons by emphasizing the physical and economic costs of accidents due to DWI.
2. To provide specific information that will enable the intended audience to recognize impairment due to the consumption of alcohol.
3. To present various techniques of intervening effectively with friends/relative in order to prevent them from driving while intoxicated.

C. Audiences

Groups of 15-40 men and women ages 18 and up who participate at least once a month in a social or business situation where alcohol is served.

D. Substance of audiovisual presentation

1. Concept: The film will primarily focus on individuals between the ages of 18-35 who have been identified as the highest alcohol-crash risk group. No references to "training" or "educating" will be made so as not to turn the audience off who are expected to be generally well educated.
2. Narrator: The primary narrator will be a prominent and respected personality from the field of business, politics or show business with whom the intended audience identify with strongly.
3. Content outline:
 - a. Introduction (8-10 minutes)
 - b. Understanding Alcohol and the DWI Problem (10-15 minutes)
 - c. Encouraging Responsible Action (5 minutes)
 - d. Intervening Directly (10-15 minutes)
 - e. Conclusion (2-4 minutes)

4. Content discussion

The film presents a short overview of the DWI problem and the potential role that friends/families have in alleviating the problem. It presents facts and figures on injuries, deaths, and property damages due to DWI; the increased risks of getting into a traffic accident when intoxicated; the physiological and neurological effects of alcohol; and the effects of alcohol on a person's driving ability even at low blood alcohol concentrations (BAC). The film will discuss and illustrate the three keys to the successful prevention of drunk driving, namely: 1) knowing when to intervene; 2) what to do; and 3) how to cope with resistance from the intoxicated person. Various options and techniques in preventing a friend or relation from driving while intoxicated will also be presented. The film will underscore the growing public support for programs aimed at preventing DWI as well as the enforcement of tougher legal and police regulations against DWI violators. Emphasis will be given to the fact that intervention can make the difference between preventing and

causing a fatal accident.

III. FOLLOW-UP DISCUSSION AND ACTIVITIES

A. Question and Answer Session

After viewing the film, the trainer should encourage the audience to raise questions they may have regarding the contents of the film or DWI in general. If the audience initially hesitates to raise questions, the trainer can stimulate discussion by reinforcing points made in the film and by asking the following questions:

1. How many times have you been exposed to situations similar to that shown in the film (i.e., intervening with an intoxicated patron)?
2. What are the positive and negative effects you've found that intervention may have on:
the impaired person?
the bar/restaurant or party?
yourself as a friend or relation?
3. Do you tend to handle potential DWI situations in a fashion different from that demonstrated? For example?
4. Are there any factors which you think might encourage friends/family to intervene more with intoxicated patrons who may be potential DWI drivers. What are they?
6. How can the impediments to intervention and the acceptance of intervention be more effectively overcome?

B. Role Playing

Regardless of the amount of information -- with regard to both depth and breadth -- which is transmitted to an individual, there is often a gap between what he or she knows and what he or she does. In many cases, this is because the person has not been given the opportunity to try-out or practice the new behaviors which may have recommended. The feeling of uncertainty or discomfort associated with the new behavior makes it more likely that the person will return to the old, familiar behavior, regardless of its perhaps lesser effectiveness.

In this particular program, a period of time for role playing has been built in; this should accomplish two major purposes. One purpose is to demonstrate in more detail the intervention techniques shown in the film. The second purpose is to allow the participants to act out these various techniques in a

comfortable, non-threatening environment where they can receive feedback from their peers and become more familiar with the behavior being recommended, thus being more likely to perform it in the future.

It is recommended that you start out with an "enactment and discussion" procedure, where a particular, pre-determined scenario is specified, with each participant taking on the role of the impaired friend and the trainer serving as the sober friend or relation. The trainer briefs the participants on their roles and distributes materials which provide specific instructions on roles to be played in terms of the type of person or problem depicted. The participants play out their roles and a post-enactment discussion is conducted. This discussion is designed to allow the participants to analyze the problems and issues raised as well as develop insights into the behaviors, feelings and attitudes of both the patrons and the service personnel.

