

Background Research: Development and Enforcement of Public Policy to Reduce ATOD Use

January 2009



Published by the Center for Prevention Research and Development, within the Institute of Government and Public Affairs at the University of Illinois, based upon work supported by the Illinois Department of Human Services (IDHS), Substance Abuse Prevention Programs. This document was compiled to provide a summary of the research used to develop the standards of evidence-based practice (listed in the back of this document) required of IDHS-funded community-based substance abuse prevention contractors. Any opinions, findings, and conclusions or recommendations expressed in this publication are those of the author and do not necessarily reflect the views of IDHS.

Suggested citation:

Center for Prevention Research and Development. (2009). *Background Research: Development and Enforcement of Public Policy to Reduce ATOD Use*. Champaign, IL: Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois.

Development and Enforcement of Public Policy to Reduce ATOD Use

Rationale and Outcomes

Rationale

Substance use continues to take a significant toll on our society. Alcohol factors into 41 percent of traffic fatalities, 50 percent of homicides, and 33 percent of suicides. Alcohol-related car crashes remain the number one killer of teens (CSAP, 2002). Even with the minimum alcohol purchase age of 21, youth still have access to alcohol through social and retail sources. When youth drink, they tend to drink heavily, consuming four to five drinks at a time (Bonnie & O'Connell, 2004). In 2006, 30 percent of 12th graders surveyed by the school-based national survey, Monitoring the Future, indicated they had been drunk at least once in the prior 30 days. Since 1965, the average age of first alcohol use has dropped from 17 ½ to 14 (Bonnie & O'Connell, 2004).

As with alcohol, tobacco use remains a problem in spite of laws restricting tobacco use among youth. Easy youth access to tobacco is one of the risk factors for early tobacco use (DiFranza, Carlson, & Caise, 1992). One study of the risk factors for smoking initiation found that availability of cigarettes from retail outlets was a significant factor in determining whether a young person would begin trying cigarettes (Woodruff, Candelaria, Laniado-Laborin, Sallis, Villasenor, 2003).

Historically, efforts designed to address adolescent use of alcohol, tobacco and other drugs (ATOD) have primarily focused on prevention education, based on the assumption that when young people have the appropriate knowledge, attitudes, and skills, they will make healthy decisions to avoid ATOD use. While these efforts remain an important element of prevention science, there is an emerging body of knowledge to suggest that the community environment is also an important focus for prevention efforts. Individual behavior is influenced by many factors in the larger environment, including rules and regulations, community norms, mass media, and the accessibility of ATOD (Community Anti-Drug Councils of America [CADCA], 2008). Strategies that center on the environment try to shift the emphasis away from the individual to a focus on social and environmental conditions which give rise to substance use. Environmental conditions can be altered by policies that make it more difficult for young people to obtain alcohol, tobacco and other drugs, with the ultimate goal of reducing substance use (Northeast Center for the Application of Prevention Technology [CAPT], 2001).

An example of how environmental strategies can be used to impact behavior is the use of policies that affect how alcohol is produced, distributed, taxed, purchased, and consumed. From an environmental perspective, alcohol problems are viewed as community issues, and are tackled on a community-wide basis. In order to be successful, the implemented policies and practices must therefore be reflections of the community's norms and practices (Mosher, Jernigan, & Denniston, 1999).

Outcomes

In *Policy: A Strategy for Prevention Practitioners*, the Northeast CAPT (2001) lists six policy-related strategies that have been shown to be effective in reducing substance use among youth:

- Restricting access to and the availability of alcohol, tobacco, and other drugs
- Targeting the prices of alcohol and tobacco products

- Limiting the location and density of retail alcohol outlets
- Creating a deterrence against breaking the law
- Placing restrictions on use in public places
- Restricting the marketing of alcohol and tobacco in public places

Restricting Access and Availability

There are a variety of ways youth can gain access to alcohol and tobacco before they are of legal age. One avenue to reduce access is to make it difficult for youth to obtain these products from stores and other community sources. The examples below underscore the potential of strategies to reduce alcohol and tobacco availability.

