



**CATALOG OF ENVIRONMENTAL
PREVENTION STRATEGIES**

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Catalog of Environmental Prevention Strategies

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Background

Use of alcohol and tobacco and abuse of illicit and prescription drugs impose a huge burden on the state of Wyoming. To help address this issue, the Wyoming Department of Health funds community prevention programs throughout the state. Community prevention professionals implement diverse prevention programs intended to reduce alcohol, tobacco, and other drug use and abuse within their communities. This document is intended to support these prevention efforts by providing information on the evidence base and effectiveness of environmental substance abuse prevention strategies.

Description of work

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming, under contract to the Public Health Division of the Wyoming Department of Health, created an inventory of environmental substance abuse prevention strategies targeting alcohol, tobacco, and other drugs employed in Wyoming's state-funded prevention system and assessed the evidence base and effectiveness of the evidence for each identified strategy. This catalog presents the findings in an easy-to-use format intended for the Wyoming Community Prevention Professional Team.

Environmental prevention

Environmental prevention strategies focus on changing aspects of the environment that contribute to the use of alcohol, tobacco, and other drugs, including, but not limited to, norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and inadequate negative sanctions for use and abuse. Environmental prevention strategies can change public laws, initiate policies and influence practices to create environments that decrease the probability of substance use in the general population (SAMHSA, 2010; Wisconsin Clearinghouse for Prevention Resources, n.d.).

Altering the environment can affect both the availability of alcohol, tobacco, and other drugs, and the norms surrounding substance use and abuse. Research evaluating the effectiveness of specific environmental strategies, as well as multi-component interventions, has shown that environmental prevention strategies can be effective (Babour et al., 2003; Community Guide, 2011).

Causal domains

Following the path-breaking work of Birckmayer, Holder, Yacoubian, and Friend (2004), environmental strategies are organized in accordance with the general causal model in which each strategy is identified by causal domain. Seven causal domains make up the causal domain prevention model. These include availability (economic availability, retail availability, social availability), community norms, enforcement, promotion and media, and individual factors. The general causal model is intended to assist prevention professionals by helping explain the complexities associated with substance abuse and illuminate multiple intervention points within the system (Birckmayer et al., 2004). The following section contains a description of each causal domain.

Availability

Disrupting the availability of alcohol, tobacco, and other drugs is one way to prevent use of these substances. If a substance is not available, the substance cannot be used and problems associated with use are likely to diminish. The availability of alcohol, tobacco, and other drugs depends on the price of the substance, the supply of the substance through retail means, and the supply of the substance through other social outlets, such as family and friends (Birckmayer et al., 2004). Accordingly, availability is further broken down into three separate domains: economic availability, retail availability, and social availability. While these domains are dynamic, individually they each provide a potential point of intervention to prevent alcohol and other drug use.

Economic availability

As a general rule, the demand for a good is dependent on the price of the good. The demand for some goods is extremely sensitive to price, whereas the demand for other goods remains relatively stable despite fluctuations in price. In the case of alcohol and tobacco, there is a wide range of evidence from econometric research that demonstrates price is strongly associated with alcohol and tobacco use and related problems. A higher price is associated with lower use (Birckmayer et al., 2004). Environmental prevention strategies that focus on increasing the price of alcohol, tobacco, and other drugs are categorized under the causal domain of economic availability.

Retail availability

Retail availability refers to the accessibility of alcohol, tobacco, and other drugs through retail markets. Retail markets include formal markets such as restaurants, bars, and other legal venues, as well as informal and illegal markets such as private homes and unlicensed businesses (Birckmayer et al., 2004). Restricting retail availability limits consumers' access to substances, thereby limiting use. Restricting retail availability can be achieved through multiple environmental prevention strategies. Strategies that impose restrictions on the purchaser include requiring a minimum age for purchase of a substance or entry into retail outlets.

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Prevention strategies targeting the physical availability of the substance within the retail market include limiting the density of retail outlets, restricting the hours of retail operation, limiting conditional use permits, and restricting “happy hour” promotions. Finally, prevention strategies may also restrict the seller/server of the substance through liability laws and seller/server training requirements.

Social availability

Social availability refers to the procurement of alcohol, tobacco, and other drugs through “social” sources outside of retail markets, including family, friends, and other acquaintances (Birckmayer et al., 2004). Unlike retail availability, social availability does not rely on the exchange of money or goods for the product and is not regulated at the state or local level. Therefore, interventions that are effective in the retail market may not be effective in social markets. Some examples of environmental prevention strategies that aim to restrict social availability include alcohol restrictions at community events, alternative events for youth, texting tip lines, and responsible event assessment. Because social availability of a substance occurs outside regulated markets, it is much more difficult to measure the amount of product available and the extent to which it is reaching the consumer. Most of the research on social availability remains in the early stages of investigation and relies on self-reported data (Birckmayer et al., 2004).

Enforcement

Public policies, laws, and regulations governing alcohol, tobacco, and other drug availability, promotion, and use rely on active enforcement for effective implementation. Enforcement may include surveillance of substance sales at retail outlets, issuing penalties and fines for violations, community policing of local ordinances, and providing incentives for upholding substance-related policies. While it remains unclear whether actual enforcement or simply the perceived threat of enforcement motivates individuals to comply with laws related to alcohol, tobacco, and other drugs, research shows that as the likelihood of detection, arrest, and/or citation increases, so does compliance (Birckmayer et al., 2004). Enforcement prevention strategies take many forms. Strategies focused on impaired driving include the use of sobriety checkpoints, revoking licenses of impaired drivers, impounding or immobilizing vehicles of impaired drivers, open container laws, and lower (<.08) legal blood alcohol concentration laws. Enforcement efforts aimed at preventing underage drinking include compliance checks, shoulder tap operations, graduated license policies, teen party ordinances, and curfew ordinances. Enforcement policies focused on the prevention of alcohol, tobacco, and other drug use and abuse are associated with increased reductions in substance use and related problems above and beyond simply the passage or existence of laws targeting these substances (Birckmayer et al., 2004).

INTRODUCTION

Promotion and media

In addition to availability, use of alcohol, tobacco, and other drugs is influenced by promotion of substance use and abuse in the media. Here, promotion refers to increased consumer exposure to a product through advertisements, discounts, and/or event sponsorship. For example, many alcohol and tobacco companies depict enjoyable use of their product through different promotional methods in order to recruit new users and retain current users, while improving attitudes about overall product use (Birckmayer et al., 2004). Environmental prevention strategies can impose restrictions on the promotion of alcohol, tobacco, and other drug use. Restrictions can limit where advertisements are located, including restrictions in public places and sporting-event sponsorship, the type of media used to display the advertisement, and when the advertisements are viewed. Environmental prevention strategies may also include the use of counter-marketing campaigns or require retailers to display warning posters. There is still limited evidence on drug-market promotion despite the implied connection between illicit drug promotion and use in policymaking (Birckmayer et al., 2004). Mitigating the promotion of alcohol, tobacco, and other drugs provides a point of intervention beyond the scope of availability.

Community norms

Norms shape the level of acceptance of alcohol, tobacco, and other drug use within a community. This level of community acceptance is translated into individual use of the substance through the collective desire to conform to social and group norms (Birckmayer et al., 2004). Norms can vary across different social groups and may reflect differing levels of acceptable substance use between social groups. Public policies, laws, and regulations are based on norms and ultimately affect the availability and promotion of substances within a community (Birckmayer et al., 2004). In this way, the availability, promotion, and norms surrounding substance use all interact to determine the level of use and associated problems within a community. Active coalition building is one example of an environmental prevention strategy that focuses on changing community norms around the use of alcohol, tobacco, and other drugs. For example, a key component of Communities Mobilizing for Change on Alcohol (CMCA), a community-organizing program designed to reduce teens' access to alcohol, is to communicate a clear message to the community that underage drinking is inappropriate and unacceptable (NREPP, 2012). While it remains difficult to accurately measure community norms surrounding substance use, more research is necessary to determine the link between community norms and substance use.

Individual factors

Individual factors make-up the seventh, and final, domain in the general causal domain model. However, because the objective of this catalog is to assess environmental prevention strategies, strategies that target individual factors are not included in this document.

CDC tobacco goals

Because the Wyoming Tobacco Prevention & Control Program is organized around the goals set by the U.S. Centers for Disease Control and Prevention (CDC), each environmental strategy focused on tobacco indicates the corresponding tobacco goal in addition to identifying the causal domain.

As the lead federal agency assisting states to develop comprehensive tobacco prevention and control programs, CDC has identified the following goals to guide tobacco prevention efforts: prevent initiation of tobacco use among youth and young adults, eliminate exposure to secondhand smoke, promote tobacco use cessation among adults and youth, and identify and eliminate tobacco-related disparities. The following provides a description of each goal:

Prevent initiation of tobacco use among youth and young adults

More than 80 percent of adult smokers begin smoking by 18 years of age with 99 percent of first use occurring by 26 years of age (US Department of Health and Human Services, 2012). Preventing initiation of tobacco use could greatly reduce smoking and tobacco-related health consequences for youth. There are numerous environmental prevention strategies that focus on this tobacco goal. Checking ID for tobacco sales, compliance checks of tobacco retailers, and instituting policies concerning cigarette vending machines are a few examples.

Eliminate exposure to secondhand smoke

Secondhand smoke is defined as the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers (Centers for Disease Control and Prevention, 2011). According to the CDC, there is no risk-free level of exposure to secondhand smoke. Numerous health effects are associated with exposure to secondhand smoke including severe asthma attacks, respiratory infections, heart disease, and lung cancer (Centers for Disease Control and Prevention, 2011). Support clean indoor air laws, smoke-free college campus policies, and media advocacy are a few examples of environmental prevention strategies designed to eliminate exposure to secondhand smoke.

Promote tobacco use cessation among adults and youth

Although there are numerous tobacco programs designed to help adults and youth quit smoking, this catalog is focused solely on prevention strategies and therefore does not address programs aimed at promoting cessation.

Identify and eliminate tobacco-related disparities

Tobacco-related disparities occur when the burden of tobacco-related illness is greater among a specific population group. Disparities lead to differences in patterns, prevention, and treatment of tobacco use and are often accompanied by higher rates of secondhand smoke exposure. This catalog does not address specific populations or strategies to identify and eliminate tobacco-related disparities.

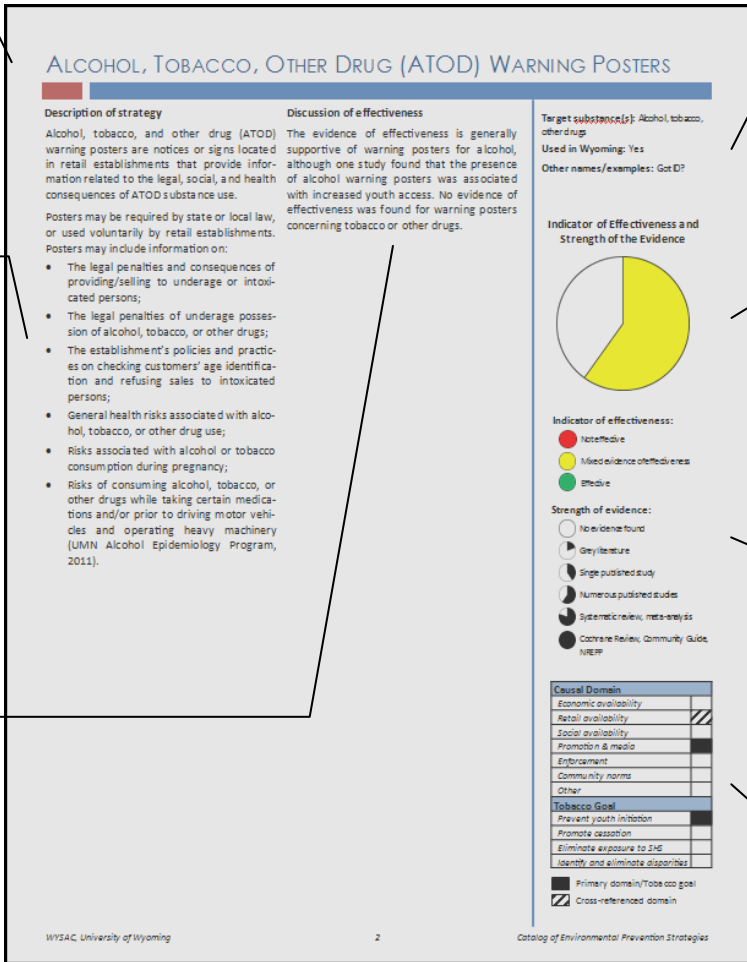
HOW TO USE THIS DOCUMENT

This catalog has been created for use by the Wyoming Community Prevention Professional Team to assist Community Prevention Professionals in selecting environmental prevention strategies targeting alcohol, tobacco, and other drugs that can be implemented at the community-level. Each included strategy entry includes a strategy name, description of the strategy, discussion of effectiveness, and an easy-to-read composite indicator specifying the level of effectiveness and strength of the evidence based on the available literature. Each entry also indicates the target substance(s) for each strategy, whether the strategy is used in Wyoming, a list of other names or examples of the strategy, and a table that denotes the causal domain and/or CDC tobacco goal pertaining to each strategy. The following graphic provides a breakdown and description of a typical catalog entry.

Strategy name
The name of the strategy appears across the top banner of each catalog entry

Description of strategy
This provides a general description of the strategy

Discussion of effectiveness
This provides a description of the evidence for each strategy, including a brief discussion of the evidence of effectiveness as it relates to each identified substance



The screenshot shows a catalog entry for "ALCOHOL, TOBACCO, OTHER DRUG (ATOD) WARNING POSTERS". It includes sections for "Description of strategy", "Discussion of effectiveness", "Target substance(s)", "Used in Wyoming", "Other names/examples", "Indicator of Effectiveness and Strength of the Evidence" (with a pie chart), "Indicator of effectiveness" (with a color key), "Strength of evidence" (with a size key), and a "Causal Domain & Tobacco Goal" table. The table lists various domains like Economic availability, Retail availability, Social availability, etc., with checkboxes and shading indicating their status.

General information
This provides basic information about each strategy, including the target substance, whether the strategy is used in Wyoming, and other names or examples of the strategy

Composite indicator
The composite indicator is an easy-to-read symbol illustrating the level of effectiveness and strength of the evidence for each strategy

Indicator key
The indicator key provides a guide for how to read the composite indicator symbol

Causal domain & tobacco goal table key
This table indicates the causal domain and, where applicable, the corresponding CDC tobacco goal for each strategy

HOW TO USE THIS DOCUMENT



The back page of each catalog entry lists references for the evidence base and suggestions for further reading to help Community Prevention Professionals learn more about specific strategies when making a decision about which strategies to implement in their communities.

To increase the utility of the environmental strategies catalog, it includes indexes for the strategies organized by causal domain, CDC tobacco goal, substance, and indicator (pg. 12-32). Appendix A includes a list of other names and examples of policies or programs known to be used in Wyoming that pertain to included strategies, and Appendix B provides contact information for all Community Prevention Professionals across the state.

Finally, this catalog presents information current at the time of publication, but research on prevention continues to be published. Similarly, prevention strategies employed in Wyoming change and evolve. WYSAC researchers hope to update the catalog as new research on environmental prevention strategies for alcohol, tobacco, and other drug use becomes available, and to reflect changes in prevention work conducted in our state.

ASSESSING THE STRENGTH OF THE EVIDENCE

Approach for literature review

WYSAC researchers began the literature review by searching for environmental prevention strategies indexed in the Cochrane database, the National Registry of Evidence-based Programs and Practices (NREPP) registry, and *The Community Guide to Preventive Services*. If a systematic review could be located in any one of these sources, researchers moved on to review the next strategy. If no evidence could be located, they continued by searching The MayaTech Corporation's *Environmental Strategies Selection Guide* for relevant articles (Pettibone, Kowalczyk, & Laestadius, 2006). Again, if no evidence could be located, they searched three databases: PubMed/Medline, CINAHL (EBSCOhost), and PsycInfo (EBSCOhost). If researchers still did not have sufficient evidence, they searched Google Scholar and retrieved the most up-to-date, and highly-cited articles. Finally, in the event that no articles or literature could be located, they performed a Google search for grey literature.

In an effort to locate the most prominent and recent publications, researchers restricted their search to articles published after 1999. However, if no articles were located, they expanded the search to look further back in the literature. This review process was not designed to be an exhaustive search of the literature. Instead the goal was to find the most prominent, current articles related to each strategy.

Evidence sources

No evidence found

This evidence category indicates that there is inadequate research to evaluate the effectiveness of the strategy. A strategy with no evidence may be relatively new and not yet evaluated, or the peer-reviewed articles on the strategy may lack quantitative analysis of outcomes.

Grey literature

Grey literature refers to written material that is produced by an institute and/or organization that has not been published in peer-reviewed, academic journals.

Single published study

This evidence category refers to a single published study that has appeared in a peer-reviewed, academic journal.

Numerous published studies

This evidence category refers to strategies with evidence from multiple studies that have appeared in peer-reviewed, academic journals.

Systematic review

A systematic review is a critical assessment and evaluation of all research studies that address a particular issue (US Department of Health and Human Services, n.d.). In most cases, researchers use an organized method of locating, assembling, and evaluating a given body of literature on a particular topic using a set of specific criteria (US Department of Health and Human Services, n.d.).

ASSESSING THE STRENGTH OF THE EVIDENCE

● *Meta-analysis*

Meta-analysis refers to a method of combining data from multiple research studies that is similar to a systematic review, but which includes a statistical process that combines findings from individual studies (US Department of Health and Human Services, n.d.).

● *Cochrane Review*

Cochrane Reviews are systematic reviews published by the Cochrane Collaboration—an international network of healthcare professionals that prepares, maintains, and promotes the accessibility of systematic reviews on a range of health topics. Cochrane Reviews cover primary research in human health care and health policy, and are internationally recognized as the highest standard in evidence-based health care (The Cochrane Collaboration, 2012).

● *Community Guide*

The Guide to Community Preventive Services (The Community Guide) is a resource for information on evidence-based prevention strategies, recommendations, and findings about what works to improve public health. *The Community Guide* represents a credible resource based on a scientific systematic review process that provides answers to questions that are critical to public health (The Guide to Community Preventive Services, 2012).

● *NREPP*

The National Registry of Evidence-based Programs and Practices (NREPP) is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of NREPP is to assist the public in identifying scientifically-based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field (National Registry of Evidence-based Programs and Practices, 2012).

ASSESSING THE EFFECTIVENESS OF THE EVIDENCE

Indicator of effectiveness

After performing the literature review, WYSAC researchers found that multiple studies evaluating the same strategy often had different research designs, and/or evaluated different substances, age groups/populations, and outcomes. Some studies evaluated strategies individually, whereas others evaluated strategies as part of multi-component interventions that included several additional strategies. Therefore, they had to determine a way to assess the effectiveness of the evidence that could account for variations in how the strategies were evaluated.

To address the complexity of evaluating the effectiveness of the evidence, researchers developed a color-coded indicator. The color of the indicator represents the effectiveness of the strategy based on the available literature. The following provides a description of each color-indicator:

Effective

A green indicator implies that for the specific substance, population, and/or outcome evaluated in the literature, the strategy was found to have a statistically significant ($p < .05$) effect in the desired direction.

Varied evidence of effectiveness

A yellow indicator implies that the evidence base has varied results regarding the effectiveness of the strategy. For example, research may support the effectiveness of the strategy when used for one substance, but not for another, or for one population, but not another. Additionally, research may support the effectiveness of the strategy when evaluated for one outcome, but not for another. A yellow indicator may also signal that the strategy was found to be effective as part of a multi-component intervention, but not as a stand alone approach, or vice versa. A strategy with a yellow indicator implies further investigation is necessary to determine if the strategy is effective for the desired substance, outcome, and/or population.

Not effective

A red indicator implies that the strategy was not found to have a significant effect in the desired direction for any of the substances, outcomes, and/or populations reviewed in the evidence base.








Although the indicator is intended to reflect the effectiveness of a given strategy based on the most-prominent and current literature available, it should not be viewed as a static, unchanging symbol indicating the usefulness of all environmental prevention strategies. When selecting a prevention strategy, a prevention professional must consider the level of readiness of their community, the cost-effectiveness of each strategy, and the current prevention programming available in their community. WYSAC researchers hope this catalog serves as a first step toward identifying prevention strategies that may work within a specific community for a specific goal.