Following one or two of these enactments, the attendees should be broken down into small groups of four or five individuals and each person should get an opportunity to role-play the intervenor and to receive feedback from the observers.

C. Potential problems

This section does not represent a formatted part of the training session. Instead, it is meant only to provide some counter-arguments to objections or problems which may be raised by the attendees as a result of the information conveyed in either the film or the ensuing discussion. If none of these objectives is raised, then no counters need be offered.

Possible objectives or problems that might be brought out by the attendees are:

- o "Intervening with my husband's drinking will make him mad at me and aggravate our relationship."
- o "I've just started dating this person and I don't want to jeopardize our relationship."
- o "I've never intervened with an impaired person before and I'm afraid I may do the wrong thing."

A good suggestion to overcome these objections would be to seek the assistance of a third party (i.e., host, restaurant manager, another friend, etc.) to intervene instead of the friend or relative to prevent his/her impaired companion from DWI.

IV. HANDOUTS AND RESOURCES

A. Handouts

Indicators of Alcohol Impairment
- a listing of physical and psychological characteristics manifested by individuals who may have had too much to drink

Number of drinks per hour to stay below .05/.08 BAC level

Checklist of responsible serving practices

Checklist of intervention techniques

State laws and penalties against driving while intoxicated

B. Resources

(See Appendix 10 for detailed listing)

APPENDIX 10

ORGANIZATION RESOURCE LIST

A resource list of Public and Private Organizations to contact for more information on Drunk Driving:

Citizens for Safe Drivers Against Drunk Drivers and Other Chronic Offenders

P.O. Box 42018
Washington, D.C. 20015
(301) 469-6588

Distilled Spirits Council of the United States, Inc.

425 13th Street, N.W.
Washington, D.C. 20005
(202) 628-3544

Insurance Information Institute

110 William Street
New York, N.Y. 10038
(212) 669-9200

Insurance Institute for Highway Safety

Watergate 600
Washington, D.C. 20037
(202) 333-0770

Licensed Beverage Information Council

c/o DISCUS
425 13th Street, N.W.
Washington, D.C. 20095
(202) 628-3544

Mothers Against Drunk Driving

5330 Primrose
Suite 146
Fair Oaks, California 95628
(916) 966-MADD

National Alcoholic Beverage Control Association

109 Orenoco Street
Alexandria, VA 22314
(703) 549-7100

Resource List

Page 2

National Clearinghouse for Alcohol Information

U. S. Department of Health and Human Services

P.O. Box 2345

Rockville, MD 20852

(301) 468-2600

National Council on Alcoholism

733 Third Avenue

Suite 1405

New York, N.Y. 10017

National Institute on Alcohol Abuse and Alcoholism

U.S. Department of Health and Human Services

5600 Fishers Lane

Rockville, Md 20857

National Highway Traffic Safety Administration

Office of Alcohol Countermeasures

NTS 21

400 Seventh St., S.W.

Washington, D.C. 20590

(202) 426-1828

National Licensed Beverage Association

309 Washington Street

Alexandria, VA 22314

(703) 683-6633

National Liquor Stores Association

1025 Vermont Avenue, N.W.

Washington, D.C.

(202) 347-3020

National Restaurant Association

311 First Street, N.W.

Washington, D.C. 20001

(202) 638-6100

National Safety Council

444 North Michigan Avenue

Chicago, Illinois 60611

(312) 527-4800

Presidential Commission on Drunk Driving
400 Seventh St. S.W.
Washington, D.C. 20590

Remove Intoxicated Drivers
P.O. Box 520
Schenectady, N.Y. 12301
(518) 372-0034

Students Against Drunk Driving
66 Diana Drive
Marlborough, MA 01752
(617) 481-3568

Wine and Spirits Wholesalers of America, Inc.
2033 M St., N.W.
Washington, D.C.
(202) 293-9220