- In a study that investigated the connection between commercial availability of alcohol and youth alcohol use (Dent et al., 2005), higher rates of commercial access based on self-reported buys were significantly related to levels of alcohol use and related problems in those communities. In addition, perceived community enforcement of minor possession laws was associated with lower levels of use.
- The already-established minimum age purchase laws are the primary tool to reduce underage drinking by limiting retail access. Research shows that even moderate increases in enforcement can reduce sales of alcohol to minors by as much as 35-40%, especially when combined with media advocacy and other community and policy activities (Grube & Nygaard, 2001).
- Kentucky initiated a statewide effort (Operation Zero Tolerance) to increase enforcement of laws governing alcohol sales to minors through coordinated compliance checks and educational efforts directed toward retailers. These efforts were supported by community coalitions who pushed for policy change (e.g., mandated server training) at the local level. In 1998, the average noncompliance rate among alcohol-licensed establishments across the state was 26%. Following enhanced enforcement and retail education efforts, the noncompliance rate dropped to 18% in 2003 (Office of Juvenile Justice and Delinquency Prevention, 2004b).
- A comprehensive tobacco control regulatory and enforcement effort, including mandatory licensing of all tobacco retailers; a prohibition against tobacco sales to minors, including fines and license suspension for repeat offenders; a \$25 fine for tobacco possession by minors less than 18 years old; and an active enforcement program involving quarterly compliance checks of all retailers, decreased illegal sales from 70% beforehand to less than 5% afterward, and reduced youth smoking rates by 50%. Seven years later, compliance remained above 80% and high school smoking rates were 8%, half the rate of neighboring communities that did not actively enforce these laws (Jason, Katz, Vavra, Schnopp-Wyatt, & Talbot, 1999).
- Active enforcement of youth access laws using unannounced compliance checks has been shown to reduce the rate of illegal tobacco sales to minors and may reduce smoking (Howard, Ribisl, Howard-Pitney, Norman, & Rohrback, 2001).
- In Woodridge, Illinois, the smoking rate among 7th and 8th graders decreased considerably after two years of enforcement using compliance checks and fining minors for tobacco possession (Jason et al., 1991).
- Jason, Pakorny, and Schoeny (2003) found that the combination of sales law enforcements and fines for possession decreased the percentage of underage smokers over time.

Raising Prices

The economics of price can be applied to prevention. When the price of alcohol or tobacco increases through a general price increase or through increased taxation, consumption is reduced. Studies evaluating economic policies have shown a consistent inverse relationship between alcohol price and

alcohol consumption (Gruenewald, Ponicki, & Holder, 1993). A similar inverse relationship exists between alcohol price and alcohol-related problems such as motor vehicle fatalities, mortality, robberies, and sexual assaults (Komro & Toomey, 2002; Toomey & Wagenaar 1999).

- Taxation of alcohol is an effective environmental mechanism for reducing alcohol problems (Edwards, 2001). Excise taxes are a well-documented approach to reduce alcohol consumption and problems, especially among youth (Komro & Toomey, 2002; Stewart, 1999). In a 2002 study, the American Medical Association found that increasing alcohol taxes, along with reducing discount drink specials, substantially reduces heavy and hazardous drinking among college and high school students.
- In a recent analysis of the impact of alcohol taxes on youth drinking, researchers reported that increasing the beer tax by 1% would decrease the probability of alcohol use by teenagers by 0.08% (Bishai, Mercer & Tapales, 2005). For youth who already drink alcohol, the same 1% increase in the beer tax would result in a 0.1% decrease in the proportion of days (per month) on which youth drink.
- In addition to impact on alcohol, small but statistically significant crossover effects are well documented, showing that alcohol prices can also affect youth tobacco use and marijuana use (e.g., an increase in alcohol price decreases youth tobacco use). The cross-price effects documented to date have been too small to attract much policy attention (Jones, 1989; Pacula, 1998).
- Children and adolescents are about three times more price-sensitive than are adults, whereby a 10% price increase reduces the smoking habit of this group by 6-7% (Leverett, Ashe, Gerard, Jenson, & Woolery, (2002).