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STRATEGIES BY CAUSAL DOMAIN










Community norms					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Coalition building	Alcohol, tobacco, other drugs	Promotion and media/ Prevent initiation		Yes	49
College campus policies	Alcohol, tobacco, other drugs	Enforcement/ Prevent initiation; Eliminate exposure to secondhand smoke		Yes	51
Communities Mobilizing for Change on Alcohol	Alcohol			Yes	53
Community norms around alcohol, tobacco, and other drug use	Alcohol, tobacco, other drugs	Prevent initiation		Yes	55
Get to know state legislators—General policy development	Alcohol, tobacco, other drugs	Prevent initiation; Eliminate exposure to secondhand smoke		Yes	75
Healthcare initiatives	Alcohol, tobacco, other drugs	Prevent initiation		Statewide	81
Support clean indoor air laws	Tobacco	Prevent initiation; Eliminate exposure to secondhand smoke		Yes	131

Economic availability					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Increase price or taxes on alcohol or tobacco	Alcohol, tobacco	Prevent initiation		Statewide	87









STRATEGIES BY CAUSAL DOMAIN

Enforcement					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Administrative penalties	Alcohol, tobacco	Prevent initiation		Statewide	33
Apply appropriate penalties for minors in possession of alcohol or tobacco	Alcohol, tobacco	Prevent initiation		Statewide	43
Cops in Shops programs	Alcohol	Retail availability			63
Curfew ordinance programs	Alcohol, tobacco, other drugs	Social availability/ Prevent initiation		Statewide	67
Enforce impaired driving laws	Alcohol, other drugs			Statewide	69
Enhanced enforcement	Alcohol, tobacco, other drugs	Prevent initiation		Yes	71
Graduated driver's license policies	Alcohol			Statewide	77
Immobilize or impound the vehicles of those convicted of impaired driving	Alcohol, other drugs			Statewide	83
Lower (<.08) BAC limits	Alcohol			Statewide: Underage drivers	93
Open container laws	Alcohol			Statewide	105
Revoke drivers' licenses for impaired drivers	Alcohol, other drugs			Statewide	119
Sanctions and monitoring for convicted drunk drivers	Alcohol			Statewide	121
Shoulder Tap enforcement programs	Alcohol	Retail availability		Yes	123
Sobriety checkpoints	Alcohol, other drugs			No	125
Social host liability	Alcohol, tobacco, other drugs	Social availability/ Prevent initiation		Yes	127
Teen party ordinances	Alcohol, other drugs	Social availability		Yes	133







STRATEGIES BY CAUSAL DOMAIN

Promotion and media					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Alcohol and tobacco advertising restrictions in public places	Alcohol, tobacco	Prevent initiation		Statewide	35
Alcohol, tobacco, and other drug warning posters	Alcohol, tobacco, other drugs	Retail availability/ Prevent initiation		Statewide	39
Counter-marketing & Counter-advertising campaigns	Alcohol, tobacco, other drugs	Prevent initiation		Yes	65
General information dissemination	Alcohol, tobacco, other drugs	Prevent initiation		Yes	73
Media advocacy	Alcohol, tobacco, other drugs	Prevent initiation/ eliminate exposure to secondhand smoke		Yes	95
Media literacy	Alcohol, tobacco, other drugs	Prevent initiation		Yes	97
Prohibition of alcohol or tobacco sponsorship of events and other promotions	Alcohol, tobacco	Prevent initiation		Yes	111
Social norms campaigns	Alcohol, tobacco, other drugs	Community norms/ Prevent initiation		Yes	129
Use of mass media appropriately	Alcohol, tobacco, other drugs	Prevent initiation		Yes	137

STRATEGIES BY CAUSAL DOMAIN

Retail availability					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Checking ID for alcohol and tobacco sales	Alcohol, tobacco	Enforcement/ Prevent initiation		Statewide	47
Community Prevention Trials	Alcohol	Enforcement		Yes	57
Compliance checks of alcohol or tobacco retailers	Alcohol, tobacco	Enforcement/ Prevent initiation		Statewide	59
Conditional use permits/land use ordinances for alcohol outlets	Alcohol			Yes	61
Happy hour restrictions	Alcohol	Enforcement			79
Increase beverage servers' legal liability	Alcohol	Enforcement			85
Institute policies concerning cigarette vending machines	Tobacco	Enforcement/ Prevent initiation		Statewide	89
Limit and restrict the location and density of alcohol retail outlets	Alcohol			Statewide	91
Methamphetamine precursor prohibition	Other drugs	Enforcement		Statewide	99
Minimum age of purchase for alcohol and tobacco	Alcohol, tobacco	Enforcement/ Prevent initiation		Statewide	101
Minimum age of seller/sever requirements	Alcohol, tobacco	Enforcement/ Prevent initiation		Statewide	103
Prohibiting minors from bars	Alcohol	Enforcement		Statewide	109
Regulations on home delivery of alcohol	Alcohol	Enforcement		Statewide	113
Responsible beverage service training	Alcohol			Yes	115

STRATEGIES BY CAUSAL DOMAIN













Social availability					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Alcohol restrictions at community events	Alcohol	Community norms		Yes	37
Alternative events for youth	Alcohol, tobacco, other drugs	Community norms/ Prevent initiation		Yes	41
Beer keg registration	Alcohol			Statewide	45
Prescription drug take-back	Other drugs			Yes	107
Responsible event assessment	Alcohol			Yes	117
Texting Tipline	Alcohol, other drugs			Yes	135

STRATEGIES BY CDC TOBACCO GOAL





Prevent initiation of tobacco use among youth and young adults

Strategy name	Other substance(s)	Indicator	Used in WY	Page #
Administrative penalties	Alcohol		Statewide	33
Alcohol and tobacco advertising restrictions in public places	Alcohol		Statewide	35
Alcohol, tobacco, other drug warning posters	Alcohol, other drugs		Statewide	39
Alternative events for youth	Alcohol, other drugs		Yes	41
Apply appropriate penalties for minors in possession of alcohol or tobacco	Alcohol		Statewide	43
Checking ID for alcohol and tobacco sales	Alcohol		Statewide	47
Coalition building	Alcohol, other drugs		Yes	49
College campus policies	Alcohol, other drugs		Yes	51
Community norms around alcohol, tobacco, and other drug use	Alcohol, other drugs		Yes	55
Compliance checks of alcohol or tobacco retailers	Alcohol		Statewide	59
Counter-marketing & Counter-advertising campaigns	Alcohol, other drugs		Yes	65
Curfew ordinance programs	Alcohol, other drugs		Statewide	67
Enhanced enforcement	Alcohol, other drugs		Yes	71
General information dissemination	Alcohol, other drugs		Yes	73
Get to know state legislators—General policy development	Alcohol, other drugs		Yes	75

STRATEGIES BY CDC TOBACCO GOAL

Prevent initiation of tobacco use among youth and young adults				
Strategy name	Other substance(s)	Indicator	Used in WY	Page #
Healthcare initiatives	Alcohol, other drugs		Statewide	81
Increase price or taxes on alcohol or tobacco	Alcohol		Statewide	87
Instituting policies concerning cigarette vending machines			Statewide	89
Media advocacy	Alcohol, other drugs		Yes	95
Media literacy	Alcohol, other drugs		Yes	97
Minimum age of purchase for alcohol and tobacco	Alcohol		Statewide	101
Minimum age of seller/server requirements	Alcohol		Statewide	103
Prohibition of alcohol or tobacco sponsorship of events and other promotions	Alcohol		Yes	111
Social host liability	Alcohol, other drugs		Yes	127
Social norms campaigns	Alcohol, other drugs		Yes	129
Support clean indoor air laws			Yes	131
Use of mass media campaigns appropriately	Alcohol, other drugs		Yes	137

STRATEGIES BY CDC TOBACCO GOAL

<i>Eliminate exposure to secondhand smoke</i>				
Strategy name	Other substance(s)	Indicator	Used in WY	Page #
College campus policies	Alcohol, other drugs		Yes	51
Get to know state legislators—General policy development	Alcohol, other drugs		Yes	75
Media advocacy	Alcohol, other drugs		Yes	95
Support clean indoor air laws			Yes	131

STRATEGIES BY SUBSTANCE

Alcohol					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Administrative penalties	Tobacco	Enforcement		Statewide	33
Alcohol and tobacco advertising restrictions in public places	Tobacco	Promotion and media		Statewide	35
Alcohol restrictions at community events		Social availability/ Community norms		Yes	37
Alcohol, tobacco, other drug warning posters	Tobacco, other drugs	Promotion and media/ Retail availability		Statewide	39
Alternative events for youth	Tobacco, other drugs	Social availability/ Community norms		Yes	41
Apply appropriate penalties for minors in possession of alcohol or tobacco	Tobacco	Enforcement		Statewide	43
Beer keg registration		Social availability		Statewide	45
Checking ID for alcohol and tobacco sales	Tobacco	Retail availability/ Enforcement		Statewide	47
Coalition building	Tobacco, other drugs	Community norms/ Promotion and media		Yes	49
College campus policies	Tobacco, other drugs	Community norms/ Enforcement		Yes	51
Communities Mobilizing for Change on Alcohol		Community norms		Yes	53
Community norms around alcohol, tobacco, and other drug use	Tobacco, other drugs	Community norms		Yes	55
Community Prevention Trials		Retail availability/ Enforcement		Yes	57
Compliance checks of alcohol or tobacco retailers	Tobacco	Retail availability/ Enforcement		Statewide	59
Conditional use permits/land use ordinances for alcohol outlets		Retail availability		Yes	61
Cops in Shops programs		Enforcement/ Retail availability			63

STRATEGIES BY SUBSTANCE

Alcohol					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Counter-marketing & Counter-advertising campaigns	Tobacco, other drugs	Prevent initiation		Yes	65
Curfew ordinance programs	Tobacco, other drugs	Enforcement/ Social availability		Statewide	67
Enforce impaired driving laws	Other drugs	Enforcement		Statewide	69
Enhanced enforcement	Tobacco, other drugs	Enforcement		Yes	71
General information dissemination	Tobacco, other drugs	Promotion and media		Yes	73
Get to know state legislators—General policy development	Tobacco, other drugs	Community norms		Yes	75
Graduated driver's license policies		Enforcement		Statewide	77
Happy hour restrictions		Retail availability/ Enforcement			79
Healthcare initiatives	Tobacco, other drugs	Community norms		Statewide	81
Immobilize or impound the vehicles of those convicted of impaired driving	Other drugs	Enforcement		Statewide	83
Increase beverage servers' legal liability		Retail availability/ Enforcement			85
Increase price or taxes on alcohol or tobacco	Tobacco	Economic availability		Statewide	87
Limit and restrict the location and density of alcohol retail outlets		Retail availability		Statewide	91
Lower (<.08) BAC limits		Enforcement		Statewide: Underage drivers	93
Media advocacy	Tobacco, other drugs	Promotion and media		Yes	95
Media literacy	Tobacco, other drugs	Promotion and media		Yes	97

STRATEGIES BY SUBSTANCE

Alcohol					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Minimum age of purchase for alcohol and tobacco	Tobacco	Retail availability/ Enforcement		Statewide	101
Minimum age of seller/server requirements	Tobacco	Retail availability/ Enforcement		Statewide	103
Open container laws		Enforcement		Statewide	105
Prohibiting minors from bars		Retail availability/ Enforcement		Statewide	109
Prohibition of alcohol or tobacco sponsorship of events and other promotions	Tobacco	Promotion and media		Yes	111
Regulations on home delivery of alcohol		Retail availability/ Enforcement		Statewide	113
Responsible beverage service training		Retail availability		Yes	115
Responsible event assessment		Social availability		Yes	117
Revoke drivers' licenses for impaired drivers	Other drugs	Enforcement		Statewide	119
Sanctions and monitoring for convicted drunk drivers		Enforcement		Statewide	121
Shoulder Tap enforcement programs		Enforcement/ Retail availability		Yes	123
Sobriety checkpoints	Other drugs	Enforcement		No	125
Social host liability	Tobacco, other drugs	Enforcement/ Social availability		Yes	127
Social norms campaigns	Tobacco, other drugs	Promotion and media/ Community norms		Yes	129
Teen party ordinances	Other drugs	Enforcement/ Social availability		Yes	133

STRATEGIES BY SUBSTANCE















Alcohol					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Texting Tipline	Other drugs	Social availability		Yes	135
Use of mass media campaigns appropriately	Tobacco, other drugs	Promotion and media		Yes	137

STRATEGIES BY SUBSTANCE

Tobacco					
Strategy name	Other substance(s)	CDC Goal	Indicator	Used in WY	Page #
Administrative penalties	Alcohol	Prevent initiation		Statewide	33
Alcohol and tobacco advertising restrictions in public places	Alcohol	Prevent initiation		Statewide	35
Alcohol, tobacco, other drug warning posters	Alcohol, other drugs	Prevent initiation		Statewide	39
Alternative events for youth	Alcohol, other drugs	Prevent initiation		Yes	41
Apply appropriate penalties for minors in possession of alcohol or tobacco	Alcohol	Prevent initiation		Statewide	43
Checking ID for alcohol and tobacco sales	Alcohol	Prevent initiation		Statewide	47
Coalition building	Alcohol, other drugs	Prevent initiation		Yes	49
College campus policies	Alcohol, other drugs	Prevent initiation/ Eliminate exposure to secondhand smoke		Yes	51
Community norms around alcohol, tobacco, and other drug use	Alcohol, other drugs	Prevent initiation		Yes	55
Compliance checks of alcohol or tobacco retailers	Alcohol	Prevent initiation		Statewide	59
Counter-marketing & Counter-advertising campaigns	Alcohol, other drugs	Prevent initiation		Yes	65
Curfew ordinance programs	Alcohol, other drugs	Prevent initiation		Statewide	67
Enhanced enforcement	Alcohol, other drugs	Prevent initiation		Yes	71
General information dissemination	Alcohol, other drugs	Prevent initiation		Yes	73
Get to know state legislators—General policy development	Alcohol, other drugs	Prevent initiation/ Eliminate exposure to secondhand smoke		Yes	75











STRATEGIES BY SUBSTANCE

Tobacco					
Strategy name	Other substance(s)	CDC Goal	Indicator	Used in WY	Page #
Healthcare initiatives	Alcohol, other drugs	Prevent initiation		Statewide	81
Increase price or taxes on alcohol or tobacco	Alcohol	Prevent initiation		Statewide	87
Institute policies concerning cigarette vending machines		Prevent initiation		Statewide	89
Media advocacy	Alcohol, other drugs	Prevent initiation/ Eliminate exposure to secondhand smoke		Yes	95
Media literacy	Alcohol, other drugs	Prevent initiation		Yes	97
Minimum age of purchase for alcohol and tobacco	Alcohol	Prevent initiation		Statewide	101
Minimum age of seller/server requirements	Alcohol	Prevent initiation		Statewide	103
Prohibition of alcohol or tobacco sponsorship of events and other promotions	Alcohol	Prevent initiation		Yes	111
Social host liability	Alcohol, other drugs	Prevent initiation		Yes	127
Social norms campaigns	Alcohol, other drugs	Prevent initiation		Yes	129
Support clean indoor air laws		Prevent initiation/ Eliminate exposure to secondhand smoke		Yes	131
Use of mass media campaigns appropriately	Alcohol, other drugs	Prevent initiation		Yes	137

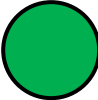
STRATEGIES BY SUBSTANCE

Other drugs					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Alcohol, tobacco, other drug warning posters	Alcohol, tobacco	Promotion and media/ Retail availability		Statewide	39
Alternative events for youth	Alcohol, tobacco	Social availability/ Community norms		Yes	41
Coalition building	Alcohol, tobacco	Community norms/ Promotion and media		Yes	49
College campus policies	Alcohol, tobacco	Community norms/ Enforcement		Yes	51
Community norms around alcohol, tobacco, and other drug use	Alcohol, tobacco	Community norms		Yes	55
Counter-marketing & Counter-advertising campaigns	Alcohol, tobacco	Promotion and media		Yes	65
Curfew ordinance programs	Alcohol, tobacco	Enforcement/ Social availability		Statewide	67
Enforce impaired driving laws	Alcohol	Enforcement		Statewide	69
Enhanced enforcement	Alcohol, tobacco	Enforcement		Yes	71
General information dissemination	Alcohol, tobacco	Promotion and media		Yes	73
Get to know state legislators— General policy development	Alcohol, tobacco	Community norms		Yes	75
Healthcare initiatives	Alcohol, tobacco	Community norms		Statewide	81
Immobilize or impound the vehicles of those convicted of impaired driving	Alcohol	Enforcement		Statewide	83
Media advocacy	Alcohol, tobacco	Promotion and media		Yes	95




STRATEGIES BY SUBSTANCE

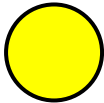
Other drugs					
Strategy name	Other substance(s)	Causal domain	Indicator	Used in WY	Page #
Media literacy	Alcohol, tobacco	Promotion and media		Yes	97
Methamphetamine precursor prohibition		Retail availability/ Enforcement		Statewide	99
Prescription drug take-back		Social availability		Yes	107
Revoke drivers' licenses for impaired drivers	Alcohol	Enforcement		Statewide	119
Sobriety checkpoints	Alcohol	Enforcement		No	125
Social host liability	Alcohol, tobacco	Enforcement/ Social availability		Yes	127
Social norms campaigns	Alcohol, tobacco	Promotion and media/ Community norms		Yes	129
Teen party ordinances	Alcohol	Enforcement/ Social availability		Yes	133
Texting Tipline	Alcohol	Social availability		Yes	135
Use of mass media appropriately	Alcohol, tobacco	Promotion and media		Yes	137

STRATEGIES BY INDICATOR


Effective						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	Community norms around alcohol, tobacco, and other drug use	Alcohol, tobacco, other drugs	Community norms	Prevent initiation	Yes	55
	Community Prevention Trials	Alcohol	Retail availability/ Enforcement		Yes	57
	Compliance checks of alcohol or tobacco retailers	Alcohol, tobacco	Retail availability/ Enforcement	Prevent initiation	Statewide	59
	Enforce impaired driving laws	Alcohol, other drugs	Enforcement		Statewide	69
	Immobilize or impound the vehicles of those convicted of impaired driving	Alcohol, other drugs	Enforcement		Statewide	83
	Increase beverage servers' legal liability	Alcohol	Retail availability/ Enforcement			85
	Increase price or taxes on alcohol or tobacco	Alcohol, tobacco	Economic availability	Prevent initiation	Statewide	87
	Limit and restrict the location and density of alcohol retail outlets	Alcohol	Retail availability		Statewide	91
	Lower (<.08) BAC limits	Alcohol	Enforcement		Statewide: Underage drivers	93
	Minimum age of purchase for alcohol and tobacco	Alcohol, tobacco	Retail availability/ Enforcement	Prevent initiation	Statewide	101
	Sobriety checkpoints	Alcohol, other drugs	Enforcement		No	125
	Support clean indoor air laws	Tobacco	Community norms	Prevent initiation/ Eliminate exposure to secondhand smoke	Yes	131
	Use of mass media appropriately	Alcohol, tobacco, other drugs	Promotion and media	Prevent initiation	Yes	137
	Media advocacy	Alcohol, tobacco, other drugs	Promotion and media	Prevent initiation/ Eliminate exposure to secondhand smoke	Yes	95
	Media literacy	Alcohol, tobacco, other drugs	Promotion and media	Prevent initiation	Yes	97

STRATEGIES BY INDICATOR




Effective						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	Graduated driver's license policies	Alcohol	Enforcement		Statewide	77
	Institute policies concerning vending machines	Tobacco	Retail availability/ Enforcement	Prevent initiation	Statewide	89
	Open container laws	Alcohol	Enforcement		Statewide	105
	No strategies at this evidence level					
	No strategies at this evidence level					

Varied Evidence of Effectiveness						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	Coalition building	Alcohol, tobacco, other drugs	Community norms/ Promotion and media	Prevent initiation	Yes	49
	Communities Mobilizing for Change on Alcohol	Alcohol	Community norms		Yes	53
	Enhanced enforcement	Alcohol, tobacco, other drugs	Enforcement	Prevent initiation	Yes	71
	Healthcare initiatives	Alcohol, tobacco, other drugs	Community norms	Prevent initiation	Statewide	81
	Responsible beverage service training	Alcohol	Retail Availability		Yes	115
	Sanctions and monitoring for convicted drunk drivers	Alcohol	Enforcement		Statewide	121

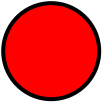




STRATEGIES BY INDICATOR



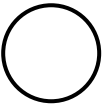
Varied Evidence of Effectiveness						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	Administrative penalties	Alcohol, tobacco	Enforcement	Prevent initiation	Statewide	33
	Alcohol and tobacco advertising restrictions in public places	Alcohol, tobacco	Promotion and media	Prevent initiation	Statewide	35
	Checking ID for alcohol and tobacco sales	Alcohol, tobacco	Retail availability/ Enforcement	Prevent initiation	Statewide	47
	College campus policies	Alcohol, tobacco, other drugs	Community norms/ Enforcement	Prevent initiation/ Eliminate exposure to secondhand smoke	Yes	51
	Counter-marketing & Counter-advertising campaigns	Alcohol, tobacco, other drugs	Promotion and media	Prevent initiation	Yes	65
	Methamphetamine precursor prohibition	Other drugs	Retail availability/ Enforcement		Statewide	99
	Alcohol restrictions at community events	Alcohol	Social Availability/ Community norms		Yes	37
	Alcohol, tobacco, and other drug warning posters	Alcohol, tobacco, other drugs	Promotion and media/ Retail availability	Prevent initiation	Statewide	39
	Alternative events for youth	Alcohol, tobacco, other drugs	Social Availability/ Community norms	Prevent initiation	Yes	41
	Apply appropriate penalties for minors in possession of alcohol or tobacco	Alcohol, tobacco	Enforcement	Prevent initiation	Statewide	43
	Conditional use permits/land use ordinances for alcohol outlets	Alcohol	Retail availability		Yes	61
	Get to know state legislators— General policy development	Alcohol, tobacco, other drugs	Community norms	Prevent initiation/ Eliminate exposure to secondhand smoke	Yes	75
	Happy hour restrictions	Alcohol	Retail availability/ Enforcement			79
	Minimum age of seller/server requirements	Alcohol, tobacco	Retail availability/ Enforcement	Prevent initiation	Statewide	103
	Responsible event assessment	Alcohol	Social availability		Yes	117

STRATEGIES BY INDICATOR

Varied Evidence of Effectiveness						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY (Counties)	Page #
	Revoke drivers' licenses for impaired drivers	Alcohol, other drugs	Enforcement		Statewide	119
	Social host liability	Alcohol, tobacco, other drugs	Enforcement/ Social availability	Prevent initiation	Yes	127
	Social norms campaign	Alcohol, tobacco, other drugs	Promotion and media/ Community norms	Prevent initiation	Yes	129
	Teen party ordinances	Alcohol, other drugs	Enforcement/ Social availability		Yes	133
	Texting Tipline	Alcohol, other drugs	Social availability		Yes	135
	Shoulder Tap enforcement programs	Alcohol	Enforcement/ Retail availability		Yes	123
	No strategies at this evidence level					

STRATEGIES BY INDICATOR

Not Effective						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	No strategies at this evidence level					
	General information dissemination	Alcohol, tobacco, other drugs	Promotion and media	Prevent initiation	Yes	73
	Beer keg registration	Alcohol	Social Availability		Statewide	45
	No strategies at this evidence level					
	No strategies at this evidence level					

No Evidence Found						
Indicator	Strategy name	Substance(s)	Causal domain	CDC Goal	Used in WY	Page #
	Prescription drug take-back	Other drugs	Social availability		Yes	107
	Curfew ordinance programs	Alcohol, tobacco, other drugs	Enforcement/ Social availability	Prevent initiation	Statewide	67
	Cops in Shops programs	Alcohol	Enforcement/ Retail availability			63
	Prohibiting minors from bars	Alcohol	Retail availability / Enforcement		Statewide	109
	Prohibition of alcohol or tobacco sponsorship of events and other promotions	Alcohol, tobacco	Promotion and media	Prevent initiation	Yes	111
	Regulations on home delivery of alcohol	Alcohol	Retail availability / Enforcement		Statewide	113

ADMINISTRATIVE PENALTIES

Description of strategy

An administrative penalty is a legal mechanism that allows a local governing body to penalize alcohol/tobacco license holders for failing to comply with state laws or local ordinances relating to sales of alcoholic beverages or tobacco. It usually involves a monetary fine or the suspension or revocation of an alcohol or tobacco license. It is administered by a local governing body (city council, county board), rather than the court system. It is imposed upon the license holder (in contrast to state laws that target the behavior of individual sellers and servers of alcohol). Administrative penalties are intended to provide an alternative enforcement mechanism that is more cost-effective, timely and practical than prosecuting servers and sellers through the court system. It provides an alternative to criminal prosecution, but does not necessarily replace criminal prosecution (some communities pursue both prosecution and administrative penalties). Administrative penalties can be written and passed as a local ordinance or state law (University of Minnesota Alcohol Epidemiology Program, 2011).

Currently Wyoming state law imposes penalties on the license holder for underage alcohol sales if the licensee received written notification of the age of the minor (Wyo. Stat. Ann. § 12-5-502, 2012).

Discussion of effectiveness

Alcohol

There is limited evidence to evaluate the effectiveness of administrative penalties as an independent prevention strategy to prevent sale of alcohol to underage youth. Evidence suggests graduated administrative penalties work as an enforcement mechanism for compliance checks and responsible beverage service training (Mosher, Toomey, Good, Harwood, & Wagenaar, 2002). However, this evidence was based on qualitative analysis and did not provide quantitative results.