Limiting the Location and Density of Retail Alcohol Outlets

In some cases, the sheer number and presence of retail outlets seem to “saturate” the community with alcohol on every corner. Research has linked the “density” and type of alcohol outlets with alcohol consumption and negative alcohol-related behaviors. Decreasing the number of outlets for alcoholic beverages increases the opportunity costs (e.g., time, inconvenience) for obtaining alcohol, which is likely to deter alcohol use and problems.

- Studies of density or number of alcohol licenses per population size have found a statistically significant relationship between density of alcohol outlets, consumption, and related problems such as violence, other crime, and health problems. However, many of these studies employ weaker cross-sectional designs (Toomey & Wagenaar, 2002).
- In a study looking at factors related to alcohol use and binge drinking in a college population, outlet density was found to have a strong positive and significant impact on all measures of drinking and binge drinking. This finding applied to both men and women, for both underage and of-age students. (Chaloupka & Wechsler, 1996).
- Decreased alcohol outlet density is associated with decreased alcohol-related automobile accidents (Scribner, McKinnon, & Dwyer, 1994).
- With regard to youth, decreasing the number of alcohol outlets in a community is closely associated with reduction in alcohol-related youth violence (American Medical Association, 2002).

Creating a Deterrence against Breaking the Law

The Pacific Institute for Research and Evaluation (PIRE, 1999) contends that the trend toward imposing more stringent penalties on young people is unfortunate because stiffer penalties are unlikely to have community-level impact. Using the more preferable administrative penalties (rather than criminal

prosecution) is less of an option when targeting youth specifically, because neither liquor license fees/fines nor license revocation is at stake. As a result, penalties to individual youth do not efficiently target the supply of alcohol. Imposing stiffer penalties provides the appearance of addressing the problem, but lacks the key ingredients of effective policy: swiftness and certainty. That is, enforcement and prosecution officials who believe that the penalties are unnecessarily serious, or who believe that the juvenile justice system is already too overburdened, will be less likely to enforce the policy of ticketing youth rather than retailers.

- Some states have enacted an array of public policies that are designed to increase liability for serving alcohol in high risk ways (e.g., to underage youth, to already intoxicated adults). One study investigated the relationship between states with these policies and alcohol-related motor vehicle fatalities and all motor vehicle fatalities between 1984 and 1995 (Whetten-Goldstein et al., 2000). The researchers concluded the following:
 - The ability to sue social hosts for underage alcohol provision was associated with lower total motor vehicle deaths among minors.
 - The ability to sue social hosts for serving obviously intoxicated adults was associated with lower alcohol-related motor vehicle fatality rates.
- Few researchers or health professionals argue that creating penalties for youth tobacco possession (and engaging in enforcement of such laws) will, by itself, make a significant impact on youth tobacco use. However, evidence suggests that local ordinances should ban youth possession of tobacco as part of a comprehensive regulatory policy (Jason et al., 1991). Possession bans also make it easier to reduce peer pressure when students congregate at social events or after school, smoke publicly, and encourage others to engage in smoking (Jason, Pokorny, & Shoeny, 2002). In fact, effectively enforced possession bans can help reduce “peer modeling” of cigarette smoking by reducing both the occurrence and the visibility of underage smoking.
- In the 7-year follow-up study by Jason et al. (1999), data was analyzed in five towns, two of which had regular enforcement and fines for tobacco possession by youth. High school students in towns with regular enforcement of youth tobacco possession ordinances reported significantly less tobacco possession than those living in communities without regular enforcement (8.1% versus 15.5%, respectively). Although Jason’s study could not separate possession enforcement effects from retail sales enforcement effects, the researcher argued that it is unwise to engage in such segregation of tobacco regulatory and enforcement effects.
- A summary report from the Florida Office of Tobacco Control states that youth possession enforcement can impact youth tobacco use. The evaluators found that higher enforcement counties had lower tobacco use than lower enforcement counties. A high percentage of students perceived that they were less likely to use tobacco due to the possible penalties (particularly in the vicinities of schools), and they perceived the same for other students. Also, the more students were aware of enforcement activities and the more they perceived that law enforcement was a deterrent to tobacco use, the less likely they were to smoke (Livingood, Woodhouse, Sayre, & Wludyka, 1999, 2001).

Placing restrictions on use in public places

In the United States, youth are exposed to alcohol advertising in a variety of venues including television, radio, magazines, supermarkets, corner stores, and sporting events. While there is limited research to date that alcohol advertising contributes directly to adolescent drinking (Ellickson et al., 2005), several studies have found that adolescents who are exposed to greater amounts of alcohol advertising are

more likely to use or intend to use these products (Garfield et al., 2003, Snyder et al., 2006, Stacy et al., 2004).

- Studies have shown that exposure to alcohol advertising can affect the intention to consume alcohol. Given this, many communities believe it is in their best interest to limit exposure to alcohol advertising through ordinances or voluntary agreements with billboard companies (Northeast CAPT, 2001).
- Alcohol sales at community events create a high risk of underage drinking and related problems including assaults, drinking and driving, and vandalism. While no studies have definitely shown that reducing availability at community events impacts underage drinking (Toomey & Wagenaar, 2002), it is a logical conclusion that presence of alcohol at youth/family events can contribute to a higher risk environment in terms of alcohol availability. If banning alcohol at these events is not politically feasible, policies should include requirements that the organizer create a designated, cordoned-off area for alcohol sales and consumption where young people are not allowed, and provide adequate training to staff and security. Restricting access to the area where alcohol is sold is the most effective means of reducing minors' access to alcohol at community events (PIRE, 1999).

Effective Implementation Practices

Public Policy Development and Adoption

It is critical to develop local prevention policy based on data identifying problems in ATOD use, impacts of use on the community, and a clear understanding of current policy and practices. The process of determining an appropriate policy or practice may not be linear and various steps may occur simultaneously. However, the steps listed below are necessary to provide any hope of a successful effort (Themba-Nixon, 2002, CSAP, 2002).

Assess, identify and define the problem

It is important to identify the specific nature of community problems involving ATOD by using community level data. Such data might include specific ATOD substance use rates, number of arrests, and injuries or other incidents and locations where ATOD-related problems occur. In addition, current policies/practices/procedures should be determined, including any issues with enforcement efforts. This information can then be used to clearly describe the problem to community members and create support for any policy efforts.

Identify collaborators

An essential ingredient in an effective policy strategy is knowing which individuals and organizations in the community have the power to impact change. Fully articulating the problem is the first step in accessing those key stakeholders and enlisting them in the effort. It is also critical to understand the impact the problems have on the community overall and how to articulate this issue to these potential collaborators. Knowing who stands to gain by ignoring the current problems is an important facet of determining who will collaborate and how they will be approached.

Develop policy goals

Once the problem is defined, it is necessary to develop specific goals for your policy effort by determining what constitutes success. This step is also important because it allows the policy group a way to clearly describe the intent of the policy effort: How will the community be improved as a result

of this policy? A major policy goal will likely be made up of specific objectives that must be achieved in order to reach the overall goal.

Develop an action plan

While policy development requires flexibility, it is critical to have a plan outlining the specific steps to be taken, clear timelines, and the individuals who will be involved in each of these steps. The action plan allows the policy development group to monitor progress and make necessary changes as circumstances shift.

Use media advocacy

Media advocacy can be an effective tool to capture public attention and provide ideas for public action around a specific issue relating to policy adoption. The Marin Institute (2007) defines media advocacy as the process of disseminating policy-related information through the communications media, especially where the aim is to effect action, a change of policy, or to alter the public's view of an issue. Media advocacy is most successful when linked to a strong community organizing base and a long-term strategic vision. Broader coalitions open the way to bigger policy gains (Jernigan & Wright, 1996).