Tobacco

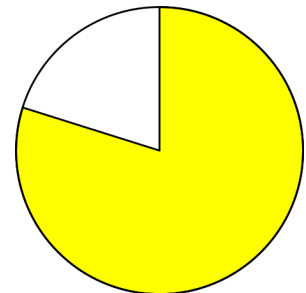
A systematic review found little direct evidence of the relative deterrent effect of different types of penalties on tobacco sales to minors. Removing the license to sell tobacco through administrative penalties may be effective if the licensing itself is strictly monitored (Stead & Lancaster, 2005). The review suggests using a graduated system of penalties beginning with a warning and progressing to a loss of license as the most appropriate form of penalty to discourage sales to underage youth.

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

ADMINISTRATIVE PENALTIES

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2011). Administrative Penalties. Retrieved July 27, 2012, from: <http://www.epi.umn.edu/alcohol/policy/admnpnl.shtm>

Wyoming Statute Annotated § 12-5-502 (2012). Retrieved September 27, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Mosher, J. F., Toomey, T. L., Good, C., Harwood, E., & Wagenaar, A. C. (2002). State laws mandating or promoting training programs for alcohol servers and establishment managers: An assessment of statutory and administrative procedures. *Journal of Public Health Policy, 23*(1), 90–113. doi:10.2307/3343120

Sloan, F. A., Reilly, B. A., & Schenzler, C. (1994). Effects of prices, civil and criminal sanctions, and law enforcement on alcohol-related mortality. *Journal of Studies on Alcohol and Drugs, 55*(4), 454.

Stead, L. F., & Lancaster, T. (2005). Interventions for preventing tobacco sales to minors. *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001497.pub2/abstract>

Wagenaar, A. C., & Wolfson, M. (1995). Deterring sales and provision of alcohol to minors: A study of enforcement in 295 counties in four states. *Public Health Reports, 110*(4), 419.

Further reading

University of Minnesota Alcohol Epidemiology Program. (2011). Administrative Penalties. Available at: <http://www.epi.umn.edu/alcohol/policy/admnpnl.shtm>

Toomey, T. L., Lenk, K. M., & Wagenaar, A. C. (2007). Environmental policies to reduce college drinking: An update of research findings. *Journal of Studies on Alcohol and Drugs, 68*(2), 208.

Toomey, T. L., & Wagenaar, A. C. (1999). Policy options for prevention: The case of alcohol. *Journal of Public Health Policy, 20*(2), 192–213. doi:10.2307/3343211

ALCOHOL AND TOBACCO ADVERTISING RESTRICTIONS IN PUBLIC PLACES

Description of strategy

Restrictions on alcohol and tobacco advertising include any policies that limit advertising of alcoholic beverages and tobacco products, particularly advertising that exposes young people to pro-alcohol and tobacco messages. Restrictions can be in the form of a local ordinance or state law, or can be implemented voluntarily by a business, event, or organization and can include:

- banning ads on buses, trains, kiosks, billboards and supermarket carts, and in bus shelters, schools, and theme parks;
- banning or limiting advertising and sponsorship at community events such as festivals, parties, rodeos, concerts, and sporting events;
- banning advertising in areas surrounding schools, residential areas, faith organizations, etc.;
- restricting or banning TV and/or radio alcohol and tobacco commercials;
- restricting alcohol and tobacco advertising in newspapers and/or on the Internet;
- countering alcohol and tobacco ads with public service announcements;
- restricting the size and placement of window advertisements in liquor and convenience stores;
- requiring all alcohol ads in the local media to include warnings about the health risks of alcohol and tobacco consumption;
- setting a maximum for the percentage of total print advertising space that alcohol and tobacco ads can cover;
- reducing the disproportionately high number of alcohol and tobacco billboards in low-income neighborhoods;
- prohibiting images and statements that portray or encourage intoxication; and,
- enforcing existing restrictions on alcohol and tobacco advertising (University of Minnesota Alcohol Epidemiology Program, 2009).

Discussion of effectiveness

Alcohol

Although results are varied for advertising restrictions for alcohol, they are generally supportive and suggest advertising restrictions may be most effective when employed as part of a multi-component effort (Weitzman, Nelson, Lee, & Wechsler, 2004).

Tobacco

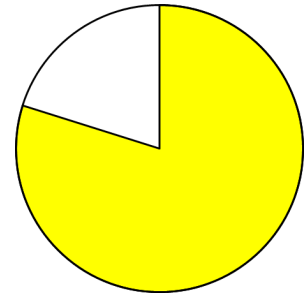
Findings from a meta-analysis do not support the effectiveness of advertising restrictions for reducing cigarette consumption (Capella, Taylor, & Webster, 2008).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: Billboard bans

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- ◐ Grey literature
- ◑ Single published study
- ◒ Numerous published studies
- ◓ Systematic review, meta-analysis
- ◔ Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	■
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	■
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- ▨ Cross-referenced domain

ALCOHOL AND TOBACCO ADVERTISING RESTRICTIONS IN PUBLIC PLACES

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2009). Alcohol advertising restrictions. Retrieved July 24, 2012, from: <http://www.epi.umn.edu/alcohol/policy/adrstrct.shtm>

Evidence base

Capella, M.L., Taylor, C.R., & Webster, C. (2008). The effect of cigarette advertising bans on consumption: A meta-analysis. *Journal of Advertising*, 37(2), 7-18.

Gordon, R., Hastings, G., & Moodie, C. (2010). Alcohol marketing and young people's drinking: What the evidence base suggests for policy. *Journal of Public Affairs*, 10, 88-101.

Hollingworth, W., Ebel, B.E., McCarty, C.A., Garrison, M.M., Christakis, D.A., & Rivara, F.P. (2006). Prevention of deaths from harmful drinking in the United States: the potential effects of tax increases and advertising bans on young drinkers. *Journal of Studies on Alcohol and Drugs*, 67(2), 3008-308.

Saffer, H., & Dave, D. (2002). Alcohol consumption and alcohol advertising bans. *Applied Economics*, 34(11), 1325-1334.

Saffer, H., & Dave, D. (2006). Alcohol advertising and alcohol consumption by adolescents. *Health Economics*, 15, 617-637.

Smith, L.A. & Foxcroft, D.R. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behavior in young people: systematic review of prospective cohort studies. *BMC Public Health*, 9, 51.

Wechsler, H., Lee, J.E., Nelson, T.F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies: findings from the Harvard School of Public Health College Alcohol Survey. *Journal of American College Health*, 50(5), 223-236.

Weitzman, E.R., Nelson, T.F., Lee, H., & Wechsler, H. (2004). Reducing drinking and related harms in college: Evaluation of the "A Matter of Degree" program. *American Journal of Preventive Medicine*, 27(3), 187-196.

Further reading

State laws to reduce the impact of alcohol marketing on youth: Current status and model policies. (2012). Center on Alcohol Marketing and Youth, John Hopkins Bloomberg School of Public Health. Baltimore, MD. Available at: http://www.camy.org/action/Legal_Resources/State%20Ad%20Laws/CAMY_State_Alcohol_Ads_Report_2012.pdf

ALCOHOL RESTRICTIONS AT COMMUNITY EVENTS

Description of strategy

Alcohol restrictions at community events include policies that control the availability and use of alcohol at public venues, such as concerts, street fairs, and sporting events. Such restrictions can be implemented voluntarily by event organizers or through local legislation. These restrictions may reduce alcohol-related problems such as traffic crashes, vandalism, fighting, and other public disturbances.

Alcohol restrictions at these events can range from a total ban on alcohol consumption to the posting of warning posters that detail the risks associated with consuming alcohol. The following is a list of policies that may be implemented to restrict the availability and use of alcohol by underage youth and obviously intoxicated attendees at community events:

Planning and set-up:

- establish non-drinking areas for families and youth;
- establish designated drinking areas where underage youth are not allowed;
- limit alcohol sponsorship;
- have alcohol-free days/nights; and,
- establish enforcement procedures for all policies.

Alcohol providers and sellers:

- require alcohol license holder to have liability insurance;
- require responsible beverage service training for alcohol sellers and event coordinators;
- require alcohol sellers to be at least 21 years old;
- require a manager to be on duty at the alcohol booth at all times;
- prohibit drinking by servers; and,
- require signs indicating the illegality of providing alcohol to minors and obviously intoxicated persons.

Security:

- establish procedures for handling intoxicated drinkers;
- require that security staff be adequately trained; and,
- ban alcohol consumption in parking lots and monitor the lots.

Food/beverage:

- limit cup size to 12 ounces;
- use cups for alcoholic beverages that are easily distinguishable from non-alcoholic beverage cups;
- limit number of servings per person per purchase to one or two at a time;
- stop serving alcohol at least one hour before closing; and,
- sell food and non-alcohol drinks and provide free water (University of Minnesota Alcohol Epidemiology Program, 2009).

Discussion of effectiveness

Alcohol

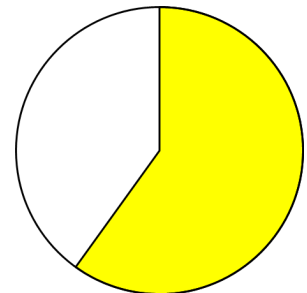
The evidence of effectiveness is varied for alcohol restrictions at community events, although there is some evidence to suggest these strategies are effective in reducing underage access to alcohol (Toomey, Erickson, Patrek, Fletcher, & Wagenaar, 2005).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Alcohol use restrictions in public places; Safe & Healthy Community Events; Alcohol free events; Restrictions on drinking locations and possession of alcohol

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective (Red circle)
- Varied evidence of effectiveness (Yellow circle)
- Effective (Green circle)

Strength of evidence:

- No evidence found (White circle)
- Grey literature (Grey circle)
- Single published study (Circle with 1/4 shaded)
- Numerous published studies (Circle with 1/2 shaded)
- Systematic review, meta-analysis (Circle with 3/4 shaded)
- Cochrane Review, Community Guide, NREPP (Black circle)

Causal Domain	
Economic availability	
Retail availability	
Social availability	■
Promotion & media	
Enforcement	
Community norms	▨
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- ▨ Cross-referenced domain

ALCOHOL RESTRICTIONS AT COMMUNITY EVENTS

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2009). Alcohol Restrictions at Community Events. Retrieved July 24, 2012, from: <http://www.epi.umn.edu/alcohol/policy/atevents.shtml>

Evidence base

Toomey, T.L., Fabian, L.A., Erickson, D.J., Wagenaar, A.C., Fletcher, L., & Lenk, K.M. (2006). Influencing alcohol control policies and practices at community festivals. *Journal of Drug Education*, 36(1), 15-32.

Toomey, T.L., Erickson, D.J., Patrek, W., Fletcher, L.A., & Wagenaar, A.C. (2005). Illegal alcohol sales and use of alcohol control policies at community festivals. *Public Health Reports*, 120, 165-173.

Further reading

Prevention Research Center. (2004). Preventing underage alcohol access: Essential elements for policy, deterrence, and public support. Calverton, MD: Pacific Institute for Research and Evaluation. Available at: http://resources.prev.org/resource_pub_pud.pdf

ALCOHOL, TOBACCO, OTHER DRUG WARNING POSTERS

Description of strategy

Alcohol, tobacco, and other drug (ATOD) warning posters are notices or signs located in retail establishments that provide information related to the legal, social, and health consequences of ATOD substance use.

Posters may be required by state or local law, or used voluntarily by retail establishments. Posters may include information on:

- the legal penalties and consequences of providing/selling to underage or intoxicated persons;
- the legal penalties of underage possession of alcohol, tobacco, or other drugs;
- the establishment's policies and practices on checking customers' age identification and refusing sales to intoxicated persons;
- general health risks associated with alcohol, tobacco, or other drug use;
- risks associated with alcohol or tobacco consumption during pregnancy; and,
- risks of consuming alcohol, tobacco, or other drugs while taking certain medications and/or prior to driving motor vehicles and operating heavy machinery (University of Minnesota Alcohol Epidemiology Program, 2011).

Discussion of effectiveness

Alcohol

The evidence of effectiveness is generally supportive of warning posters for alcohol, although one study (Wolfson, Toomey, Forster, Wagenaar, McGovern, & Perry, 1996) found that the presence of alcohol warning posters was associated with increased youth access.

Tobacco, other drugs

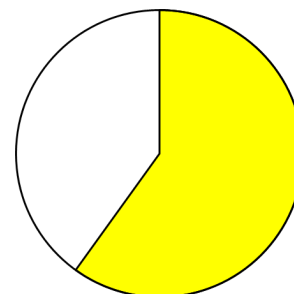
No evidence of effectiveness was found for warning posters concerning tobacco or other drugs.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Got ID?

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- ◐ Grey literature
- ◑ Single published study
- ◒ Numerous published studies
- ◓ Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	▨
Social availability	
Promotion & media	■
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	■
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- ▨ Cross-referenced domain

ALCOHOL, TOBACCO, OTHER DRUG WARNING POSTERS

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2011). Alcohol Warning Posters. Retrieved July 24, 2012, from: <http://www.epi.umn.edu/alcohol/policy/posters.shtm>

Evidence base

Britt, H., Toomey, T.L., Dunsmuir, W., & Wagenaar, A.C. (2006). Propensity for and correlates of alcohol sales to underage youth. *Journal of Alcohol and Drug Education*, 50(2), 25-42.

MacKinnon, D.P., Williams-Avery, R.M., Wilcox, K.L., & Fenaught, A.M. (1999). Effects of the Arizona alcohol warning poster. *Journal of Public Policy & Marketing*, 18(1), 77-88.

Paschall, M.J., Grube, J.W., Black, C., Flewelling, R.L., Ringwalt, C.L., & Biglan, A. (2007). Alcohol outlet characteristics and alcohol sales to youth: Results of alcohol purchase surveys in 45 Oregon communities. *Prevention Science : The Official Journal of the Society for Prevention Research*, 8(2), 153–159. doi:10.1007/s11121-006-0063-0

Wechsler, H., Lee, J.E., Nelson, T.F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies: Findings from the Harvard School of Public Health College Alcohol Survey. *Journal of American College Health*, 50(5), 223-236.

Wolfson, M., Toomey, T.L., Forster, J.L., Wagenaar, A.C., McGovern, P.G., & Perry, C.L. (1996). Characteristics, policies, and practices of alcohol outlets and sales to youth. *Journal of Studies on Alcohol*, 57, 670-674.

Further reading

Saffer, H., & Dave, D. (2002). Alcohol consumption and alcohol advertising bans. *Applied Economics*, 34(11), 1325-1334. doi:10.1080/00036840110102743

ALTERNATIVE EVENTS FOR YOUTH

Description of strategy

This strategy focuses on providing alternative drug- and alcohol-free activities on "high risk nights," such as after prom or after graduation. Examples of alternative activities include open gym and movies held at school, dances, ski trips, and other recreational activities. Youth involvement in planning alcohol-free activities may be an effective way to create well attended events, as well as prevent alcohol use among youth (Komro et al., 1996).

Discussion of effectiveness

Alcohol

The evidence of effectiveness is varied with regard to alternative events for youth and alcohol-related outcomes, although evidence suggests this strategy may be effective at reducing problematic drinking and driving after drinking as part of a multi-component program on college campuses (Hingson et al., 1996; Saltz, Welker, Paschall, Feeney, & Fabiano, 2009).

Tobacco, other drugs

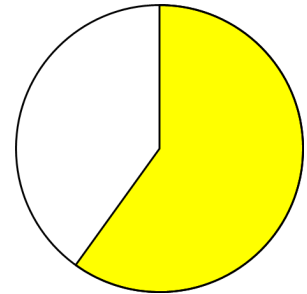
There is limited recent evidence on the effectiveness of alternative events for youth for tobacco- and other drug-related outcomes. A 2004 study of effective substance abuse prevention programs for high-risk youth found that programs focused on recreational substance-free activities were significantly more effective at reducing 30-day alcohol, tobacco, and other drug use than affective and knowledge-focused programs, although the number of recreation-focused programs was small (Springer et al., 2004).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: RAD; ROAD Activities; W.A.T.C.H.

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

ALTERNATIVE EVENTS FOR YOUTH

References for description of strategy

Komro, K.A., Perry, C.L., Murray, D.M., Veblen-Mortenson, S., Williams, C.L., & Anstine, P.S. (1996). Peer-planned social activities for preventing alcohol use among young adolescents. *Journal of School Health, 66*(9), 328-334.

Evidence base

Carmona, M., & Stewart, K. (1996). Review of alternative activities and alternative programs in youth-oriented prevention. National Criminal Justice Reference Service, Substance Abuse and Mental Health Services Administration.

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The saving lives program. *American Journal of Public Health, 86*, 791-797.

Komro, K.A., Perry, C.L., Murray, D.M., Veblen-Mortenson, S., Williams, C.L., & Anstine, P.S. (1996). Peer-planned social activities for preventing alcohol use among young adolescents. *Journal of School Health, 66*(9), 328-334.

Saltz, R.F., Welker, L.R., Paschall, M.J., Feeney, M.A., & Fabiano, P.M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs, (Suppl 16)*: 21-27.

Springer, J. F., Sale, E., Hermann, J., Sambrano, S., Kasim, R., & Nistler, M. (2004). Characteristics of effective substance abuse prevention programs for high-risk youth. *The Journal of Primary Prevention, 25*(2), 171-194. doi:10.1023/B:JOPP.0000042388.63695.3f

Wei, J., Barnett, N.P., & Clark, M. (2010). Attendance at alcohol-free and alcohol-service parties and alcohol consumption among college students. *Addictive Behaviors, 35*(6), 572-579. doi:10.1016/j.addbeh.2010.01.008

Further reading

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives Program. *American Journal of Public Health, 86*(6), 791-797.

National Highway Traffic Safety Administration. (n.d.). A guide to safe and sober event planning. Available at: <http://www.nhtsa.gov/people/injury/alcohol/PartiesRock/toc.html>

Students Against Destructive Decisions. (n.d.). Planning a safe prom. Available at: <http://www.sadd.org/promplan.htm>

Virginia Department of Education. (2008). Celebrate life! A guide for planning all night alcohol/drug-free celebrations for teens. Available at: http://www.vapta.org/sites/default/files/pta_document_library/CelebrateLife_After%20Prom%20Guide.pdf

APPLY APPROPRIATE PENALTIES FOR MINORS IN POSSESSION OF ALCOHOL OR TOBACCO

Description of strategy

The majority of states have laws that prohibit minors from purchasing, possessing, and/or using alcohol and tobacco products. Of those states, over 75 percent enacted laws that impose sanctions upon minors who violate the purchase, use, and/or possession laws. Penalties vary by state and range from confiscation of the product to fixed or graduated monetary fines, participation in alcohol or tobacco education programs or community service, suspension of driving privileges, and/or imprisonment (National Cancer Institute, n.d).

Wyoming state law prohibits minors from possessing alcohol or tobacco if they are under 21 years of age for alcohol or under 18 years of age for tobacco. If the minor is found guilty of possession it results in a misdemeanor. For possession of alcohol the maximum penalty is a \$750 fine and/or imprisonments for not more than 6 months. For possession of tobacco the penalty is a \$50 fine for the first offense, \$250 fine for the second offense in a 24 month period, and a \$750 fine for a third offense within a 24 month period. (Wyo. Stat. Ann. § 12-6-101, § 14-3-305, 2012).

Discussion of effectiveness

Alcohol

Evidence on the effectiveness of applying appropriate penalties for minors in possession of alcohol suggests the presence of such laws is associated with lower numbers of alcohol-related crashes (Fell, Fisher, Voas, Blackman, & Tippetts, 2008).

Tobacco

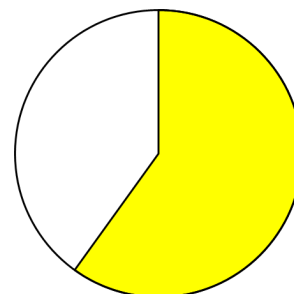
The evidence on the effectiveness of applying appropriate penalties for minors in possession of tobacco suggests mixed effectiveness. Studies evaluating student tobacco use found towns with possession-use-purchase (PUP) laws had lower rates of self-reported use and a smaller increase in current use rates than towns without such laws (Jason, Pokorny, & Adams, 2008; Jason et al., 2009). The studies that did not find significant effects of PUP laws suggested that the mixed result may be due to difference in the level of enforcement and citation (Lazovich, Forster, Widome, & VanCoevering, 2007; Wakefield, 2003).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: Tobacco Purchase-Use-Possession (PUP) laws

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

APPLY APPROPRIATE PENALTIES FOR MINORS IN POSSESSION OF ALCOHOL OR TOBACCO

References for description of strategy

National Cancer Institute. (n.d.) Tobacco purchase possession and use: An examination of state laws and penalties. Retrieved August 21, 2012, from: www.sclcd-nci.net/linkdocs/products/presentations168.pdf

Wyoming Statute Annotated § 12-6-101 (2012). Retrieved September 27, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Wyoming Statute Annotated § 14-3-305 (2012). Retrieved September 27, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Fell, J. C., Fisher, D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2008). The relationship of underage drinking laws to reductions in drinking drivers in fatal crashes in the United States. *Accident Analysis & Prevention, 40*(4), 1430–1440. doi:10.1016/j.aap.2008.03.006

Gottlieb, N. H., Loukas, A., Corrao, M., McAlister, A., Snell, C., & Huang, P. P. (2004). Minors' tobacco possession law violations and intentions to smoke: Implications for tobacco control. *Tobacco Control, 13*(3), 237–243. doi:10.1136/tc.2003.003988

Jason, L. A., Pokorny, S. B., & Adams, M. (2008). A randomized trial evaluating tobacco possession-use-purchase laws in the USA. *Social Science & Medicine, 67*(11), 1700–1707. doi:10.1016/j.socscimed.2008.09.028

Jason, L. A., Pokorny, S. B., Adams, M. L., Topliff, A., Harris, C. C., & Hunt, Y. (2008). Effects of youth tobacco access and possession policy interventions on heavy adolescent smokers. *International Journal of Environmental Research and Public Health, 6*(1), 1–9. doi:10.3390/ijerph6010001

Jason, L. A., Pokorny, S. B., Adams, M., Topliff, A., Harris, C., & Hunt, Y. (2009). Youth tobacco access and possession policy interventions: Effects on observed and perceived tobacco use. *American Journal on Addictions, 18*(5), 367–374. doi:10.1080/10550490903077788

Lazovich, D., Forster, J., Widome, R., & VanCoeving, P. (2007). Tobacco possession, use, and purchase laws and penalties in Minnesota: Enforcement, tobacco diversion programs, and youth awareness. *Nicotine & Tobacco Research, 9*(1), 57–64. doi:10.1080/14622200601083475

Wakefield, M. (2003). Teen penalties for tobacco possession, use, and purchase: Evidence and issues. *Tobacco Control, 12*(90001), 6i–13. doi:10.1136/tc.12.suppl_1.i6

Further reading

Jason, L. A., Pokorny, S. B., Adams, M., Hunt, Y., Gadiraju, P., Morello, T., ...Dinwiddie, C. (2007). Youth caught in violation of tobacco purchase, use, and possession laws education versus fines. *Behavior Modification, 31*(6), 713–731. doi:10.1177/0145445506298720

Jason, L. A., Pokorny, S. B., & Schoeny, M. E. (2002). A response to the critiques of tobacco sales and tobacco possession laws. *Journal of Prevention & Intervention in the Community, 24*(1), 85–93. doi:10.1300/J005v24n01_07

BEER KEG REGISTRATION

Description of strategy

Keg registration laws require wholesalers or retailers to attach a tag, sticker, or engraving with an identification number to kegs exceeding a specified capacity (two to eight gallon minimum depending on the state). At purchase, the retailer records identifying information about the purchaser (for example, name, address, telephone number, driver's license). A refundable deposit may also be collected for the keg itself, the tapper mechanism used to serve the beer, or both. The deposit is refunded when the keg and/or tapper are returned with the identification number intact. In some states, keg laws specifically prohibit destroying or altering the ID tag and provide penalties for doing so. Other states make it a crime to possess an unregistered or unlabeled keg (Alcohol Policy Information System, 2011).