Monitor policy implementation

After the policy is adopted, changed or enhanced, ongoing monitoring should occur to determine if the policy is having the intended impact. The data used to determine the problem priority can continue to be reviewed for any changes. Depending on the type of policy enacted, it may be important to evaluate how the policy is being administered, issues around enforcement, feedback from community sectors, and any gaps that may have arisen once the policy was implemented.

The Role of Media Advocacy

Identify the Target Audience

The target audience should be strategically selected to focus primarily on the decision makers in the community. It is also important to remember that all decision makers must respond to their constituents, including groups such as voters or board members. Chapman (2004) suggests determining to whom the key decision-makers answer, then focusing on how to influence these individuals. In fact, sometimes the policy objective can be achieved without a full scale media advocacy effort, if the right decision-makers get on board. As most decision-makers do not like to be pressured, it is best to initially look for inside ways to achieve the goal before publicly pushing the issue (Chapman, 2004).

One of the most comprehensively studied alcohol policy media advocacy efforts, The Community Prevention Trials Project, employed both print and electronic media to make the community aware of alcohol-involved injuries and fatalities and to obtain support for the planned prevention activities. The goal was to reduce alcohol-involved injuries and fatalities through increased DUI enforcement and public awareness of these enforcement efforts. Media were primarily directed at the community leaders and policy makers who had the power to actually implement the enforcement and policy change (Treno & Holder, 1997).

Clarify the Focus

The public health objectives (what is to be changed or preserved) should be carefully considered (Chapman, 2004). Permanent change requires policy change—media coverage without a long term policy goal is insufficient to produce community change (Jernigan & Wright, 1996).

Media advocacy objectives should work to advance the targeted public health objectives. Examples of media advocacy objectives include promoting discussion of an issue or having it discussed differently, discrediting opposition, and introducing different voices in ways calculated to enhance the authenticity or power of the argument (Chapman, 2004). Sensational tactics can attract media attention, but by themselves seldom achieve policy change (Jernigan & Wright, 1996).

Framing the issue is at the center of media advocacy (Dorfman, Wallack, & Woodruff, 2005). According to Chapman (2004), the same issue can be framed from multiple perspectives (e.g., free speech vs. social harm, public intrusion on privacy vs. protection of children). The most successful media advocacy efforts have been able to emphasize public protection (often of children) rather than blaming the victim (Jernigan & Wright, 1996).

Use Relevant Data

Scientific studies and community-based data are necessary and helpful to journalists in developing stories around public health issues. Community members need information to help them make better decisions about policy efforts. (Jernigan & Wright, 1996; Dorfman, 2003). Relevant data are critically important in efforts to analyze the strengths and weaknesses of your position, as well as that of the opposition (Chapman, 2004).

Strategically Identify and Train Spokespeople

Holder & Treno (1997) noted that local stories and authentic community spokespeople provide the most effective voices to promote community policies. Who speaks for the campaign defines the campaign in the public eye. In particular, young people and “authentic voices” often frame and add power to the story being told (Jernigan & Wright, 1996). Involving citizens in the process makes it personal. Providing training to designated spokespeople and ensuring they have opportunities to speak keeps the campaign message clear and stimulates new perspectives on the issues (Jernigan & Wright, 1996, Dorfman, 2003).

Selectively Target Media

Single voices and single news hits are marginalized and devalued by decision-makers. Media advocates should use all possible opportunities to mobilize people through internet and other mass distribution sources to make it easy for people to react and respond to decision-makers (Chapman, 2004). Media events involving young people as spokespersons are particularly effective at drawing media attention (Voas, 1997). Over time, the attention of the public can wander; therefore, effective efforts can be used to change the news coverage focus every few months while retaining the central message (Voas, Holder, & Gruenwald, 1997). Advocates need to practice good media relations, including maintaining relationships, being accurate, using every contact, and always having a spokesperson available. The media have their own agenda—advocates need to understand what motivates the media, and how media’s motivations differ from those of advocates (Jernigan & Wright, 1996).

Treno and Holder (1997) found that different types of media more effectively reach different populations within the community. Specifically, information presented in the newspapers appears more likely to reach older, more highly educated, and more affluent individuals; whereas information

presented through television and radio are more likely to reach less well educated and affluent individuals. Understanding the different audiences served by different media outlets enables campaigns to target key constituencies. No media outlet or media contact should be overlooked (Jernigan & Wright, 1996).

Making news—holding events, releasing research, or in some other way doing something newsworthy—will generally draw media attention (Jernigan & Wright, 1996). The Community Prevention Trials Project used a variety of opportunities to keep DUI enforcement efforts in the public eye. Project staff worked with coalition members and the police department to develop news events that focused on specific enforcement operations. For example, they distributed turkeys at Thanksgiving and candy canes at Christmas to those drivers who passed the DUI security checkpoints. The goal was to attract prime time coverage, not necessarily to encourage individual compliance (Voas, 1997).

References

- American Medical Association (2002). *The environmental approach to prevention: Implementing alcohol policies*. Retrieved May 16, 2003, from http://www.alcoholpolicysolutions.net/policy_ep.htm
- Bishai, D. M., Mercer, D., & Tapales, A. (2005). Can government policies help adolescents avoid risky behavior? *Preventive Medicine, 40*, 197-202.
- Bonnie, R. J., & O'Connell, M. E. (Eds.). (2004). *Underage drinking: A collective responsibility*. Washington, D.C.: The National Academies Press.
- Center for Substance Abuse Prevention. (2002). *Preventing problems related to alcohol availability: Environmental approaches* [Prevention Enhancement Protocols System (PEPS), DHHS Publication No. (SMA) 99-3298]. Rockville, MD: Department of Health and Human Services.
- Chaloupka, F. J., & Wechsler, H. (1996, October). Binge drinking in college: The impact of price, availability, and alcohol control policies. *Contemporary Economic Policy, 14*, 112-124.
- Chapman, S. (2004). Advocacy for public health: A primer. *Journal of Epidemiology and Community Health, 58*(May), 361-365.
- Community Anti-Drug Coalitions of America. (2008). *The coalition impact: Environmental prevention strategies*. Alexandria, VA: CADCA. Retrieved on February 23, 2009, from <http://www.coalitioninstitute.org/EnvironStrat/EnvironStratHome.asp>
- Dent, C. W., Grube, J. W., & Biglan, A. (2005). Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. *Preventive Medicine, 40*, 355-362.
- DiFranza, J. R., Carlson, R., & Caise. (1992). Reducing Youth Access to Tobacco. *Tobacco Control, 1*(1), 58.
- Dorfman, L. (2003). Studying the news on public health: How content analysis supports media advocacy. *American Journal of Health Behavior, 27*(Supplement 3), S217-S226.
- Dorfman, L., Wallack, L., & Woodruff, K. (2005). More than a message: Framing public health advocacy to change corporate practices. *Health Education and Behavior, 32*, 320-336.
- Edwards, G. (2001, February). *Alcohol policy: Securing a positive impact on health* [Press backgrounder EURO 3/2001]. Copenhagen: World Health Organization. Retrieved June 10, 2003, from http://www.who.dk/mediacentre/20011002_2
- Ellickson, P. L., Collins, R. L., Hambarsoomians, K., & McCaffrey, D. F. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction, 100*, 235-246.
- Garfield, C. F., Chung, P. J., & Rathouz, P. J. (2003). Alcohol advertising in magazines and adolescent readership. *Journal of the American Medical Association, 289*(18), 2424-2429.
- Grube, J. W., & Nygaard, P. (2001). Adolescent drinking and alcohol policy. *Contemporary Drug Problems 28*(Spring), 87-131.