In Wyoming, the alcohol retailer must record identifying information about the keg purchaser and affix an identification tag or label to the beer keg. Any person who removes or alters the identification tag or label affixed to the beer keg is guilty of a misdemeanor punishable by a fine up to \$500 (Wyo. Stat. Ann. § 12-2-505, § 12-2-505, 2012).

Discussion of effectiveness

Alcohol

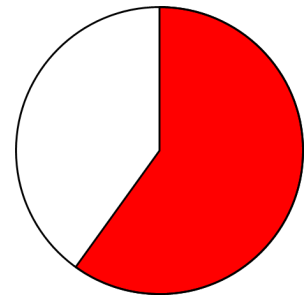
The evidence of effectiveness from the literature generally does not support beer keg registration as an effective strategy to reduce beer consumption, adolescent binge drinking, or adult driving after drinking (Ringwalt & Paschall, 2011; Wechsler, Lee, Nelson, & Kuo, 2002). There is some evidence to suggest this strategy may be effective for reducing drinking after driving and alcohol-related traffic crashes when included as part of a multi-component program (Hingson et al., 1996).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Keg registration; Keg tapping laws

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

BEER KEG REGISTRATION

References for description of strategy

Alcohol Policy Information System. (2011). Retail Sales: Keg Registration. Atlanta, GA: National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. Retrieved July 24, 2012, from: http://www.alcoholpolicy.niaaa.nih.gov/Keg_Registration.html

Wyoming Statute Annotated § 12-2-502 (2012). Retrieved September 27, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Wyoming Statute Annotated § 12-2-505 (2012). Retrieved September 27, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Ringwalt, C.L. & Paschall, M.J. (2011). The utility of keg registration laws: A cross-sectional study. *Journal of Adolescent Health, 48*, 106-108.

Wechsler, H., Lee, J.E., Nelson, T.F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies: Findings from the Harvard School of Public Health College Alcohol Survey. *Journal of American College Health, 50*(5), 223-236.

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: the saving lives program. *American Journal of Public Health, 86*, 791-797.

Further reading

Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). Retail sales: Keg registration. Available at: http://www.alcoholpolicy.niaaa.nih.gov/Keg_Registration.html

University of Minnesota Alcohol Epidemiology Program. (2009). Beer Keg Registration. Available at: <http://www.epi.umn.edu/alcohol/policy/beerkeg.shtm>

CHECKING ID FOR ALCOHOL AND TOBACCO SALES

Description of strategy

Employees at retail outlets that sell alcohol and/or tobacco are responsible for checking the identification of customers who attempt to purchase alcohol or tobacco. Age identification policies are written guidelines at stores, bars, and restaurants that provide employees with instructions on checking age identification of customers attempting to buy alcohol or tobacco. Consistent use of these guidelines may reduce illegal sales of alcohol or tobacco to underage youth by encouraging employees to refuse to sell to any customer who does not have a valid ID showing they are of age and by increasing employees detection of fake IDs (University of Minnesota Alcohol Epidemiology Program, 2009).

Discussion of effectiveness

Alcohol

Evidence from studies that evaluated multi-component college campus alcohol prevention programs found a significant reduction in alcohol access. Checking ID for alcohol sales was a part of the program (Toomey, 2001; Wagenaar, 2000). Evidence is insufficient to evaluate checking ID for alcohol sales as an independent prevention strategy.

Tobacco

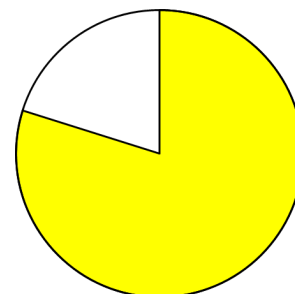
A systematic review of research suggests that age and ID requests can reduce illegal sales of tobacco, however, the review also reported that the presentation of a valid (underage) ID may increase illegal sales to youth compared to youth who do not present an ID (Richardson et al., 2009).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

CHECKING ID FOR ALCOHOL AND TOBACCO SALES

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2009). Checking Age Identification. Retrieved July 23, 2012, from: <http://www.epi.umn.edu/alcohol/policy/checkid.shtml>

Evidence base

Levinson, A. H., Hendershott, S., & Byers, T. E. (2002). The ID effect on youth access to cigarettes. *Tobacco Control, 11*(4), 296–299. doi:10.1136/tc.11.4.296

Richardson, L., Hemsing, N., Greaves, L., Assanand, S., Allen, P., McCullough, L., ... Amos, A. (2009). Preventing Smoking in Young People: A Systematic Review of the Impact of Access Interventions. *International Journal of Environmental Research and Public Health, 6*(4), 1485–1514. doi:10.3390/ijerph6041485

Stead, L. F., & Lancaster, T. (2005). Interventions for preventing tobacco sales to minors. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001497.pub2/abstract>

Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., & Perry, C. L. (2001). Project ARM: Alcohol Risk Management to Prevent Sales to Underage and Intoxicated Patrons. *Health Education & Behavior, 28*(2), 186–199. doi:10.1177/109019810102800205

Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J. L., Toomey, T. L., ... Jones-Webb, R. (2000). Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol and Drugs, 61*(1), 85.

Further reading

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking prevention: Guide 5, Enforcement. Washington, DC: National Highway Traffic Safety Administration. Available at: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book5_Enforcement.html#Shoulder%20tap

COALITION BUILDING

Description of strategy

A coalition is a group of individuals who align in a formal, organized way to address issues of shared concern over time. Coalitions often include local government officials, nonprofit agency and business leaders, and interested citizens (Zakocs & Edwards, 2006). Coalitions offer a unique opportunity for community members to define, identify, and implement solutions for local substance abuse problems. One example of an effective coalition from the traffic safety community is Mothers Against Drunk Driving (MADD). This coalition has actively worked to reduce impaired driving since the 1980s (National Association of Governors' Highway Safety Representatives, 2001).

Discussion of effectiveness

Alcohol

The evidence is unclear on the effectiveness of coalition building as a solo strategy for preventing alcohol abuse. Findings are supportive for alcohol outcomes when coalition building is part of a multi-component strategy with many environmental prevention programs (Guide to Community Preventive Services, 2010; Weitzman, Nelson, Lee, & Wechsler, 2004). However, a systematic review evaluating the components of an effective coalition cautioned against drawing conclusions about associations between coalitions and population-level outcomes because of the wide variations in indicators of coalition effectiveness and coalition-building factors examined across relatively few studies, discrepancies in how these variables were measured, and the studies' reliance on cross-sectional designs (Zakocs & Edwards, 2006).

Tobacco, other drugs

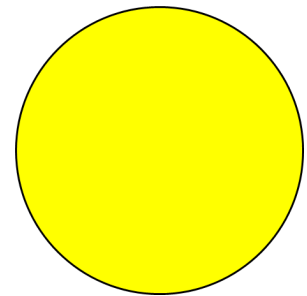
Additional research is needed to evaluate the effectiveness of coalition building as a prevention strategy for tobacco and other drugs.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Youth Empowerment, Tobacco coalition, Tobacco prevention coalition

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

References for description of strategy

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking: Guide 1, Coalition Building. Washington, DC: National Highway Traffic Safety Administration. Retrieved July 30, 2012, from: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book1_CoalitionBldg.html

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COLLEGE CAMPUS POLICIES

Description of strategy

A significant amount of research has been conducted on the prevalence and effects of single programs and policies on college campuses related to alcohol and tobacco treatment, intervention, and prevention. These programs include policies such as substance-free dorms, letters to parents regarding alcohol violations, smoke-free campuses, Friday and Saturday class requirements, and prohibition of alcohol sales on campus. To be effective at reaching the entire continuum of students who may experience alcohol- and tobacco-related problems, campuses must do more than implement single policies or programs. Components of a comprehensive campus alcohol system include alcohol screening, intervention, treatment, prevention policies mentioned above, and enforcement. Recent research suggests that making multiple changes to the campus and community alcohol environment can be effective in reducing alcohol use and related problems among college students; however, the ideal combination of programs, policies and other systems changes has not been identified (University of Minnesota Alcohol Epidemiology Program, 2009).

Discussion of effectiveness

Alcohol

Evidence is varied for the effectiveness of college campus policies regarding underage drinking and other alcohol related outcomes. Multi-component programs were typically found to be effective (Newman, Shell, Major, & Workman, 2006; Saltz, Welker, Paschall, Feeney, & Fabiano, 2009; Wolfson et al., 2012). The degree of effectiveness depended on the level of policy implementation and the specific components of the college campus program (Toomey & Wagenaar, 2002; Weitzman, Nelson, Hang, & Wechsler, 2004).

Tobacco

Evidence is generally supportive of the effectiveness of college campus policies to reduce tobacco use among college students. Specifically, implementation of smoke-free campus policies was associated with favorable changes in smoking behavior (Seo, Macy, Torabi, & Middlestadt, 2011).

Other drugs

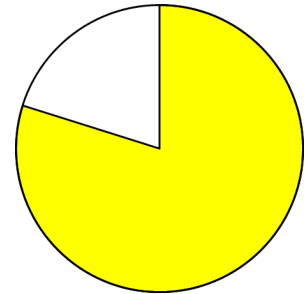
Additional research is needed to evaluate the effectiveness of college campus policies on outcomes related to other drug use.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Alcohol and Tobacco-Free campus, SafeRide

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

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COMMUNITIES MOBILIZING FOR CHANGE ON ALCOHOL

Description of strategy

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. CMCA seeks both to limit youths' access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol (National Registry of Evidence-based Programs and Practices, 2012).

Discussion of effectiveness

Alcohol

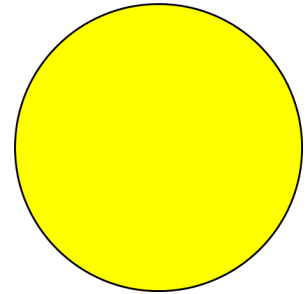
The current literature provides varied evidence on the effectiveness of CMCA. The National Registry of Evidence-based Programs and Practices systematic review found a significant decrease in alcohol access at on-site retail outlets (bars and restaurants), but not for off-site retail outlets (liquor stores) (National Registry of Evidence-based Programs and Practices, 2012). Evidence generally supports the effectiveness of CMCA for youth age 18-20 years old; however, evidence is not supportive of the effectiveness of CMCA for youth age 15-17 years old (National Registry of Evidence-based Programs and Practices, 2012; Wagenaar, Murray, & Toomey, 2000; Wagenaar et al., 2000).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COMMUNITIES MOBILIZING FOR CHANGE ON ALCOHOL

References for description of strategy

National Registry of Evidence-based Programs and Practices. (2012). Communities Mobilizing for Change on Alcohol (CMCA). Substance Abuse and Mental Health Services Administration. Retrieved July 30, 2012, from: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=117>

Evidence base

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COMMUNITY NORMS AROUND ALCOHOL, TOBACCO, AND OTHER DRUG USE

Description of strategy

One of the most recognized prevention strategies that address community norms around alcohol use is the LifeSkills Training (LST) program. LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12) (National Registry of Evidence-based Programs and Practices, 2012).

In 2008, the Wyoming Department of Health implemented the Wyoming Positive Community Norms campaign, an example of a community norms strategy. The campaign included a survey of youth and adult beliefs, behaviors, and perceptions about alcohol use. The campaign was media-based (Wyoming Department of Health, 2008).

Discussion of effectiveness

Alcohol, tobacco, other drugs

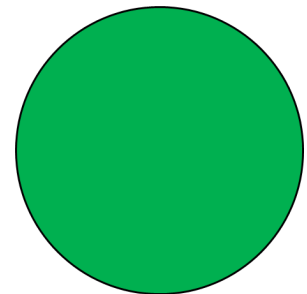
Evidence suggests LifeSkills Training is an effective strategy that focuses on changing community norms around alcohol use to reduce substance abuse, normative expectations for substance abuse, and violence and delinquency for students ages 13-17 years old (National Registry of Evidence-based Programs and Practices, 2012). Other school-based multi-component interventions that included a component on changing community norms around alcohol use were also effective at slowing the increase of alcohol consumption among adolescents (Perry et al., 2002).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: LifeSkills Training (LST), Community Norms on Alcohol Availability

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COMMUNITY NORMS AROUND ALCOHOL, TOBACCO, AND OTHER DRUG USE

References for description of strategy

National Registry of Evidence-based Programs and Practices. (2012). LifeSkills Training. Substance Abuse and Mental Health Services Administration. Retrieved July 30, 2012, from: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=109>

Evidence base

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Wyoming Department of Health. (2008). Community survey key findings. Available at: <http://www.health.wyo.gov/mhsa/prevention/media.html>

COMMUNITY PREVENTION TRIALS

Description of strategy

Community Trials Intervention to Reduce High-Risk Drinking, also called Community Prevention Trials, is a multi-component, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in: (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. The program aims to help communities reduce alcohol-related accidents and incidents of violence and the injuries that result from them. The program typically is implemented over several years, gradually phasing in various environmental strategies; however, the period of implementation may vary depending on local conditions and goals (National Registry of Evidence-based Programs and Practices, 2012).

Discussion of effectiveness

Alcohol

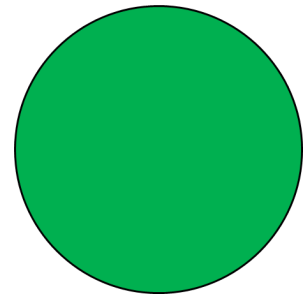
Evidence suggests implementation of the Community Prevention Trials program can significantly reduce alcohol-related behaviors and harms (National Registry of Evidence-based Programs and Practices, 2012). A study evaluating a similar program implemented on college campuses also found the program to significantly reduce high-risk drinking and its related consequences among college students (Wolfson et al., 2012).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Community Trials to Reduce High-Risk Drinking

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COMMUNITY PREVENTION TRIALS

References for description of strategy

National Registry of Evidence-based Programs and Practices. (2012). Community Trials Intervention to Reduce High-Risk Drinking. Substance Abuse and Mental Health Services Administration. Retrieved July 30, 2012, from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=9>

Evidence base

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National Registry of Evidence-based Programs and Practices. (2012). Community Trials Intervention to Reduce High-Risk Drinking. Substance Abuse and Mental Health Services Administration. Available at: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=9>

Treno, A. J., Gruenewald, P. J., Lee, J. P., & Remer, L. G. (2007). The Sacramento Neighborhood Alcohol Prevention Project: Outcomes from a community prevention trial. *Journal of Studies on Alcohol and Drugs, 68*(2), 197.

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COMPLIANCE CHECKS OF ALCOHOL OR TOBACCO RETAILERS

Description of strategy

A compliance check is a tool used to identify alcohol and tobacco establishments that sell to underage youth and to increase retailer compliance with prohibitions on alcohol and tobacco sales to minors. The practice of conducting compliance checks can be mandated by a local ordinance. Typically the ordinance will outline the standards for conducting the checks, the people or agencies responsible for conducting the checks, and the penalties for establishments, servers, and sellers who illegally sell or serve alcohol/tobacco to underage youth. The practice also may be voluntarily implemented by law enforcement or licensing authorities. Compliance checks have two general purposes. The first is to enforce state criminal statutes and/or local administrative ordinances. The second purpose is to identify, warn, and educate alcohol/tobacco establishments that serve or sell alcohol/tobacco to underage youth.

Compliance checks are typically implemented by a standard procedure. For example, initially alcohol licensees are informed that compliance checks will occur at various times throughout the year and about potential penalties for selling alcohol to underage youth. During the check, an enforcement agent (police officer or other authorized person) waits outside the premises while a person under age 21 attempts to purchase or order an alcoholic beverage. If the alcohol establishment sells alcohol to the young person, the enforcement agent issues a citation either to the seller/server or to the establishment. The police officer may charge the server or seller who sold the alcohol (when compliance checks are used to enforce state laws governing servers and sellers), or the officer may issue an administrative citation, which is imposed upon the alcohol license holder rather than the individual server or seller (when compliance checks are used to enforce local administrative ordinances). Because administrative charges are easier, faster, and less expensive to prosecute, they can be the best option-and in some communities the only option-for penalizing alcohol establishments (University of Minnesota Alcohol Epidemiology Program, 2011).

Similar standard procedures may be used in compliance checks of tobacco retailers.

Discussion of effectiveness

Alcohol

Alcohol compliance checks as part of a multi-component intervention were generally found to be effective at reducing underage sales (Wagenaar, Toomey, & Erickson, 2005; Saltz, Welker, Paschall, Feeney, & Fabiano, 2009).

Tobacco

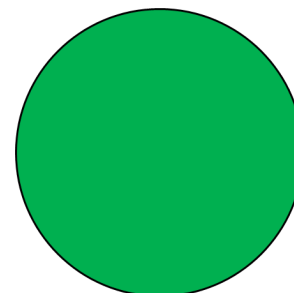
The Centers for Disease Control and Prevention Community Preventive Service Task Force systematic review found insufficient evidence on the effectiveness of active enforcement of sales laws when implemented alone in reducing minors' access to tobacco because few studies qualified for review (Guide to Community Preventive Services, 2001a). However, studies published after completion of the review found that tobacco retail outlet inspections were associated with increased sales restrictions to youth (Tangirala, McKyer, Goetze, & McCarthy-Jean, 2006). A systematic review of interventions to prevent tobacco sales to minors cautioned that while an increase in compliance may reduce youth access to tobacco it does not necessarily change perception of access or smoking behavior among youth (Stead & Lancaster, 2005).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: Drug Free Business and Passed Compliance Check Recognition

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COMPLIANCE CHECKS OF ALCOHOL OR TOBACCO RETAILERS

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2011). Compliance Checks. Retrieved July 19, 2012, from: <http://www.epi.umn.edu/alcohol/policy/compchks.shtm>

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Guide to Community Preventive Services. (2001b). Restricting minors' access to tobacco products: Retailer education with reinforcement and information on health consequences. Available at: www.thecommunityguide.org/tobacco/restrictingaccess/REwithreinforcement.html

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Stead, L. F., & Lancaster, T. (2005). Interventions for preventing tobacco sales to minors. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001497.pub2/abstract>

Tangirala, M. K., McKyer, E. L. J., Goetze, D. D., & McCarthy-Jean, J. (2006). Use of tobacco retailer inspections to reduce tobacco sales to youth: Do inspections increase retailer compliance? *International Journal of Consumer Studies*, 30(3), 278–283. doi:10.1111/j.1360-0443.2005.00973.x

Wagenaar, A. C., Toomey, T. L., & Erickson, D. J. (2005). Preventing youth access to alcohol: Outcomes from a multi-community time-series trial. *Addiction*, 100(3), 335–345. doi:10.1111/j.1360-0443.2005.00973.x

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CONDITIONAL USE PERMITS/LAND USE ORDINANCES FOR ALCOHOL OUTLETS

Description of strategy

Local regulatory authority can identify the appropriate locations within their jurisdiction where alcohol may be sold or consumed and how it may be distributed and marketed by way of conditional use permits and land use ordinances (Ashe, Jernigan, Kline, & Galaz, 2003). Conditional use permits, sometimes called “special use permits” or “special exceptions,” are a refinement of zoning powers whereby the government makes exceptions for specific uses of land otherwise prohibited by general zoning controls as long as the property owner meets certain conditions (Fulton, 1999). Limiting the number of local conditional use permits for alcohol-related events reduces the retail availability of alcohol within a community. This strategy relies on local regulatory and land use powers to decrease retail availability of alcohol (Mosher & Reynolds, 1999).

Discussion of effectiveness

Alcohol

A 2003 review of land use planning literature suggests that land use regulations are an effective public health advocacy tool to lessen negative effects of alcohol retail outlets in neighborhoods but the review does not provide a quantitative assessment of the effectiveness (Ashe, Jernigan, Kline, & Galaz, 2003). A study looking at eight local alcohol policies, including conditional use permits, found that none of the local alcohol-policy ratings were associated with adolescent drinking, but overall outlet density was positively related to alcohol use and heavy drinking (Paschall, MGrube, Thomas, Cannon, & Treffers, 2012).

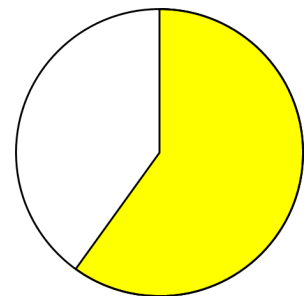
While there is limited evidence evaluating the effectiveness of conditional use permits and land use ordinances on alcohol-related outcomes, they can reduce the retail availability of alcohol (Mosher & Reynolds, 1999). See “Limit and Restrict the Location and Density of Alcohol Retail Outlets” for more information on strategies that reduce retail availability of alcohol (pg. 91).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Alcohol Permit Processing, Special use permits, Special exceptions to zoning laws.

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

CONDITIONAL USE PERMITS/LAND USE ORDINANCES FOR ALCOHOL OUTLETS

References for description of strategy

Ashe, M., Jernigan, D., Kline, R., & Galaz, R. (2003). Land Use Planning and the Control of Alcohol, Tobacco, Firearms, and Fast Food Restaurants. *American Journal of Public Health, 93*(9), 1404–1408.

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Mosher, J.F. & Reynolds, B. (1999). Underage Drinking Enforcement Training Center: How to use local regulatory and land use powers to prevent underage drinking. Office of Juvenile Justice and Delinquency Prevention. Retrieved July 30, 2012, from: <http://www.udetc.org/documents/regulatory.pdf>

Evidence base

Ashe, M., Jernigan, D., Kline, R., & Galaz, R. (2003). Land use planning and the control of alcohol, tobacco, firearms, and fast food restaurants. *American Journal of Public Health, 93*(9), 1404–1408.

Mosher, J. F., & Reynolds, B. (1999). Underage Drinking Enforcement Training Center: How to use local regulatory and land use powers to prevent underage drinking. Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.udetc.org/documents/regulatory.pdf>

Paschall, M. J., Grube, J. W., Thomas, S., Cannon, C., & Treffers, R. (2012). Relationships between local enforcement, alcohol availability, drinking norms, and adolescent alcohol use in 50 California cities. *Journal of Studies on Alcohol and Drugs, 73*(4), 657.

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Thomas, S., Paschall, M. J., Grube, J. W., Cannon, C., & Treffers, R. (2012). Underage alcohol policies across 50 California cities: An assessment of best practices. *Substance Abuse Treatment, Prevention, and Policy, 7*(1), 26. doi:10.1186/1747-597X-7-26

COPS IN SHOPS PROGRAMS

Description of strategy

A “Cops in Shops” program places undercover law enforcement officers, or alcohol beverage control (ABC) agents or inspectors in off-premise stores that sell alcohol. Officers issue citations or make arrests for underage purchase, attempts to purchase, and related violations, including citations for adults who purchase alcohol for underage youth, according to the current law of the jurisdiction where the program is in operation. Training is provided to both law enforcement officials and retailers.

In this program, law enforcement officers and inspectors not only cite or arrest underage youth who attempt to purchase or purchase alcohol illegally, the program also emphasizes the use of publicity as a continuous deterrent to potential underage buyers. Store posters, stickers for cold case storage areas, brochures, posters on buses or in subways, buttons, and television public service announcements remind young people that if they attempt to buy alcohol illegally, they may be dealing with an undercover law enforcement officer or alcohol inspector. “Cops in Shops” was originally developed in Delaware, but in recent years the program has been enhanced, packaged, and promoted nationwide by the Century Council, a national, not-for-profit organization dedicated to fighting drunk driving and illegal underage drinking (National Highway Traffic Safety Administration, 2001).

Discussion of effectiveness

Alcohol

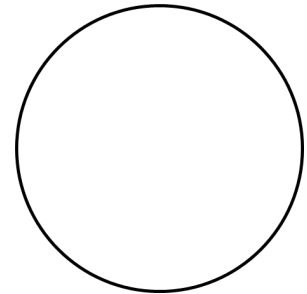
No evidence regarding the effectiveness of "Cops in Shops" programs was located.

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COPS IN SHOPS PROGRAMS

References for description of strategy

National Highway Traffic Safety Administration. (2001). Community How To Guides On Underage Drinking: Enforcement. Retrieved July 23, 2012, from: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book5_Enforcement.html#Shoulder%20tap

Evidence base

No published literature

Further reading

Cops in Shops (web page). (n.d.). Available at: <http://www.centurycouncil.org/initiative/cops-shops>.

Montgomery, J. M., Foley, K. L., & Wolfson, M. (2006). Enforcing the minimum drinking age: State, local and agency characteristics associated with compliance checks and Cops in Shops programs. *Addiction*, *101*(2), 223-231. doi:10.1111/j.1360-0443.2006.01328.x.

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking prevention: Guide 5, Enforcement. Washington, DC: National Highway Traffic Safety Administration. Available at: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book5_Enforcement.html#shoulder%20tap

COUNTER-MARKETING & COUNTER-ADVERTISING CAMPAIGNS

Description of strategy

Counter-marketing refers to the use of commercial marketing tactics to reduce the prevalence of substance use. Counter-marketing attempts to counter pro-substance influences and increase pro-health messages and influences throughout a state, region, or community (Centers for Disease Control and Prevention, 2003; Centers for Disease Control and Prevention, 2000). One example of a counter-marketing campaign is the national “truth” campaign to reduce youth smoking. The campaign features fast-paced, hard-edged ads that present the facts about the addictiveness of smoking, the number of deaths and amount of disease attributed to smoking, the ingredients in cigarettes, and the marketing practices of the tobacco industry (Allen, Vallone, Vargyas, Healthon, 2009).

Discussion of effectiveness

Alcohol

Results of a review article indicate varied evidence of effectiveness for counter-marketing efforts targeting alcohol consumption (Agostinelli & Grube, 2002).

Tobacco

Findings from a 2012 systematic review are generally supportive of the effectiveness of counter-marketing campaigns for reducing smoking prevalence and initiation (Malone, Grundy, & Bero, 2012).

Other drugs

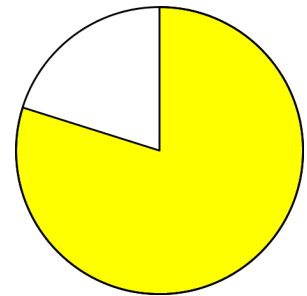
Evidence of effectiveness is also mixed for counter-marketing campaigns targeting other drugs. A 2002 study reported that recall of antidrug advertising was associated with a lower probability of marijuana and cocaine/crack use (Block, Morwitz, Putsis, & Sen, 2002). However, a study assessing the National Youth Antidrug Media Campaign did not find an association between the campaign and reduced marijuana use (Hornik, Jacobsohn, Orwin, Piesse, & Kalton, 2008).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Denormalisation; National “truth” campaign; The Line Social Marketing Campaign; Campaign against underage drinking

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

COUNTER-MARKETING & COUNTER-ADVERTISING CAMPAIGNS

References for description of strategy

- Allen, J. A., Vallone, D., Vargyas, E., & Heaton, C.G. (2009). The truth® campaign: Using counter-marketing to reduce youth smoking. In B. Healey & R. Zimmerman, Jr. (Eds.), *The new world of health promotion: New program development, implementation, and evaluation*. Sudbury, MA: Jones & Bartlett.
- Centers for Disease Control and Prevention. (2003). Designing and implementing an effective tobacco counter-marketing campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf
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- Niederdeppe, J., Farrelly, M.C., & Haviland, M.L. (2004). Confirming "truth": More evidence of a successful tobacco counter-marketing campaign in Florida. *American Journal of Public Health*, 94(2), 255-257.

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- Sukle, M., Neujahr, A., Koch, K.C., & Schultz, D. (2010). "Where do you draw the line?" Wyoming's unified campaign to tackle substance abuse. *Cases in Public Health Communication & Marketing*, 4, 79-100. Available at: www.casesjournal.org/volume4

CURFEW ORDINANCE PROGRAMS

Description of strategy

Curfew ordinances restrict the hours that minors are permitted on streets or in public places at night. A curfew may help reduce the likelihood that minors will be the victims of criminal acts or become involved in criminal acts including alcohol, tobacco and other drug use, during curfew hours. Curfew ordinances may also aid parents and guardians in their responsibility to supervise their children as well as give police officers additional control over juvenile activity taking place after curfew hours (WyPTAC, 2009).

Wyoming does not have a state curfew ordinance but many municipalities have curfew ordinances in place (State of Wyoming, 2010).

Discussion of effectiveness

Alcohol, tobacco, other drugs

No studies were found that evaluated the effectiveness of curfew ordinances on outcomes related to alcohol, tobacco, or other drugs.

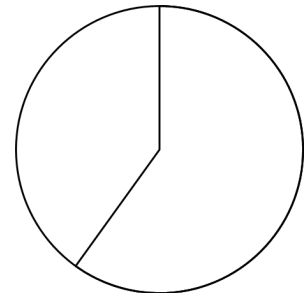
Evidence from research that evaluated the effects of teen curfew on juvenile arrest rates, criminal offense behavior, and victimization does not support the effectiveness of curfew programs (Adams, 2003; Sutphen & Ford, 2001).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
<i>Economic availability</i>	
<i>Retail availability</i>	
<i>Social availability</i>	
<i>Promotion & media</i>	
<i>Enforcement</i>	
<i>Community norms</i>	
Tobacco Goal	
<i>Prevent youth initiation</i>	
<i>Promote cessation</i>	
<i>Eliminate exposure to SHS</i>	
<i>Identify and eliminate disparities</i>	

- Primary domain/Tobacco goal
- Cross-referenced domain

CURFEW ORDINANCE PROGRAMS

References for description of strategy

State of Wyoming Office of Attorney General. (2010). Crime in Wyoming Annual Report. Retrieved September 5, 2012, from: http://attorneygeneral.state.wy.us/dci/pdf/2010_Annual_Report.pdf

WyPTAC. (2009). *Wyoming's prevention framework to reduce the misuse of alcohol: Community implementation workbook*. Laramie, WY: Wyoming Prevention Technical Assistance Consortium.

Evidence base

Adams, K. (2003). The Effectiveness of juvenile curfews at crime prevention. *The ANNALS of the American Academy of Political and Social Science*, 587(1), 136–159. doi:10.1177/0002716202250944

Sutphen, R. D., & Ford, J. (2001). Effectiveness and enforcement of a teen curfew law. *The Journal of Sociology and Social Welfare*, 28, 55.

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ENFORCE IMPAIRED DRIVING LAWS

Description of strategy

Impaired driving is one of the most often committed and deadliest crimes in the United States. Impaired driving includes operating a motor vehicle while affected by alcohol, legal, or illegal drugs, being too sleepy or distracted (such as talking or texting on a cell phone), or having a medical condition which affects your driving (National Highway Traffic Safety Administration, 2012). Laws aimed at reducing alcohol-related impaired driving include blood alcohol concentration limits and open container restrictions. These laws may be enforced through sobriety checkpoints or routine traffic stops. Enforcing impaired driving laws could reduce the number of alcohol- and drug-related car crashes.

As of July 2011, Wyoming state law allows police officers to require motorists pulled over for suspected alcohol or drug use to take a breath, blood, or urine test (Wyo. Stat. Ann. § 31-6-102, 2012). This implied consent law aims to help police officers enforce impaired driving laws.

Discussion of effectiveness

Alcohol

Evidence generally supports the effectiveness of enforcement of impaired driving laws for alcohol-related outcomes both as an individual strategy and as part of a multi-component strategy. Studies evaluating enforcement of impaired driving laws through sobriety checkpoints found it to be an effective strategy for reducing alcohol-related traffic crashes (Clapp et al., 2005; Shults et al., 2001). Enforcement of impaired driving laws through mandatory fine policies were associated with an average reduction in fatal crash involvement by impaired drivers, while mandatory minimum jail policies were associated with a decline in single-vehicle nighttime fatal crash involvement and a decline in low-BAC cases (Wagenaar et al., 2007; Sen, 2001).

Other drugs

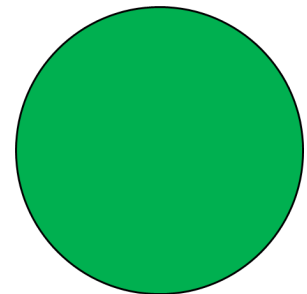
No studies were located that specifically evaluated enforcement of impaired driving laws and drug-related outcomes.

Target substance(s): Alcohol, other drugs

Used in Wyoming: Yes

Other names/examples: DUI Enforcement

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

ENFORCE IMPAIRED DRIVING LAWS

References for description of strategy

National Highway Traffic Safety Administration. (2012). Impaired Driving. Retrieved July 26, 2012, from: <http://www.nhtsa.gov/Impaired>

Wyoming Statute Annotated § 31-6-102 (2012). Retrieved September 10, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Clapp, J. D., Johnson, M., Voas, R. B., Lange, J. E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. *Addiction, 100*(3), 327–334. doi:10.1111/j.1360-0443.2004.00917.x

Cohen, D. A., Mason, K., & Scribner, R. (2002). The population consumption model, alcohol control practices, and alcohol-related traffic fatalities. *Preventive Medicine, 34*(2), 187–197. doi:10.1006/pmed.2001.0970

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Sen, A. (2001). Do stricter penalties deter drinking and driving? An empirical investigation of Canadian impaired driving laws. *Canadian Journal of Economics/Revue canadienne d'économique, 34*(1), 149–164. doi:10.1111/0008-4085.00067

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., ... Thompson, R. S. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine, 21*(4, Suppl. 1), 66–88. doi:10.1016/S0749-3797(01)00381-6

Wagenaar, A. C., Maldonado-Molina, M. M., Erickson, D. J., Ma, L., Tobler, A. L., & Komro, K. A. (2007). General deterrence effects of U.S. statutory DUI fine and jail penalties: Long-term follow-up in 32 states. *Accident Analysis & Prevention, 39*(5), 982–994. doi:10.1016/j.aap.2007.01.003

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National Highway Traffic Safety Administration. (n.d.). Youth impaired driving manual for sheriffs- part two: program strategies. Washington, DC: US Department of Transportation. Available at: <http://www.nhtsa.gov/people/injury/alcohol/Sherriffs%20Web/part2.html>

Stewart, K. (2000). A guide for enforcing impaired driving laws for youth. Calverton, MD: Pacific Institute for Research and Evaluation. Available at: <http://www.udetc.org/documents/EnforceImp.pdf>

ENHANCED ENFORCEMENT

Description of strategy

Enhanced enforcement programs initiate or increase the frequency of enforcement of alcohol, tobacco, and other drug related regulations. One common type of enhanced enforcement is an increase in retailer compliance checks for laws against the sale of alcohol or tobacco to minors in a community. Retailer compliance checks, or “sting operations,” are conducted by or coordinated with local law enforcement or alcohol beverage control agencies, and violators receive legal or administrative sanctions. In addition, enhanced enforcement programs can be conducted as part of multi-component, community-based efforts. Enhanced enforcement programs may include strategies to increase perceived risk of detection by publicizing the increased enforcement activities and cautioning proprietors against selling alcohol or tobacco to minors. For example, a media campaign may publicize the presence of a mobile alcohol command unit to deter drunk driving (Guide to Community Preventive Services, 2006).

Discussion of effectiveness

Alcohol

Evidence supports enhanced enforcement as an effective strategy for limiting underage alcohol purchases but further research is needed to determine the effect on underage drinking (Guide to Community Preventive Services, 2006). A 2012 study found that a multi-component intervention that included enhanced enforcement did not reduce adolescents' odds to initiate weekly drinking but did reduce risk to initiate drunkenness among adolescents who were already weekly drinkers (Schelleman-Offermans, Knibbe, Kuntsche, & Casswell, 2012). Evidence suggests enhanced enforcement is effective as part of a multi-component college campus strategy to reduce underage drinking (Saltz, Welker, Paschall, Feeney, & Fabiano, 2009; Weitzman, Nelson, Hang, & Wechsler, 2004).

Tobacco

A systematic review of interventions for preventing tobacco sales to minors found active enforcement reduced the rate of tobacco sales to minors. The effectiveness of active enforcement is reduced when it is not implemented four to six times a year (Stead & Lancaster, 2005). A 2001 systematic review found insufficient evidence to support enhanced enforcement as an effective strategy for reducing youth access to tobacco (Guide to Community Preventive Services, 2001).

Other drugs

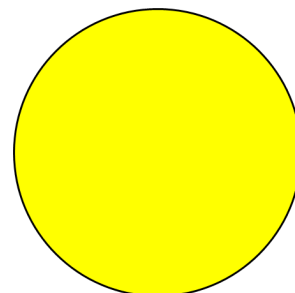
No studies were found that specifically evaluated the effectiveness of enhanced enforcement on outcomes related to other drug use.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Developing an "alcohol unit" for law enforcement, Alcohol Enforcement/Education Team (AET)

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

ENHANCED ENFORCEMENT

References for description of strategy

Guide to Community Preventive Services. (2006). Preventing excessive alcohol consumption: Enhanced enforcement of laws prohibiting sales to minors. Retrieved July 31, 2012, from: www.thecommunityguide.org/alcohol/lawsprohibittingsales.html

Evidence base

Guide to Community Preventive Services. (2006). Preventing excessive alcohol consumption: Enhanced enforcement of laws prohibiting sales to minors. Available at: www.thecommunityguide.org/alcohol/lawsprohibittingsales.html

Guide to Community Preventive Services. (2001). Restricting minors' access to tobacco products: Active enforcement of sales laws directed at retailers. Available at: www.thecommunityguide.org/tobacco/restrictingaccess/enforcementsaleslaws.html.

Saltz, R. F., Welker, L. R., Paschall, M. J., Feeney, M. A., & Fabiano, P. M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs*, (Suppl. 16), 21–27.

Schelleman-Offermans, K., Knibbe, R. A., Kuntsche, E., & Casswell, S. (2012). Effects of a natural community intervention intensifying alcohol law enforcement combined with a restrictive alcohol policy on adolescent alcohol use. *Journal of Adolescent Health*. doi:10.1016/j.jadohealth.2012.03.006

Stead, L. F., & Lancaster, T. (2005). Interventions for preventing tobacco sales to minors. *Cochrane database of systematic reviews (Online)*, (1), CD001497. doi:10.1002/14651858.CD001497.pub2

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Enhanced Enforcement of Laws to Prevent Alcohol Sales to Underage Persons: New Hampshire, 1999-2004. (2004, June 4). MMWR: Morbidity and Mortality Weekly Report, 53(21), 452-454. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5321a2.htm>

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Montgomery, J. M., Foley, K. L., & Wolfson, M. (2006). Enforcing the minimum drinking age: State, local and agency characteristics associated with compliance checks and Cops in Shops programs. *Addiction*, 101(2), 223–231. doi:10.1111/j.1360-0443.2006.01328.x

GENERAL INFORMATION DISSEMINATION

Description of strategy

While broad, the information dissemination prevention strategy aims to increase knowledge of alcohol, tobacco, and other drugs (ATOD) and consequences of use to promote anti-ATOD attitudes (Skiba, Monroe, & Wodarski, 2004).

Discussion of effectiveness

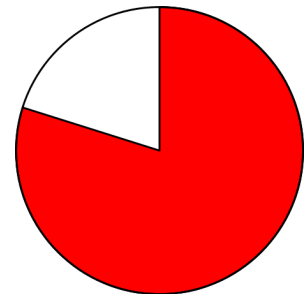
Alcohol, tobacco, other drugs
None of the reviewed articles support the effectiveness of general information dissemination as a prevention strategy for alcohol, tobacco, and other drug use.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Health fairs; REACH Website; Drug and alcohol prevention education

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

GENERAL INFORMATION DISSEMINATION

References for description of strategy

Skiba, D. Monroe, J., & Wodarski, J.S. (2004). Adolescent substance use: Reviewing the effectiveness of prevention strategies. *Social Work, 49* (3), 343-353.

Evidence base

Larimer, M.E. & Counce, J.M. (2002). Identification, prevention, and treatment: A review of individual-focused strategies. *Journal of Studies on Alcohol, Suppl14*, 148-163.

Skiba, D. Monroe, J., & Wodarski, J.S. (2004). Adolescent substance use: Reviewing the effectiveness of prevention strategies. *Social Work, 49* (3), 343-353.

Wall, A.F. (2007). Evaluating a health education web site: The case of AlcoholEdu. *NASPA Journal, 44*(4), 692-714.

Further reading

Schoech, D. (2007). Developing a virtual community to prevent teen substance abuse: Lessons learned. *Journal of Technology in Human Services, 25*(3), 81-100. doi:10.1300/J017v25n03_05

GET TO KNOW STATE LEGISLATORS-GENERAL POLICY DEVELOPMENT

Description of strategy

Numerous communities have implemented laws and policies to effect population health and reduce long-term medical and other costs. Examples include: broad-based policies, such as smoking bans; targeted laws, such as child safety seat laws; educational requirements, such as vaccinations for school attendance; and community-wide interventions, such as water fluoridation (Guide to Community Preventive Services, 2012).

One way to influence the laws and policies that relate to substance abuse is through legislative advocacy. Legislative advocacy can involve anything from working personally with a legislator on the wording of a bill to mobilizing hundreds or even thousands of supporters to voice their opinions to the legislature with phone calls about an issue. Advocacy can require educating legislators, supporters, and the public about the issue; working with the media; continuously seeking out allies; and being persistent over long periods of time. Law makers can support substance abuse prevention by promoting a bill related to prevention, creating a local ordinance that supports prevention, advocating for budget reforms, gaining political support for a project/campaign, or creating networking connections for support of a program/campaign.

In substance abuse prevention, policy development at the local ordinance level is common. For example, in the past few years, many town Boards of Health have banned smoking in restaurants in order to protect non-smoking patrons from the effects of second-hand smoke (Community Toolbox, 2012). In Wyoming several cities have developed policies to enact Clean Indoor Air ordinances despite the lack of regulation at the state level (Centers for Disease Control and Prevention, 2011).

Discussion of effectiveness

Alcohol, tobacco, other drugs

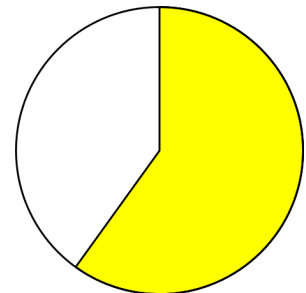
There is limited literature that evaluates the effectiveness of policy change through campaigns to influence the state legislature on alcohol, tobacco, and other drug related outcomes. One study that evaluated policy development found that, in general, regulatory policies where youth were included in the development of the policy were effective for decreasing tobacco sales and purchase but did not have significant results for alcohol consumption (Pentz, 2000). Policy development is often used in conjunction with other prevention measures and can be the byproduct of successful coalition building (Stevenson & Mitchell, 2003).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Alcohol Public Policy, Policy Changes around alcohol availability, Beer tax education/policy change, Legislative education, Social Action on SHS

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

GET TO KNOW STATE LEGISLATORS-GENERAL POLICY DEVELOPMENT

References for description of strategy

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- The Community Toolbox. (2012). Influencing Policy Development. Retrieved July 30, 2012, from: http://ctb.ku.edu/en/dothework/tools_tk_content_page_250.aspx
- Guide to Community Preventive Services. (2012). Policy Development. Retrieved August 14, 2012, from: http://www.thecommunityguide.org/uses/policy_development.html

Evidence base

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Further reading

- The Community Guide to Preventive Services. (2012). Ways to use the Community Guide: Policy development. Available at: http://www.thecommunityguide.org/uses/policy_development.html
- The Community Toolbox: Outline with tools for influencing policy development. (n.d.). Available at: http://ctb.ku.edu/en/dothework/tools_tk_content_page_250.aspx
- Project Extra Mile (web page). (2007). Available at: <http://www.projectextramile.org>
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- U.S. Department of Health and Human Services. (n.d.). NIH NCI: State and local legislative action to reduce tobacco use. Available at: http://cancercontrol.cancer.gov/tcrb/monographs/11/monograph_11.pdf

GRADUATED DRIVER'S LICENSE POLICIES

Description of strategy

Graduated driver licensing (GDL) regulations require new young drivers to advance through restrictive beginner and intermediate phases before they can achieve full licensure. The fundamental intent of these programs is to encourage new drivers to acquire critical driving skills and experience in low-risk and monitored settings. In 1996, the state of Florida implemented the first GDL program in the United States. Within just 6 years, 38 states had introduced similar policies (Dee, Grabowski, & Morrissey, 2005).

In Wyoming, drivers under 17 years of age have restricted licenses, called intermediate permits. With these permits drivers are not allowed to drive with more than one passenger under the age of 18 years who is not a member of the driver's immediate family and drivers may only legally drive between the hours of 5 a.m. and 11 p.m. (Wyoming Department of Transportation, 2009).