- Gruenewald, P. J., Ponicki, W. R., & Holder, H. D. (1993). The relationship of outlet densities to alcohol consumption: A time series cross-sectional analysis. *Alcoholism: Clinical and Experimental Research*, 17(1), 38-47.
- Holder, H. D., & Treno, A. J. (1997). Media advocacy in community prevention: News as a means to advance policy. *Addiction*, 92(Supplement 2), S189-S199.
- Howard, K. A., Ribisl, K. M., Howard-Pitney, B., Norman, G. J., & Rohrback, L. A. (2001) What factors are associated with local enforcement of laws banning illegal tobacco sales to minors? A study of 182 law enforcement agencies in California. *Preventive Medicine* 33, 63-70.
- Jason, L. A., Ji, P. Y., Anes, M. D., & Birkhead, S. H. (1991). Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *Journal of the American Medical Association*, 266(22), 3159-3161.
- Jason, L. A., Katz, R., Vavra, J., Schnopp-Wyatt, D. L., & Talbot, B. (1999). Long-term follow-up of youth access to tobacco laws' impact on smoking prevalence. *Journal of Human Behavior in the Social Environment*, 2(3), 1-13.
- Jason, L. A., Pokorny, S. B., & Shoeny, M. E. (2002). A response to the critiques of tobacco sales and tobacco possession laws. *Journal of Prevention & Intervention in the Community*, 24(1), 87-95.
- Jason, L. A., Pokorny, S. B., & Shoeny, M. E. (2003). Evaluating the effects of enforcements and fines on youth smoking. *Critical Public Health*, 13(1), 33-45
- Jernigan, D. H., & Wright, P. A. (1996). Media advocacy: Lessons from community experiences. *Journal of Public Health Policy*, 17(3), 306-330.
- Jones, A. M. (1989). A systems approach to the demand for alcohol and tobacco. *Bulletin of Economic Research*, 41, 85-105.
- Komro, K. A., & Toomey, T. L. (2002). Strategies to prevent underage drinking. *Alcohol Research & Health*, 26(1), 9-11.
- Leverett, M., Ashe, M, Gerard, S., Jenson, J., & Woollery, T. (2002, Fall Supplement). Tobacco use: The impact of prices. *Journal of Law, Medicine & Ethics*, 30(3) 88-95.
- Livingood, W. C., Woodhouse, C. D., Sayre, J. J., Wludyka, P. (1999). *Florida Office of Tobacco Control Law Enforcement Study: Impact of Possession Enforcement, Final Report*. NGAGE SE, Inc., and Duval County Health Department.
- Livingood, W. C., Woodhouse, C. D., Sayre, J. J., Wludyka, P. (2001). Impact study of tobacco possession law enforcement in Florida. *Health Education & Behavior*, 28(6), 733-748.
- Marin Institute. (2007). *Media advocacy primer*. San Rafael, CA: author. Retrieved on February 24, 2009, from <http://www.coalitioninstitute.org/EnvironStrat/mediaadvocacyprimer.pdf>
- Mosher, J. F. (1999). Alcohol policy and the young adult: Establishing priorities, building partnerships, overcoming barriers. *Addiction*, 94(3), 357-369.