Discussion of effectiveness

Alcohol

The evidence generally supports the effectiveness of graduated license policies as a prevention strategy to reduce alcohol-related outcomes. A 2012 study found restrictive GDL laws were associated with decreased driving after drinking alcohol and riding in a car with a driver who had been drinking alcohol among high school youth (Cavazos-Rehg et al., 2012). A Canadian study evaluated the effectiveness of a graduated drivers license law with a legal blood alcohol threshold at zero for new drivers on youth drunk driving rates. The study found a decrease in drunk driving rates for 16 to 17 year olds but the decrease was not significantly associated with implementation of the new law (Carpenter, 2006).

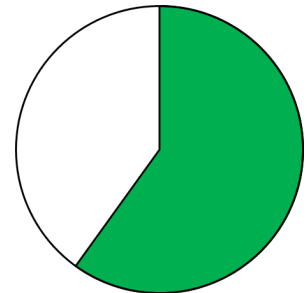
GDL regulations are strongly associated with a decrease in overall traffic crashes. A 2007 systematic review of studies on graduated license policies found that implementation of GDL regulations can reduce youngest drivers' crash rates 20-40 percent (Shope, 2007).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Graduated Diver License (GDL).

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

GRADUATED DRIVER'S LICENSE POLICIES

References for description of strategy

- Dee, T. S., Grabowski, D. C., & Morrissey, M. A. (2005). Graduated driver licensing and teen traffic fatalities. *Journal of Health Economics*, 24(3), 571–589. doi:10.1016/j.jhealeco.2004.09.013
- Wyoming Department of Transportation. (2009). Drivers License and Records. Retrieved August 10, 2012, from: https://www.dot.state.wy.us/wydot/driver_license_records/new_licenses/learner_permits

Evidence base

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- Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Chaloupka, F. J., Schootman, M., Gruzca, R. A., & Bierut, L. J. (2012). Associations between selected state laws and teenagers' drinking and driving behaviors. *Alcoholism: Clinical and Experimental Research*, 36(9), 1647–1652. doi:10.1111/j.1530-0277.2012.01764.x
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- Foss, R. D., Feaganes, J. R., & Rodgman, E. A. (2001). Initial effects of graduated driver licensing on 16-year-old driver crashes in North Carolina. *The Journal of the American Medical Association*, 286(13), 1588–1592. doi:10.1001/pubs.JAMA-ISSN-0098-7484-286-13-joc10277
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- Shope, J. T. (2007). Graduated driver licensing: Review of evaluation results since 2002. *Journal of Safety Research*, 38(2), 165–175. doi:10.1016/j.jsr.2007.02.004

Further reading

- Branche, C., Williams, A. F., & Feldman, D. (2002). Graduated licensing for teens: Why everybody's doing it. *Journal of Law, Medicine and Ethics*, 30, 146.
- Hedlund, J., & Compton, R. (2004). Graduated driver licensing research in 2003 and beyond. *Journal of Safety Research*, 35(1), 5–11. doi:10.1016/j.jsr.2003.10.004
- McKnight, A. J., & Peck, R.C. (2002). Graduated driver licensing: What works? *Injury Prevention*, 8(Suppl. 2), ii32–ii38. doi:10.1136/ip.8.suppl_2.ii32
- National Highway Traffic Safety Administration. (n.d.). Teen drivers: Graduated driver licensing. Available at: <http://www.nhtsa.gov/Driving+Safety/Driver+Education/Teen+Drivers/Teen+Drivers+--+Graduated+Driver+Licensing>

HAPPY HOUR RESTRICTIONS

Description of strategy

Drink promotions such as happy hours may contribute to excessive and rapid consumption of alcohol. These practices include price reduction on certain drinks for a specific time period and theme nights where certain people receive free drinks. Happy hour restrictions aim to reduce alcohol availability through restriction of these promotional activities (WyPTAC, 2009).

Currently Wyoming does not have a state law regulating happy hours, however, local licensing authorities may choose to enact restrictions (Johnson, 2008).

Discussion of effectiveness

Alcohol

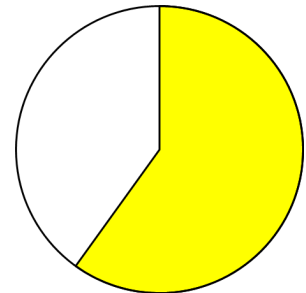
The limited evidence on the effectiveness of happy hour restrictions is varied. One study conducted in the Netherlands found higher levels of adolescent drinking when happy hour discounts were available (van Hoof, van Noordenburg, & Jong, 2008). Another study conducted at colleges in the United States did not find significant differences in levels of underage drinking when happy hours were restricted (Wechsler, Lee, Nelson, & Kuo, 2002). An early observational study did not find a significant difference in alcohol consumption before the happy hour ban compared to after the implementation of the happy hour ban (Smart & Adlaf, 1986).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

HAPPY HOUR RESTRICTIONS

References for description of strategy

- Johnson, E. L. (2008). A Comprehensive review of alcohol state statutes: Findings and recommendations for reducing underage and binge drinking in Wyoming. Prevention Framework Communities. Retrieved September 27, 2012, from: www.health.wyo.gov/Media.aspx?mediald=5866
- Wyoming Department of Revenue: Liquor Division. (n.d.). Wyoming Alcohol Beverage Control Laws: Answers to Frequently Asked Questions. Retrieved August 29th, 2012, from: <http://revenue.state.wy.us/PortalVBVS/uploads/Alcohol%20Law%20FAQ.pdf>
- WyPTAC. (2009). Wyoming's prevention framework to reduce the misuse of alcohol: Community implementation workbook. Laramie, WY: Wyoming Prevention Technical Assistance Consortium.

Evidence base

- Smart, R. G., & Adlaf, E. M. (1986). Banning happy hours: The impact on drinking and impaired-driving charges in Ontario, Canada. *Journal of Studies on Alcohol*, 47(3), 256–258.
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- Wechsler, H., Lee, J., Nelson, T. F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies. *Journal Of American College Health*, 50(5), 223.

Further reading

- National Highway Traffic Safety Administration. (2005). Preventing over-consumption of alcohol-sales to the intoxicated and "happy hour" (drink special) laws (Report No. DOT HS 809 878). Available at: www.nhtsa.gov/people/injury/alcohol/PIREWeb/images/2240PIERFINAL.pdf

HEALTHCARE INITIATIVES

Description of strategy

Health care employees are uniquely positioned to assist their patients and families with prevention, detection, and treatment of substance abuse. Clinicians have repeated contact with patients over the course of the year and have an opportunity at each visit to communicate with the patient regarding substance abuse. Furthermore, primary care clinicians commonly see patients with a range of alcohol-related risks and problems (Whitlock, Polen, Green, Orleans, & Klein, 2004). A brief intervention with high-risk patients may prevent future substance abuse.

Discussion of effectiveness

Alcohol

Evidence generally supports effectiveness of brief, multi-contact interventions with primary care providers for reducing alcohol consumption (Kaner et al., 2009; Whitlock, Polen, Green, Orleans, & Klein, 2004).

Tobacco

A systematic review of the effectiveness of brief interventions in healthcare and school settings on adolescent tobacco use did not find a significant effect (Tait & Hulse, 2003). A 2008 review of tobacco interventions found that brief, clinical interventions increase overall tobacco abstinence rates (US Department of Health and Human Services, 2008).

Other drugs

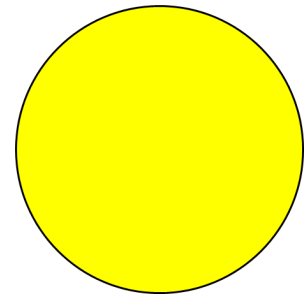
There is limited literature on the effectiveness of healthcare initiatives on drug related outcomes. Two studies found that brief interventions were associated with reduced drug use post-intervention (Bernstein et al., 2005; Madras et al., 2009). However, the reduction was not significant for all types of drug use.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Talk with your physician

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

References for description of strategy

Whitlock, E. P., Polen, M. R., Green, C. A., Orleans, T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, *140*(7), 557–568.

Evidence base

Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, *77*(1), 49–59. doi:10.1016/j.drugalcdep.2004.07.006

Kaner, E. F. S., Dickinson, H. O., Beyer, F., Pienaar, E., Schlesinger, C., Campbell, F., ... Heather, N. (2009). The effectiveness of brief alcohol interventions in primary care settings: A systematic review. *Drug and Alcohol Review*, *28*(3), 301–323. doi:10.1111/j.1465-3362.2009.00071.x

Kentala, J., Utriainen, P., Pahkala, K., & Mattila, K. (1999). Can Brief Intervention through Community Dental Care Have an Effect on Adolescent Smoking? *Preventive Medicine*, *29*(2), 107–111. doi:10.1006/pmed.1999.0512

Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, *99*(1–3), 280–295. doi:10.1016/j.drugalcdep.2008.08.003

Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K.L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction (Abingdon, England)*, *106*(1), 111–120. doi:10.1111/j.1360-0443.2010.03229.x

Ozer, E. M., Adams, S. H., Orrell-Valente, J. K., Wibbelsman, C. J., Lustig, J. L., Millstein, S. G., ... Irwin, C. E. (2011). Does delivering preventive services in primary care reduce adolescent risky behavior? *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *49*(5), 476–482. doi:10.1016/j.jadohealth.2011.02.011

Tait, R. J., & Hulse, G. K. (2003). A systematic review of the effectiveness of brief interventions with substance using adolescents by type of drug. *Drug and Alcohol Review*, *22*(3), 337–346. doi:10.1080/0959523031000154481

US Department of Health and Human Services. (2008). Tobacco use and dependence guideline panel. Treating tobacco use and dependence: 2008 Update. Rockville (MD). Available at: <http://www.ncbi.nlm.nih.gov/books/NBK63952/>

Whitlock, E. P., Polen, M. R., Green, C. A., Orleans, T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, *140*(7), 557–568.

Further reading

Babor, T. F., & Higgins-Biddle, J. C. (2000). Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction*, *95*(5), 677–686. doi:10.1046/j.1360-0443.2000.9556773.x

IMMOBILIZE OR IMPOUND THE VEHICLES OF THOSE CONVICTED OF IMPAIRED DRIVING

Description of strategy

Legislation can empower law enforcement agencies to immobilize or impound the vehicles of those convicted of impaired driving. This legislation falls primarily into three broad categories: (1) programs that require special plates on the vehicles of driving-while-intoxicated offenders and/or confiscating the vehicle plates and vehicle registration; (2) programs that require installation of devices in the vehicle that prevent it from operating if the driver has been drinking (alcohol ignition interlocks); and, (3) programs that impound, immobilize, confiscate, or forfeit the vehicles.

A 2008 document commissioned by the National Highway Traffic Safety Administration (NHTSA) reported alcohol ignition interlock laws are most common (43 states), followed by vehicle forfeiture laws (31 states). Half of all states reported having alcohol ignition interlock laws that were actively being applied on at least some eligible offenders. (National Highway Traffic Safety Administration, 2008).

In Wyoming an alcohol ignition interlock can be installed if a driver is convicted of having a blood alcohol concentration of .15 percent or higher, or if the driver is convicted of two or more driving-while-intoxicated offenses (Wyoming Department of Transportation, n.d.).

Discussion of effectiveness

Alcohol, other drugs

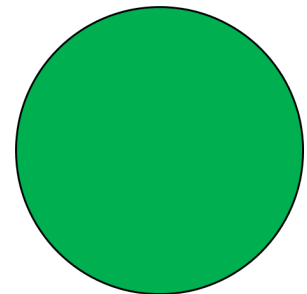
Evidence supports effectiveness of immobilization or impoundment of vehicles of those convicted of impaired driving for reducing recidivism (the tendency to relapse and commit the offence again), traffic convictions, and crashes. The Community Preventive Services Task Force specifically recommend the use of ignition interlocks based on their effectiveness in reducing re-arrest rates (Guide to Community Preventive Services, 2006).

Target substance(s): Alcohol, other drugs

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

IMMOBILIZE OR IMPOUND THE VEHICLES OF THOSE CONVICTED OF IMPAIRED DRIVING

References for description of strategy

National Highway Traffic Safety Administration. (2008). Update of vehicle sanctions laws and their application. Retrieved July 27, 2012, from: <http://ntl.bts.gov/lib/32000/32800/32849/811028ab.pdf>

Wyoming Department of Transportation. (n.d.). Ignition Interlock Program. Retrieved September 18, 2012, from: http://www.dot.state.wy.us/wydot/driver_license_records/suspensions

Evidence base

Deyoung, D. J. (1999). An evaluation of the specific deterrent effects of vehicle impoundment on suspended, revoked, and unlicensed drivers in California. *Accident Analysis & Prevention, 31*(1–2), 45–53. doi:10.1016/S0001-4575(98)00043-8

DeYoung, D. J. (2000). An evaluation of the general deterrent effect of vehicle impoundment on suspended and revoked drivers in California. *Journal of Safety Research, 31*(2), 51–59. doi:10.1016/S0022-4375(00)00024-4

Guide to Community Preventive Services. (2006). Reducing alcohol-impaired driving: Ignition interlocks. Available at: www.thecommunityguide.org/mvoi/AID/ignitioninterlocks.html

Voas, R. B., & DeYoung, D. J. (2002). Vehicle action: Effective policy for controlling drunk and other high-risk drivers? *Accident Analysis & Prevention, 34*(3), 263–270. doi:10.1016/S0001-4575(01)00025-2

Further reading

Cooper, D., Chira-Chavala, T., & Gillen, D. (2000). Safety and other impacts of vehicle impound enforcement. Available at: <http://escholarship.org/uc/item/3pm078s7>

National Highway Traffic Safety Administration (n.d.) Guidelines for a suspended or revoked operator enforcement program: Sanctions against the vehicle. Available at: <http://www.nhtsa.gov/people/injury/enforce/Guidelines/partfour.htm>

National Highway Traffic Safety Administration. (2008). Update of vehicle sanction laws and their application: Volume ii – vehicle sanctions status by state. Available at: <http://ntl.bts.gov/lib/32000/32800/32849/811028ab.pdf>

INCREASE BEVERAGE SERVERS' LEGAL LIABILITY

Description of strategy

Beverage servers' legal liability can be increased through implementation of dram shop liability laws. Dram shop liability laws establish a drinking establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party. Examples of such harms may include death, injury, or other damages as a result of an alcohol-related car crash. These laws may apply to the owner of the establishment or the individual server. Some states impose restrictions on dram shop liability by capping the amount of compensation allowed in suits, by increasing the evidence required to demonstrate responsibility, or by imposing statutes of limitations (Guide to Community Preventive Services, 2010).

Wyoming has a limited liability state law. The law states that no person who has legally provided alcohol to any other person is liable for damages caused by the intoxication of the other person (Wyo. Stat. Ann. § 12-8-301, 2012). However, licensees and their employees can be held liable for damages if they serve a minor who is not a family member. Licensees and their employees can also be held liable for damages if they serve a habitual drunkard and written notice has been provided to the licensee that the person has a drinking problem (Wyo. Stat. Ann. § 12-5-502, 2012).

Discussion of effectiveness

Alcohol

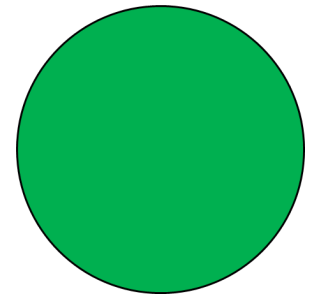
Evidence generally supports increasing beverage servers' legal liability for preventing and reducing alcohol-related harms (Guide to Community Preventive Services, 2010). One study noted that increasing liability was related to lowered self-reported probability of heavy episodic drinking and drunk driving among all drinkers but did not reduce the probability of self-reported, heavy episodic drinking and drinking and driving among heavy drinkers (Stout, Sloan, Liang, & Davies, 2000).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Dram shop liability

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

INCREASE BEVERAGE SERVERS' LEGAL LIABILITY

References for description of strategy

Guide to Community Preventive Services. (2010). Preventing excessive alcohol consumption: Dram shop liability. Retrieved July 24, 2012, from: www.thecommunityguide.org/alcohol/dramshop.html

Wyoming Statute Annotated § 12-5-502 (2012). Retrieved September 15, 2012, from: <http://www.lexisnexis.com/hottopics/wy statutes/>

Wyoming Statute Annotated § 12-8-301 (2012). Retrieved September 15, 2012, from: <http://www.lexisnexis.com/hottopics/wy statutes/>

Evidence base

Guide to Community Preventive Services. (2010). Preventing excessive alcohol consumption: Dram shop liability. Available at: www.thecommunityguide.org/alcohol/dramshop.html

Rammohan, V., Hahn, R. A., Elder, R., Brewer, R., Fielding, J., Naimi, T. S., ... Zometa, C. (2011). Effects of dram shop liability and enhanced over service law enforcement initiatives on excessive alcohol consumption and related harms: Two Community Guide systematic reviews.

American Journal of Preventive Medicine, 41(3), 334–343. doi:10.1016/j.amepre.2011.06.027

Stout, E. M., Sloan, F. A., Liang, L., & Davies, H. H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. *Journal of Studies on Alcohol and Drugs*, 61(3), 402.

Wagenaar, A. C., & Holder, H. D. (1991). Effects of alcoholic beverage server liability on traffic crash injuries. *Alcoholism: Clinical and Experimental Research*, 15(6), 942–947. doi:10.1111/j.1530-0277.1991.tb05194.x

Further reading

Holder, H. D., Janes, K., Mosher, J., Saltz, R., Spurr, S., & Wagenaar, A. C. (1993). Alcoholic beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol*, 54(1), 23–36.

INCREASE PRICE OR TAXES ON ALCOHOL OR TOBACCO

Description of strategy

These interventions increase the price for alcohol and tobacco products through municipal, state, or federal legislation that raises the excise tax on these products. Alcohol excise taxes affect the price of alcohol, and are intended to reduce alcohol-related harms, raise revenue, or both. Alcohol taxes are implemented at the state and federal level, and are beverage-specific (i.e., they differ for beer, wine and spirits). These taxes are usually based on the amount of beverage purchased (not on the sales price), so their effects can erode over time due to inflation if they are not adjusted regularly (Guide to Community Preventive Services, 2007). Increases in tobacco taxes are per unit. Such increases make the use of tobacco products less attractive to young people who have limited incomes and a variety of ways to spend their money (Guide to Community Preventive Services, 2007).

Discussion of effectiveness

Alcohol

Evidence suggests that increasing the unit price of alcohol is effective in reducing excessive alcohol consumption, adolescent drinking, alcohol-impaired driving, and mortality from liver cirrhosis (Elder et al., 2010).

Tobacco

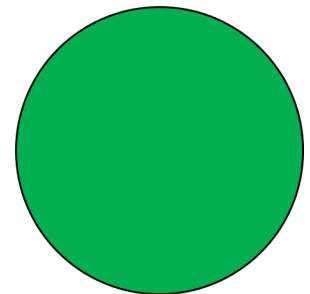
Evidence suggests that increasing the unit price of tobacco through taxes is effective in reducing tobacco use among adolescents and adults, and reducing population consumption of tobacco products (Guide to Preventive Services, 2007).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

INCREASE PRICE OR TAXES ON ALCOHOL OR TOBACCO

References for description of strategy

Guide to Community Preventive Services. (2007). Preventing excessive alcohol consumption: Increasing alcohol taxes. Retrieved July 24, 2012, from: www.thecommunityguide.org/alcohol/increasingtaxes.html

Guide to Community Preventive Services. (2007). Reducing tobacco use initiation: Increasing unit price of tobacco products. Retrieved July 19, 2012, from: www.thecommunityguide.org/tobacco/initiation/increasingprice.html

Evidence base

Elder, R.W., Lawrence, B., Ferguson, A., Naimi, T.S., Brewer, R.D., Chattopadhyay, S.K., Toomey, T.L., and Fielding, J.E. (2010). The Effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventative Medicine*, 38 (2):217–229.

Guide to Community Preventive Services. (2007). Preventing excessive alcohol consumption: Increasing alcohol taxes. Available at: www.thecommunityguide.org/alcohol/increasingtaxes.html

Guide to Community Preventive Services. (2007). Reducing tobacco use initiation: Increasing unit price of tobacco products. Available at: www.thecommunityguide.org/tobacco/initiation/increasingprice.html

Further reading

Alcohol Justice (2011). Increasing Alcohol Taxes- Myth v. Reality. Available at: http://alcoholjustice.org/images/stories/11MI0701_taxmyth_1.pdf

Cook, P. J., & Moore, M. J. (2002). The economics of alcohol abuse and alcohol-control policies. *Health Affairs*, 21(2), 120–133. doi:10.1377/hlthaff.21.2.120

Leverett, M., Ashe, M., Gerard, S., Jenson, J., & Woollery, T. (2002). Tobacco use: The impact of prices. *The Journal of Law, Medicine & Ethics*, 30(3), 88-95. Available at: <http://search.proquest.com/docview/223500201?accountid=14793>

Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*, 104(2), 179–190. doi:10.1111/j.1360 0443.2008.02438.x

INSTITUTE POLICIES CONCERNING CIGARETTE VENDING MACHINES

Description of strategy

Vending machines potentially provide unrestricted cigarette access to minors. Policy-makers, researchers', and citizens recognize the need to limit minors' access to tobacco by restricting the sale of cigarettes through vending machines (Forester, Hourigan, & Kelder, 1992). Restrictions can include banning the sale of tobacco in vending machines or installing vending machine lockout devices. As of June 22, 2010, federal law prohibits vending machines or self-service sales of tobacco products except in places where minors under 18 years of age are not allowed to enter (U.S. Food and Drug Administration, 2012).

Wyoming permits the sale of cigarettes in vending machines if the machine is located in a place where persons under the age of 18 are not permitted access or in a place of business, office, or factory that is not open to the general public (Wyo. Stat. Ann. § 14-3-303, 2012).

Discussion of effectiveness

Tobacco

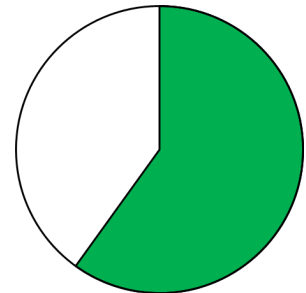
Evidence supports the effectiveness of instituting policies concerning vending machines to decrease cigarette sales to minors. Evidence suggests vending machine bans are more effective than locking devices (Foster, Hourigan, & Kelder, 1992).

Target substance(s): Tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

INSTITUTE POLICIES CONCERNING CIGARETTE VENDING MACHINES

References for description of strategy

Foster, J., Hourigan, M., Kelder, S. (1992). Locking devices on cigarette vending machines: Evaluation of a city ordinance. *American Journal of Public Health, 82*, 1217-1219.

U.S. Food and Drug Administration. (2012). Regulations restricting the sale and distribution of cigarettes and smokeless tobacco. Retrieved September 7, 2012, from: <http://www.fda.gov/TobaccoProducts/ProtectingKidsfromTobacco/RegsRestrictingSale/default.htm>

Wyoming Statute Annotated § 14-3-303 (2012). Retrieved September 15, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

DiFranza, J., Savageau, J. and Aisquith, B. (1996). Youth access to tobacco: The effects of age, gender, vending machine locks, and "It's the Law" programs. *American Journal of Public Health, 86*, 221-224.

Foster, J., Hourigan, M., Kelder, S. (1992). Locking devices on cigarette vending machines: Evaluation of a city ordinance. *American Journal of Public Health, 82*, 1217-1219.

Hublet, A., Schmid, H., Clays, E., Godeau, E., Gabhainn, S. N., Joossens, L., ... the HBSC Research Network. (2009). Association between tobacco control policies and smoking behaviour among adolescents in 29 European countries. *Addiction, 104*(11), 1918–1926. doi:10.1111/j.1360-0443.2009.02686.x

Stead, L. F., & Lancaster, T. (2005). Interventions for preventing tobacco sales to minors. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001497.pub2/abstract>

Further reading

LIMIT AND RESTRICT THE LOCATION AND DENSITY OF ALCOHOL RETAIL OUTLETS

Description of strategy

Alcohol outlet density indicates the number of physical locations where alcohol is sold per population or geographic area (such as a square mile, census tract, or city block). It is often regulated at the local level through zoning and business licensing. State alcohol control agencies can also stipulate density levels. Regulations can either reduce alcoholic beverage outlet density or limit the increase of alcoholic beverage outlet density in an area (Guide to Community Preventive Services, 2007). Regulating the number of alcohol outlets per unit of area may decrease the retail availability of alcohol, which may lead to a decrease in excessive consumption of alcohol and its related harms.

In Wyoming, state law prescribes that “the number of retail liquor licenses issued shall be based on the following population formula:

(i) Not more than two licenses in incorporated towns of five hundred population or less;

(ii) Not more than one additional license for each additional five hundred population or major fraction thereof in incorporated cities or towns up to a population of nine thousand five hundred; and

(iii) Not more than one (1) additional license for each additional full three thousand population over nine thousand five hundred” (Wyo. Stat. Ann. §12-4-201, 2012).

Discussion of effectiveness

Alcohol

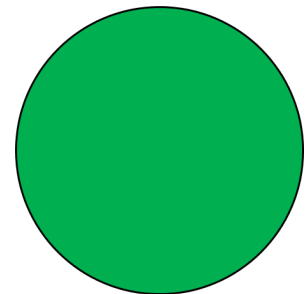
Evidence strongly suggests restricting the location and density of alcohol retail outlets is an effective local policy to decrease excessive alcohol consumption, alcohol-related crashes, and hospitalizations (Guide to Community Preventive Services, 2007).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

LIMIT AND RESTRICT THE LOCATION AND DENSITY OF ALCOHOL RETAIL OUTLETS

References for description of strategy

Guide to Community Preventive Services. (2007). Preventing excessive alcohol consumption: regulation of alcohol outlet density. Retrieved July 24, 2012, from: www.thecommunityguide.org/alcohol/outletdensity.html

Wyoming Statute Annotated § 12-4-201 (2012). Retrieved September 3, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Campbell, C. A., Hahn, R. A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., ... Middleton, J.C. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventive Medicine*, 37(6), 556–569. doi:10.1016/j.amepre.2009.09.028

Chen, M.-J., Gruenewald, P. J., & Remer, L. G. (2009). Does alcohol outlet density affect youth access to alcohol? *Journal of Adolescent Health*, 44(6), 582–589. doi:10.1016/j.jadohealth.2008.10.136

Guide to Community Preventive Services. (2007). Preventing excessive alcohol consumption: Regulation of alcohol outlet density. Available at: www.thecommunityguide.org/alcohol/outletdensity.html

Holder, H. D., Gruenewald, P.J., Ponicki, W.R., Treno, A.J., Grube, J.W., Saltz, R.F., ... Roeper, P.(2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of the American Medical Association*, 284(18), 2341-2347.

Popova, S., Giesbrecht, N., Bekmuradov, D., & Patra, J. (2009). Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500–516. doi:10.1093/alcalc/agg054

Further reading

Alcohol Justice. (2011). Alcohol outlet density and public health. Available at: http://alcoholjustice.org/images/stories/11MI0705_outletdensity_3.pdf

Promise Neighborhoods Research Consortium. (n.d.). Policy factsheet: Alcohol outlet density. Available at: <http://promiseneighborhoods.org/policies/alcohol-outlet-density/>

LOWER (<.08) BLOOD ALCOHOL CONCENTRATION LIMITS

Description of strategy

Currently all fifty states and the District of Columbia have per se laws stating that it is a crime to drive with a blood alcohol concentration (BAC) of .08 percent or higher. A per se impaired driving law indicates that drivers with a BAC of .08 percent or higher are intoxicated in the eyes of the law and no additional proof of impairment is necessary to obtain a conviction. Other countries, Australia for example, have implemented lower (.05 percent) BAC limits for adult drivers. In the United States, lower BAC laws only apply to drivers under the age of 21. The illegal BAC level for drivers under the age of 21 ranges from any detectable BAC to .02 percent. (Guide to Community Preventive Services, 2000).

In Wyoming, the legal BAC for drivers over 21 is <.08 percent. There is a zero tolerance law (BAC less than .02 percent) for drivers under the age of 21 (Wyoming Department of Transportation, 2012).

Discussion of effectiveness

Alcohol

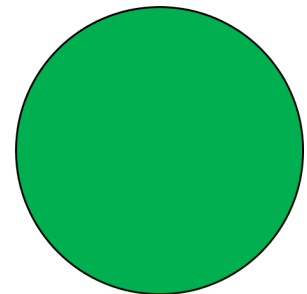
Evidence provides strong support for the effectiveness of lower blood alcohol concentration limits for reducing the rate of drunk driving and alcohol-related crashes, fatalities, and injuries (Fell & Voas, 2006). Five studies in a 2006 review by Fell & Voas found that lowering the BAC limit to .05 percent reduced the percentage of drives with a BAC greater than .05 percent at roadside stops, decreased alcohol-related traffic crashes and fatalities, and reduced single nighttime vehicle crashes. Evidence also supports lowering the BAC limit for youth and inexperienced drivers to .02 percent or lower for reducing driving after drinking and alcohol-related crashes (Guide to Community Preventive Services, 2000).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: Zero tolerance laws for drivers under age 21.

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

LOWER (<.08) BLOOD ALCOHOL CONCENTRATION LIMITS

References for description of strategy

- Guide to Community Preventive Services. (2000). Reducing alcohol-impaired driving: lower BAC laws for young or inexperienced drivers. Retrieved July 26, 2012, from: www.thecommunityguide.org/mvoi/AID/lowerbaclaws.html
- Wyoming Department of Transportation. (2012). Wyoming's Performance and Highway Safety Plan. Retrieved August 15, 2012, from: https://www.dot.state.wy.us/files/content/sites/wydot/files/shared/Highway_Safety/Highway%20Safety%20Plan/FY%2012%20Final%20Performance%20and%20Highway%20Safety%20Plans.pdf

Evidence base

- Fell, J. C., & Voas, R. B. (2006). The effectiveness of reducing illegal blood alcohol concentration (BAC) limits for driving: Evidence for lowering the limit to .05 BAC. *Journal of Safety Research*, 37(3), 233–243. doi:10.1016/j.jsr.2005.07.006
- Guide to Community Preventive Services. (2000). Reducing alcohol-impaired driving: Lower BAC laws for young or inexperienced drivers. Available at: www.thecommunityguide.org/mvoi/AID/lowerbaclaws.html
- Wagenaar, A. C., Maldonado-Molina, M. M., Ma, L., Tobler, A. L., & Komro, K. A. (2007). Effects of legal BAC limits on fatal crash involvement: Analyses of 28 states from 1976 through 2002. *Journal of Safety Research*, 38(5), 493–499. doi:10.1016/j.jsr.2007.06.001
- Wagenaar, A. C., O'Malley, P. M., & LaFond, C. (2001). Lowered legal blood alcohol limits for young drivers: Effects on drinking, driving, and driving-after-drinking behaviors in 30 states. *American Journal of Public Health*, 91(5), 801–804.

Further reading

- Fell, J. C., & Voas, R. B. (2009). Reducing illegal blood alcohol limits for driving: Effects on traffic safety. Available at: <http://trid.trb.org/view.aspx?id=1082971>
- Guide to Community Preventive Services. (2000). Reducing alcohol-impaired driving: 0.08% blood alcohol concentration (BAC) laws. Available at: www.thecommunityguide.org/mvoi/AID/BAC-laws.html
- Mann, R. E., Macdonald, S., Stoduto, G., Bondy, S., Jonah, B., & Shaikh, A. (2001). The effects of introducing or lowering legal per se blood alcohol limits for driving: An international review. *Accident Analysis & Prevention*, 33(5), 569–583. doi:10.1016/S0001-4575(00)00077-4.
- Pacific Institute for Research and Evaluation. (2000). A guide to zero tolerance and graduated licensing: Two strategies that work. Washington, DC: Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.udetc.org/documents/Guide2zero.pdf>

MEDIA ADVOCACY

Description of strategy

Media advocacy is defined as the strategic use of mass media and community advocacy to advance environmental change or a public policy initiatives (Centers for Disease Control and Prevention, 2003). This strategy is typically employed to promote an issue in order to influence policy-makers and encourage social change (American Public Health Association, 2000). Unlike specifically designed public information campaigns, media advocacy works directly with local news outlets (radio, television, newspapers and magazines) to increase local attention to a specific public health problem and solutions (Niederdeppe, Farrelly, & Wenter, 2007). The concept has been used broadly on tobacco control and other issues, and has many applications. One key application is as a response to issues involving well-financed opponents who use money to shape the political and social environment. Compared with public relations, media advocacy is more focused on a particular policy goal, resulting in social change. It's also more decentralized, community based, and community owned (Centers for Disease Control and Prevention, 2003).

Discussion of effectiveness

Alcohol

Media advocacy efforts focused on alcohol have been found to be effective as part of a multi-component prevention program to reduce alcohol-related fatal crashes and drunk driving among adolescent and college populations (Hingson et al., 1996; Clapp et al., 2005).

Tobacco

Evidence of effectiveness is supportive of media advocacy as a tool to increase tobacco-related policies at the county level and to reduce the odds of adult smoking (Niederdeppe, Farrelly, & Winter, 2007; Smith et al., 2008; Wakefield, Flay, Nichter, & Giovino, 2003).

Other drugs

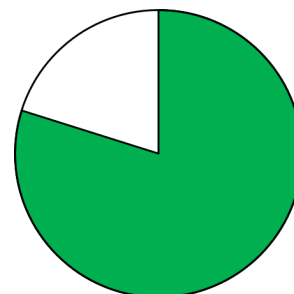
No studies were located on drug related outcomes.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Promotion media advocacy

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

References for description of strategy

- American Public Health Association. (n.d.). Media Advocacy Manual. Available at: http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf
- Centers for Disease Control and Prevention. (2003). Designing and implementing an effective tobacco counter marketing campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf
- Niederdeppe, J., Farrelly, M.C., & Wenter, D. (2007). Media advocacy, tobacco control policy change and teen smoking in Florida. *Tobacco Control*, 16, 47-52.

Evidence base

- Clapp, J. D., Johnson, M., Voas, R. B., Lange, J. E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. *Addiction (Abingdon, England)*, 100(3), 327–334. doi:10.1111/j.1360-0443.2004.00917.x
- Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The saving lives program. *American Journal of Public Health*, 86, 791-797.
- Niederdeppe, J., Farrelly, M.C., & Wenter, D. (2007). Media advocacy, tobacco control policy change and teen smoking in Florida. *Tobacco Control*, 16, 47-52.
- Smith, K.C., Wakefield, M.A., Terry-McElrath, Y.T., Chaloupka, F.J., Flay, B., Johnston, L., Saba, A., & Siebel, C. (2008). Relation between newspapers coverage of tobacco issues and smoking attitudes and behaviour among American teens. *Tobacco Control*, 17, 17-24.
- Wakefield, M., Flay, B., Nichter, M., & Giovino, G. (2003). Role of the media in influencing trajectories of youth smoking. *Addiction*, 98(Suppl. 1), 79-103.

Further reading

- American Public Health Association. (n.d.). Media Advocacy Manual. Available at: http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf
- Holder, H. D., & Treno, A. J. (1997). Media advocacy in community prevention: News as a means to advance policy change. *Addiction*, 92, S189–S199. doi:10.1111/j.1360-0443.1997.tb02991.x

Description of strategy

Media literacy helps people ask questions about what they watch, see, hear, and read. It helps them critically assess how the mass media normalize, glamorize, and create role models for unhealthy lifestyles and behaviors, such as smoking. Media literacy involves examining the techniques, technologies, and institutions involved in media production; critically analyzing media messages; and recognizing the role that audiences play in attaching a meaning to those messages. The idea is that teaching people to recognize how a message tries to influence them will lessen the impact of that message. On a broader level, media literacy can be viewed as a form of protection or "inoculation" against unhealthy behaviors shown in the media (Centers for Disease Control and Prevention, 2003).

Discussion of effectiveness

Alcohol

Evidence of effectiveness suggests that media literacy is an effective strategy for alcohol-related behaviors (Jeong, Cho, & Hwang, 2012).

Tobacco

Evidence suggests media literacy is associated with increased reflective thinking concerning media messaging and reduced smoking among teenage and college populations (Jeong, Cho, & Hwang, 2012; Pinkleton, Austin, Cohen, Miller, & Fitzgerald, 2007; Primack, Gold, Land, & Fine, 2006; Primack, Sidani, Carrol, & Fine, 2009).

Other drugs

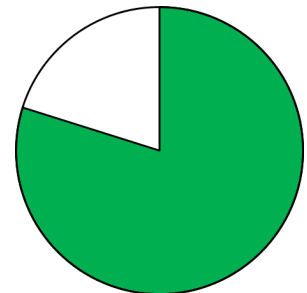
Evidence also suggests media literacy is an effective strategy for other drugs (Jeong, Cho, & Hwang, 2012).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: ?

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

References for description of strategy

Centers for Disease Control and Prevention. (2003). Designing and Implementing an Effective Tobacco Counter-Marketing Campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf

Evidence base

Bergsma, L.J., & Carney, M.E. (2008). Effectiveness of health-promoting media literacy education: A systematic review. *Health Education Research, 23*(3), 522-542.

Jeong, S.H., Cho, H., & Hwang, Y. (2012). Media literacy interventions: A meta-analytic review. *Journal of Communication, 32*, 454-472.

Pinkleton, B.E., Austin, E.W., Cohen, M., Miller, A., & Fitzgerald, E. (2007). A statewide evaluation of the effectiveness of media literacy training to prevent tobacco use among adolescents. *Health Communication, 21*(1), 23-34.

Primack, B.A., Gold, M.A., Land, S.R., & Fine, M.J. (2006). Association of cigarette smoking and media literacy about smoking among adolescents. *Journal of Adolescent Health, 39*, 465-472.

Primack, B.A., Sidani, J., Carrol, M.V., & Fine, M.J. (2009). Associations between smoking and media literacy in college students. *Journal of Health Communication, 14*, 541-555.

Weintraub Austin, E., & Johnson, K.K. (1997). Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *Journal of Health Communication, 2*, 17-42.

Further reading

Center for Media Literacy. Available at: <http://www.medialit.org/>

Centers for Disease Control and Prevention. (2003). Designing and Implementing an Effective Tobacco Counter-Marketing Campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at: http://www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/tobacco_cm_manual.pdf

MediaSharp: Analyzing tobacco and alcohol messages, Leader's guide. (n.d.). The Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration; The Office on Smoking and Health, Centers for Disease Control and Prevention; The American Academy of Pediatrics; and National Education Association Health Information Network. Available at: http://www.accessexcellence.org/HHQ/CDC/mediasharp/pdf_files/MediaSharp.pdf

Weintraub Austin, E., & Johnson, K.K. (1997). Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *Journal of Health Communication, 2*, 17-42.

METHAMPHETAMINE PRECURSOR PROHIBITION

Description of strategy

A major strategy to reduce the methamphetamine supply, use, and related harms relies on regulation of the chemicals used in methamphetamine's manufacture. Methamphetamine can be synthesized from a range of chemicals, many of which have legitimate uses, and which can be obtained from various sources (for example, falsifying import licenses, theft from chemical companies, purchasing large quantities of cold-and-flu tablets from pharmacies). The aim of precursor regulations is to prevent the diversion of chemicals from their legitimate uses into clandestine drug manufacture (McKetin, Sutherland, Bright & Norberg, 2011). Disrupting the supply of precursors of methamphetamine will make methamphetamine production more difficult, thereby potentially decreasing its use and related harms.

Wyoming state law restricts the retail environment where precursor chemicals are sold, as well as the amount sold (O'Connor et al., 2007).

Discussion of effectiveness

Other drugs

Evidence suggests that the effectiveness of methamphetamine precursor regulation is contingent on the breadth of the regulation policy and the method of drug use. The effects of the policy on drug use are greatest immediately after implementation and diminish thereafter (Dobkin & Nicosia, 2009). An explanation for the lack of effectiveness of methamphetamine precursor regulations reported by McKetin et al. (2011) in a systematic review is the existence of alternative sources of precursor chemicals and/or the availability of imported methamphetamine (McKetin, Sutherland, Bright, & Noberg, 2011).

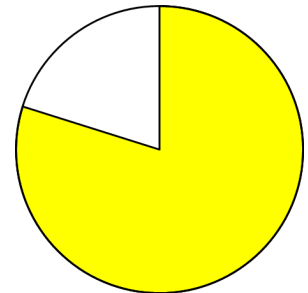
The studies reviewed evaluated the regulation of methamphetamine precursors and not the complete prohibition of the precursors. No evidence was located examining the effectiveness of prohibition of methamphetamine precursors.

Target substance(s): Other drugs

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

METHAMPHETAMINE PRECURSOR PROHIBITION

References for description of strategy

McKetin, R., Sutherland, R., Bright, D. A., & Norberg, M. M. (2011). A systematic review of methamphetamine precursor regulations. *Addiction, 106*(11), 1911–1924. doi:10.1111/j.1360-0443.2011.03582.x

O'Connor, J., Chriqui, J., McBride, D., Eidson, S.S., Baker, C., Terry-McElrath, C., & VanderWaal, C. (2007). From policy to practice: State methamphetamine precursor control policies. The MayaTech Corporation and Andrews University. Available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/228133.pdf>

Evidence base

Cunningham, J. K., Liu, L.-M., & Muramoto, M. (2008). Methamphetamine suppression and route of administration: Precursor regulation impacts on snorting, smoking, swallowing and injecting. *Addiction, 103*(7), 1174–1186. doi:10.1111/j.1360-0443.2008.02208.x

Dobkin, C., & Nicosia, N. (2009). The War on Drugs: Methamphetamine, public health, and crime. *The American Economic Review, 99*(1), 324–349. doi:10.1257/aer.99.1.324

McKetin, R., Sutherland, R., Bright, D. A., & Norberg, M. M. (2011). A systematic review of methamphetamine precursor regulations. *Addiction, 106*(11), 1911–1924. doi:10.1111/j.1360-0443.2011.03582.x

Further reading

O'Connor, J., Chriqui, J., McBride, D., Eidson, S.S., Baker, C., Terry-McElrath, C., & VanderWaal, C. (2007). From policy to practice: State methamphetamine precursor control policies. The MayaTech Corporation and Andrews University. Available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/228133.pdf>

MINIMUM AGE OF PURCHASE FOR ALCOHOL AND TOBACCO

Description of strategy

The Minimum Legal Purchase Age (MLPA) and Minimum Legal Drinking Age (MLDA) specify an age below which purchase or public consumption of alcoholic beverages and tobacco are illegal. In the United States the MLDA is 21 years old for alcoholic beverages and the MLPA is 18 years old for tobacco.

Minors obtain alcohol and tobacco from two major sources: retail sources and social sources, such as acquaintances, relatives, and friends. Raising the MLPA and MLDA could reduce youth access to alcohol and tobacco in the retail market. Youth under 18 years of age have contact with their 18 year old peers who can legally purchase tobacco. Raising the MLPA of tobacco could potentially reduce youth access to tobacco through social sources (Guide to Community Preventive Services, 2000).

Discussion of effectiveness

Alcohol

Evidence supports the effectiveness of maintaining a minimum age of purchase for alcohol for reducing underage use. Evidence also found that MLDA is related to alcohol-related traffic crashes; traffic fatalities go up as the drinking age is lowered (Guide to Community Preventive Services, 2000; McCartt, Hellinga, & Kirley, 2010; Wagenaar & Toomey, 2002).

Tobacco

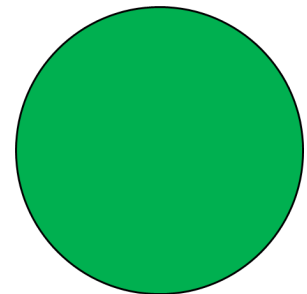
Evidence supports an increase in MLPA for reducing tobacco use among youth (Millett, Lee, Gibbons, & Glantz, 2011).

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

MINIMUM AGE OF PURCHASE FOR ALCOHOL AND TOBACCO

References for description of strategy

Guide to Community Preventive Services. (2000). Reducing alcohol-impaired driving: Maintaining current minimum legal drinking age laws. www.thecommunityguide.org/mvoi/AID/mlda-laws.html

Evidence base

Guide to Community Preventive Services. (2000). Reducing alcohol-impaired driving: Maintaining current minimum legal drinking age laws. Available at: www.thecommunityguide.org/mvoi/AID/mlda-laws.html

McCartt, A. T., Hellinga, L. A., & Kirley, B. B. (2010). The effects of minimum legal drinking age 21 laws on alcohol-related driving in the United States. *Journal of Safety Research, 41*(2), 173–181. doi:10.1016/j.jsr.2010.01.002

Millett, C., Lee, J. T., Gibbons, D. C., & Glantz, S. A. (2011). Increasing the age for the legal purchase of tobacco in England: Impacts on socioeconomic disparities in youth smoking. *Thorax, 66*(10), 862–865. doi:10.1136/thx.2010.154963

Sundh, M., & Hagquist, C. (2007). Does a minimum-age law for purchasing tobacco make any difference? Swedish experiences over eight years. *The European Journal of Public Health, 17*(2), 171–177. doi:10.1093/eurpub/ckl109

Toomey, T.L. & Wagenaar, A.C. Environmental policies to reduce college drinking: Options and research findings. *Journal of Studies on Alcohol Supplement 14*, 193-205, 2002.

Wagenaar, A. C. & Toomey, T. L. (2002). Effects of Minimum Drinking Age Laws: Review and analyses of the literature from 1960 to 2000. *Journal of Studies on Alcohol and Drugs, Suppl. 14*, 206.