- Mosher, J. F., Jernigan, D. H., & Denniston, R. W. (1999). Overcoming the barriers: Implementing environmental approaches to prevent alcohol, tobacco, and illegal drug problems. Research Synthesis Paper #4 in *Environmental prevention strategies: Putting theory into practice* [Training Resource Guide]. Rockville, MD: Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, Secretary's Initiative on Youth Substance Abuse Prevention.
- Northeast Center for the Application of Prevention Technology. (2001). *Policy: A strategy for prevention practitioners*. Newton, MA: Center for Substance Abuse Prevention. Retrieved on February 25, 2009, from <http://www.northeastcapt.org/products/strategies/policy/policypaper.html>
- Office of Juvenile Justice and Delinquency Prevention. (2004, October). *Success Stories : News from the Field. Kentucky Celebrates Its Lowest Noncompliance Rate!* Calverton, MD: Underage Drinking Enforcement Training Center.
- Pacific Institute for Research and Evaluation. (1999). *Regulatory strategies for preventing youth access to alcohol: Best practices*. Calverton, MD: Author.
- Pacula, R. L. (1998). Does increasing the beer tax reduce marijuana consumption? *Journal of Health Economics*, 17, 557-585.
- Scribner, R. A., MacKinnon, D. P., & Dwyer, J. H. (1994). Alcohol outlet density and motor vehicle crashes in Los Angeles county cities. *Journal of Studies on Alcohol* 55(4), 447-453.
- Snyder, L. B., Milici, F. F., Slater, M., Sun, H., & Strizhakova, Y. (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of Pediatrics & Adolescent Medicine*, 160, 18-24.
- Stacy, A. W., Zogg, J. B., Unger, J. B., & Dent, C. W. (2004). Exposure to televised alcohol ads and subsequent adolescent use. *American Journal of Health Behavior*, 28(6), 498-509.
- Stewart, K. (1999). *Strategies to reduce underage alcohol use: Typology and brief overview*. Calverton, MD: Pacific Institute for Research and Evaluation. Retrieved June 13, 2003, from <http://www.udetc.org/Publications.htm>
- Themba-Nixon, M. (2002). *Developing a policy initiative*. Washington, DC: The Praxis Project.
- Toomey, T. L., & Wagenaar, A. C. (2002). Environmental policies to reduce college drinking: Options and research findings. *Journal of Studies on Alcohol*, Supplement 14, 193-205.
- Toomey, T. L., & Wagenaar, A. C. (1999). Policy options for prevention: The case of alcohol. *Journal of Public Health Policy*, 20(2), 192-213.
- Treno, A. J., & Holder, H. D. (1997). Community mobilization, organizing and media advocacy: A discussion of methodological issues. *Evaluation Review*, 21(2), 166-190.
- Voas, R. B. (1997). Drinking and driving prevention in the community. *Program Planning and Implementation*, 92(Supplement 2), S201-S219.

- Voas, R. B., Holder, H. D., & Gruenwald, P. J. (1997). The effect of drinking and driving interventions on alcohol-involved traffic crashes within a comprehensive community trial. *Addiction*, 92(Supplement 2), S221-S236
- Whetten-Goldstein, K., Sloan, F. A., Stout, E., & Liang, L. (2000). Civil liability, criminal law, and other policies and alcohol-related motor vehicle fatalities in the United States: 1984-1995. *Accident Analysis and Prevention*, 32, 723-733.
- Woodruff, S. I., Candelaria, J. I., Laniado-Laborin, R., Sallis, J. F., & Villaseñor, A. (2003). Availability of cigarettes as a risk factor for trail smoking in adolescents. *American Journal of Health Behavior*, 27(1), 84-88.

Standards for Public Policy for ATOD Prevention

Providers that have been implementing the enforcement of a policy prior to July 1, 2008 are only held accountable to standard #10. All other Providers implementing Public Policy for ATOD Prevention must

1. Demonstrate that all staff members assigned to this program activity complete a SAPP approved Public Policy training.
2. Identify key stakeholders willing to partner to advance the policy effort.
3. Collect information that details community level ATOD problems, including relevant consumption patterns, contributing factors, and critical incidents (such as high profile deaths).
4. Collect information about current policy and enforcement history relevant to the problem priority including:
 - Community and state policies/ordinances/practices.
 - Local enforcement activities and practices.
 - Potential policy and enforcement solutions supported by research or theory.
5. Determine problem priorities based on the information collected.
6. Identify the policy/procedure/practice (including enforcement activities) to be developed/improved/enhanced.
7. Collect information about the policy making unit as well as the level of support for the policy/enforcement effort. This will include:
 - Policy making unit's structure, function and process.
 - Local policymaker information and receptivity.
 - Community readiness to adopt the policy.
8. Develop a written communication/advocacy plan including:
 - Target audience(s) for information.
 - Key actions, messages and materials.
 - Communication channels and methods (i.e. letters to the editor, public hearings, listserv, e-mail blasts).
 - Credible spokespersons to deliver messages.
 - Anticipated timeline for the delivery.
9. Implement the communication/advocacy plan.
10. After the policy is adopted, changed or enhanced, monitor enforcement efforts or policy implementation (e.g. track violations, sanctions/fines/penalties, # of retailer trainings conducted).