Further reading

Ahmad, S. & Billimek, J. (2007). Limiting youth access to tobacco: Comparing the long-term health impacts of increasing cigarette excise taxes and raising the legal smoking age to 21 in the United States. *Health Policy, 80*(3), 378–391. doi:10.1016/j.healthpol.2006.04.001

National Institute for Alcohol Abuse and Alcoholism. (n.d.). A Call to Action: Recommendations for addressing excessive college drinking. Available at: http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/TaskForce/CallToAction_00.aspx

Promise Neighborhoods Research Consortium. (n.d.). Policy factsheet: Enforcement of Minimum Legal Drinking Age (MLDA) Laws. Available at: <http://promiseneighborhoods.org/policies/enforcement-minimum-legal-drinking-age-mdla-laws/>

MINIMUM AGE OF SELLER/SERVER REQUIREMENTS

Description of strategy

Age of seller/server requirements establish the minimum age necessary for servers and clerks at alcohol or tobacco establishments to legally serve or sell alcohol or tobacco. State laws specify this requirement. In most states, seller/servers of alcohol must be at least 18 years old but younger employees may be allowed to stock coolers with alcohol, bag purchased alcohol, or clear alcoholic beverages from tables. Minimum age of seller/server policies may reduce the likelihood that underage people will obtain alcohol from peers working at alcohol establishments. (University of Minnesota Alcohol Epidemiology Program, 2009).

In Wyoming, the minimum legal age to serve alcohol is 21 except in restaurant areas where 18 year olds may serve alcohol. Further, 18 year olds may open and pour wine at the table but they may not open or pour any other alcoholic beverage (Wyo. Stat. Ann. § 12-6-101, 2012).

Discussion of effectiveness

Alcohol

Effectiveness of minimum age of seller/server requirements is unclear. Evidence is mixed for alcohol-related outcomes; two studies found that the age of server was not associated with sales of alcohol to underage youth. Another study found alcohol use and underage student binge drinking rates were significantly lower for states that have laws establishing 21 as the minimum age to sell alcohol (Britt, Toomey, Dunsmuir, & Wagenaar, 2006; Freisthler, Gruenewald, Treno, & Lee, 2003; Wechsler, Lee, Nelson, & Kuo, 2002)

Tobacco

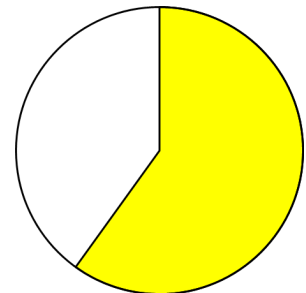
Evidence remains insufficient to evaluate tobacco outcomes.

Target substance(s): Alcohol, tobacco

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

MINIMUM AGE OF SELLER/SERVER REQUIREMENTS

References for description of strategy

- University of Minnesota Alcohol Epidemiology Program. (2009). Minimum age of seller requirements. Retrieved July 23, 2012, from: <http://www.epi.umn.edu/alcohol/policy/sellrage.shtm>
- Wyoming Statute Annotated § 12-6-101 (2012). Retrieved September 3, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

- Britt, H., Toomey, T. L., Dunsmuir, W., & Wagenaar, A. C. (2006). Propensity for and correlates of alcohol sales to underage youth. *Journal of Alcohol and Drug Education, 50*(2), 25–42.
- DiFranza, J. R., & Coleman, M. (2001). Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control, 10*(4), 323–328. doi:10.1136/tc.10.4.323
- Freisthler, B., Gruenewald, P. J., Treno, A. J., & Lee, J. (2003). Evaluating alcohol access and the alcohol environment in neighborhood areas. *Alcoholism: Clinical and Experimental Research, 27*(3), 477–484. doi:10.1097/01.ALC.0000057043.04199.B7
- Wechsler, H., Lee, J., Nelson, T. F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies. *Journal Of American College Health, 50*(5), 223.

Further reading

- Alcohol Policy Information System, National Institute for Alcohol Abuse and Alcoholism. (n.d.). Underage drinking: Minimum ages for on-premises servers and bartenders. Available at: http://www.alcoholpolicy.niaaa.nih.gov/Minimum_Ages_for_On-Premises_Servers_and_Bartenders.html
- Forster, J. L., Komro, K. A., & Wolfson, M. (1996). Survey of city ordinances and local enforcement regarding commercial availability of tobacco to minors in Minnesota, United States. *Tobacco Control, 5*(1), 46–51. doi:10.1136/tc.5.1.46

OPEN CONTAINER LAWS

Description of strategy

Open container laws refer to any statute regulating open alcohol containers in public or in vehicles. These laws are determined by individual states and local municipalities. While the federal government cannot directly legislate open container laws, they can create incentives for states to implement these laws on their own. The Transportation Equity Act for the 21st Century sets out certain guidelines for states to follow in order to receive roadway funding. If the state fails to comply, a portion of the funding will go to alcohol awareness (Stuster, Burns, & Fiorentino, 2002).

Wyoming law prohibits possession of an open alcohol container by the driver or any vehicular passenger (Wyo. Stat. Ann. § 31-5-235, 2012).

Discussion of effectiveness

Alcohol

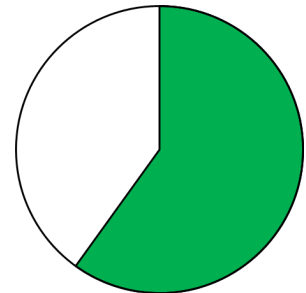
Evidence suggests that open container laws that regulate all vehicular passengers are effective for reducing alcohol-related fatal crashes (Eisenberg, 2003; Stuster, Burns, & Fiorentino, 2002; Whetten-Goldstein, Sloan, Stout, & Liang, 2000).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

OPEN CONTAINER LAWS

References for description of strategy

Stuster, J., Burns, M., & Fiorentino, D. (2002). Open container laws and alcohol involved crashes: Some preliminary data. National Highway Traffic Safety Administration (Report No. DOT HS 809 426). Retrieved July 27, 2012, from: <http://trid.trb.org/view.aspx?id=725591>
Wyoming Statute Annotated § 31-5-235 (2012). Retrieved September 15, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Eisenberg, D. (2003). Evaluating the effectiveness of policies related to drunk driving. *Journal of Policy Analysis and Management*, 22(2), 249–274. doi:10.1002/pam.10116
Stuster, J., Burns, M., & Fiorentino, D. (2002). Open container laws and alcohol involved crashes: Some preliminary data. National Highway Traffic Safety Administration (Report No. DOT HS 809 426). Available at: www.nhtsa.gov/people/injury/research/OpenContainer.pdf
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 & Prevention*, 32(6), 723–733. doi:10.1016/S0001-4575(99)00122-0

Further reading

National Highway Traffic Safety Administration. (2004). Traffic safety facts: Open container laws. Available at: www.nhtsa.gov/people/injury/new-fact-sheet03/OpenContainer.pdf

PRESCRIPTION DRUG TAKE-BACK

Description of strategy

Prescription Drug Take-Back is a strategy to safely collect old medication for disposal. This includes publicizing the event as well as the event itself. The Drug Enforcement Administration recently completed its fifth National Prescription Drug Take-Back Day. The aim of the program is to provide a safe, convenient, and responsible means of disposal, while also educating the general public about the potential abuse of these medications (US Department of Justice, 2012). Because most non-medical prescription drug users obtain their drugs from friends/relatives, substance abuse prevention efforts have increasingly targeted the family medicine cabinet—attempting to cut off supply by offering a safe and secure method for drug disposal.

Discussion of effectiveness

Other drugs

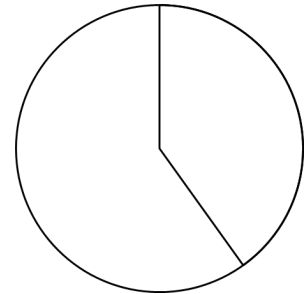
The evidence on Prescription Drug Take-Back programs is insufficient to determine the effectiveness of this environmental prevention strategy.

Target substance(s): Other drugs

Used in Wyoming: Yes

Other names/examples: Take It Back!

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

PRESCRIPTION DRUG TAKE-BACK

References for description of strategy

US Department of Justice. (2012). DEA's Fifth National Prescription Drug Take-Back Day Results in Another Big Haul. Available at: http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

Evidence base

Gray, J.A. & Hagemeyer, N.E. (2012). Prescription drug abuse and DEA-sanctioned drug take-back events: Characteristics and outcomes in rural Appalachia. *Archives of Internal Medicine*, 1. doi:10.1001/archinternmed.2012.2374

Further reading

The Drug Take-Back Network. (2012). Product Stewardship Institute. Available at: <http://www.takebacknetwork.com/resources.html>

Rubinstein, L. (2008). Best management practices for holding unwanted medication collections: A legal and safe approach for community pharmacies. Brattleboro, VT: Northeast Recycling Council, Inc. Available at: http://www.productstewardship.us/associations/6596/files/unwanted_medication_collection_bmp_11_08.pdf

Secure and Responsible Drug Disposal Act of 2010. Available at: http://www.deadiversion.usdoj.gov/drug_disposal/non_registrant/s_3397.pdf

PROHIBITING MINORS FROM BARS

Description of strategy

While all states have established a minimum drinking age of 21, few prohibit all aspects of the purchase, possession, or consumption of alcohol by those under age 21. In many states throughout the country, minors are permitted in bars unaccompanied by an adult. State and local regulations vary widely in the extent to which they permit minors to enter on-sale retail alcohol outlets (Inspector General, 1991). While states may restrict minors' access to bars and nightclubs, they may allow minors into restaurants that serve alcohol. Other states may prohibit minors from entering any establishment licensed to sell alcoholic beverages. One of the key ways to reduce minors' access to alcohol is to prohibit minors from entering bars. Implementing age identification checks at the door by trained employees using proper tools and lighting greatly reduces the ability of minors to obtain alcohol on the premises (Pacific Institute for Research and Evaluation, 2011).

In Wyoming, no person under the age of 18 is permitted in licensed rooms where alcohol is dispensed or sold (Wyo. Stat. Ann. § 12-5-203, 2012).

Discussion of effectiveness

Alcohol

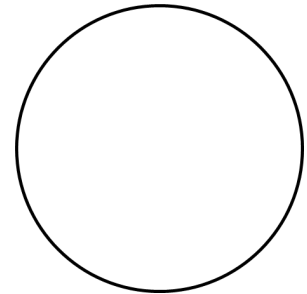
No evidence regarding the effectiveness of prohibiting minors from bars for alcohol-related outcomes was located.

Target substance(s): Alcohol




Used in Wyoming: Yes

Other names/examples: None







Indicator of Effectiveness and Strength of Evidence







Indicator of effectiveness:

-  Not effective
-  Varied evidence of effectiveness
-  Effective

Strength of evidence:

-  No evidence found
-  Grey literature
-  Single published study
-  Numerous published studies
-  Systematic review, meta-analysis
-  Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

-  Primary domain/Tobacco goal
-  Cross-referenced domain

PROHIBITING MINORS FROM BARS

References for description of strategy

Inspector General. (1991). Youth and alcohol: Laws and enforcement- Is the 21-year-old drinking age a myth? Washington, DC: U.S. Department of Health and Human Services, Office of the Inspector General.

Pacific Institute for Research and Evaluation. (2011). Regulatory strategies for prevention youth access to alcohol: best practices. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.udetc.org/documents/accesslaws.pdf>

Wyoming Statute Annotated § 12-5-203 (2012). Retrieved September 15, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

No published literature located

Further reading

Pacific Institute for Research and Evaluation. (2011). Regulatory strategies for prevention youth access to alcohol: best practices. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.udetc.org/documents/accesslaws.pdf>

Description of strategy

Restrictions on alcohol and tobacco sponsorship refer to the control of alcohol- and tobacco-related sponsors at community events. Sponsors can include large alcohol or tobacco producers/companies, local breweries/wineries, or retailers such as bars or restaurants. Sponsors provide financial support for the event in return for promotions and advertisements at the event. Sponsorship may take different forms, including: (1) use of the sponsor's name in conjunction with the event; and/or (2) promotional items (such as t-shirts, flashlights, etc.) with the sponsor's logo. Restrictions on sponsorship can be instituted through a local ordinance or state law, or can be implemented voluntarily by a business, event or organization. Examples include:

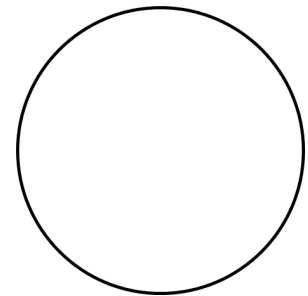
- prohibiting alcohol or tobacco sponsorship of sporting events and community events;
- prohibiting the distribution of alcohol and tobacco promotional items;
- prohibiting alcohol and tobacco producer's or retailer's name from being associated with an event, particularly if youth are in attendance; and,
- prohibiting signs with an alcohol or tobacco sponsor's name from being displayed at an event, particularly if youth are in attendance (University of Minnesota Alcohol Epidemiology Program, 2009).

Discussion of effectiveness

No evidence regarding the effectiveness of the prohibition of alcohol or tobacco sponsorship of events and other promotions was located.

Target substance(s): Alcohol, tobacco
Used in Wyoming: Yes
Other names/examples: Family Smoking Prevention and Tobacco Control Act

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

PROHIBITION OF ALCOHOL OR TOBACCO SPONSORSHIP OF EVENTS AND OTHER PROMOTIONS

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2009). Alcohol Sponsorship Restrictions. Retrieved July 25, 2012, from: <http://www.epi.umn.edu/alcohol/policy/sponsrad.shtm>.

Evidence base

No evidence found

Further reading

Technical Assistance Legal Center. (2003). Model fraternity/sorority policies prohibiting tobacco sponsorship. Public health law and policy.

Available at: http://changelabsolutions.org/sites/changelabsolutions.org/files/ModelPolicyforFraternitySorority_Updated_20110303.pdf

Technical Assistance Legal Center. (2003). Model policy for motor sports: Prohibiting tobacco sponsorship. Public health law and policy. Available at: <http://changelabsolutions.org/publications/model-policy-motor-sports-prohibiting-tobacco-sponsorship>

Technical Assistance Legal Center. (2003). Model policy for rodeos: Prohibiting tobacco sponsorship. Public health law and policy. Available at: <http://changelabsolutions.org/publications/model-policy-rodeos-prohibiting-tobacco-sponsorship>

REGULATIONS ON HOME DELIVERY OF ALCOHOL

Description of strategy

One way underage drinkers obtain alcohol is through home delivery services. Home delivery alcohol orders are not typically made in person which could allow a minor to purchase alcohol without providing identification. Home delivery policies place restrictions on liquor stores delivery of alcohol to personal residences, such as restricting the days and times of delivery. Policies may also completely ban the delivery of alcohol to residential addresses. Restricting or banning home deliveries can be part of a local ordinance or a state law (University of Minnesota Alcohol Epidemiology Program, 2011).

The Wyoming Alcoholic Beverages Statute allows a winery “to sell and ship no more than a total of eighteen (18) liters of its manufactured wine directly to any one (1) household in this state in any twelve (12) month period” (Wyo. Stat. Ann. § 12-4-412, 2012). The statute also states that the wine must be sold to person 21 years of age or older and the delivery of the product requires the signature of the adult purchaser. The statute does not specifically address beer or liquor sales.

Discussion of effectiveness

Alcohol

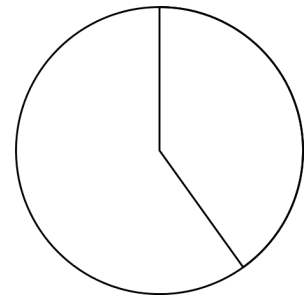
There is insufficient evidence to evaluate the effects of restricting home delivery of alcohol on underage alcohol use. A single published study was found regarding home delivery of alcohol. The study identified home delivery as a potential source of alcohol for underage drinkers but did not evaluate the effectiveness of restricting home delivery (Fletcher, Toomey, Wagenaar, Short, & Willenbring, 2000).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

REGULATIONS ON HOME DELIVERY OF ALCOHOL

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2011). Home delivery restrictions. Retrieved July 23, 2012, from: <http://www.epi.umn.edu/alcohol/policy/homedeliv.shtm>

Wyoming Statute Annotated § 12-4-412 (2012). Retrieved September 10, 2012, from: <http://www.lexisnexis.com/hottopics/wystatutes/>

Evidence base

Fletcher, L.A., Toomey, T.L., Wagenaar, A.C., Short, B. & Willenbring, M.L. (2000). Alcohol home delivery services: A source of alcohol for underage drinkers. *Journal of Studies on Alcohol*, 61, 81-84.

Further reading

Komro, K. A., Toomey, T. A. (n.d.). Strategies to prevent underage drinking. National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. Available at: <http://pubs.niaaa.nih.gov/publications/arh26-1/5-14.htm>

RESPONSIBLE BEVERAGE SERVICE TRAINING

Description of strategy

Responsible Beverage Service Training programs give owners, managers, and staff of establishments that serve alcohol knowledge and skills to help them serve alcohol responsibly and fulfill the legal requirements of alcohol service. Training programs for managers and owners most often provide guidance on implementation of service policies and practices. Training programs for servers may address: checking IDs, serving practices that reduce the likelihood of excessive consumption, identifying and responding to early signs of excessive consumption (for example, rapid consumption), identifying intoxicated patrons and refusing service to them, and intervening to prevent intoxicated patrons from driving (Guide To Community Preventive Services, 2010).

In 2003, the Wyoming legislature recognized the value of responsible server training and enacted legislation that required the Liquor Division of the Wyoming Department of Revenue to promulgate rules to establish “an alcohol server training program to train servers to help promote safe and responsible consumption of alcoholic liquor” (Wyo. Stat. Ann. § 12-2-402 a-d, 2012). The existing legislation controls the curriculum for the training, the certification of training providers, and the revocation or suspension of certification of training providers. Wyoming law does not mandate the training for servers, managers, or owners (Wyoming Prevention Framework Communities, 2008).

Discussion of effectiveness

Alcohol

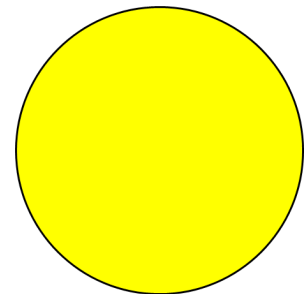
Responsible Beverage Service Training was found to be an effective strategy for reducing alcohol consumption as part of multi-component intervention (Birdthistle & Buka, 1999; Holder et al., 2000). However, there is insufficient evidence to determine the effectiveness of Responsible Beverage Service Training at reducing excessive alcohol consumption and related harms at the community level (Guide to Community Preventive Services, 2010; Ker & Chinnock, 2008; Stockwell, 2001).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: TIPS (Training for Intervention Procedures)

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

RESPONSIBLE BEVERAGE SERVICE TRAINING

References for description of strategy

- Guide to Community Preventive Services. (2010). Preventing excessive alcohol consumption: Responsible beverage service training. Retrieved July 24, 2012, from: www.thecommunityguide.org/alcohol/beverage_service.html
- Wyoming Prevention Framework Communities. (2008). A Comprehensive review of alcohol state statutes: Findings and recommendations for reducing underage and binge drinking in Wyoming. Retrieved September 18, 2012, from: www.health.wyo.gov/Media.aspx?mediald=5866
- Wyoming Statute Annotated § 12-2-402 a-d (2012). Retrieved September 10, 2012, from: <http://www.lexisnexis.com/hottopics/wy statutes/>

Evidence base

- Birdthistle, I. J., & Buka, S. L. (1999). Long-term effects of a community-wide alcohol server training intervention. *Journal of Studies on Alcohol*, 60(1), 27.
- Guide to Community Preventive Services. (2010). Preventing excessive alcohol consumption: Responsible beverage service training. Available at: www.thecommunityguide.org/alcohol/beverage_service.html. Last updated: 12/16/2011.
- Holder, H. D., Gruenewald, P.J., Ponicki, W.R., Treno, A.J., Grube, J.W., Saltz, R.F., ... Roeper, P. (2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of the American Medical Association*, 284(18), 2341-2347.
- Ker, K., & Chinnock, P. (2008). Interventions in the alcohol server setting for preventing injuries. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005244.pub3/abstract>
- Stockwell, T. (2001). Responsible alcohol service: Lessons from evaluations of server training and policing initiatives. *Drug and Alcohol Review*, 20(3), 257-265.
- 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.

Further reading

- Moskowitz, H. (2006). Detecting alcohol impairment by observation of intoxication. Presented at Traffic Safety and Alcohol Regulation: A Symposium, Transportation Research Board of the National Academies, Irvine, CA. Available at: <http://www.its.pdx.edu/cstsp/pdf/ec123.pdf#page=195>
- TIPS (website). Available at: <http://www.gettips.com/index.shtml>
- Wagenaar, A. C., & Tobler, A. L. (2006). Alcohol sales and service to underage youth and intoxicated patrons: Effects of RBS training and enforcement interventions. Presented at Traffic Safety and Alcohol Regulation: A Symposium, Transportation Research Board of the National Academies, Irvine, CA. Available at: <http://www.its.pdx.edu/cstsp/pdf/ec123.pdf#page=195>

RESPONSIBLE EVENT ASSESSMENT

Description of strategy

Responsible event assessment uses an assessment tool and observers to determine how controlled alcohol is at an event and how much drinking occurs in various venues of the event. By accurately tracking drinking at community events or festivals, organizers can determine what policies and controls are necessary to prevent underage drinking and illegal alcohol sales at future events.

Discussion of effectiveness

Alcohol

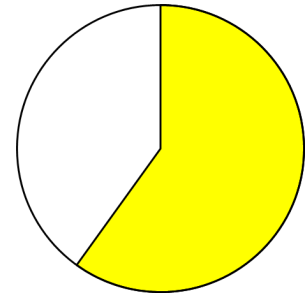
While findings from the literature are inconclusive regarding the effectiveness of responsible event assessment to limit the likelihood of illegal alcohol sales and the prevention of alcohol-related risks at community events, there is some evidence to suggest this strategy can promote enhanced collaboration between planners and preventionists, and may also influence the adoption of written policies to improve festival/event practices (Toomey, Erickson, Patrek, Fletcher, & Wagenaar, 2005).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: CARE Responsible event assessment

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

RESPONSIBLE EVENT ASSESSMENT

References for description of strategy

Evidence base

Toomey, T.L., Fabian, L.A., Erickson, D.J., Wagenaar, A.C., Fletcher, L., & Lenk, K.M. (2006). Influencing alcohol control policies and practices at community festivals. *Journal of Drug Education, 36*(1), 15-32.

Toomey, T.L., Erickson, D.J., Patrek, W., Fletcher, L.A., & Wagenaar, A.C. (2005). Illegal alcohol sales and use of alcohol control policies at community festivals. *Public Health Rep, 120*(2), 165-173.

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Wisconsin Alcohol Policy Project, Resource Center on Impaired Driving. (2010). La Crosse Festival Project [White paper]. Available at: http://www.law.wisc.edu/wapp/lacrosse_festival_project.pdf

REVOKE DRIVERS' LICENSES FOR IMPAIRED DRIVERS

Description of strategy

In recent decades, numerous states have implemented statutory provisions providing for the suspension and eventual revocation of drivers' licenses of those caught driving while impaired (DWI), in an attempt to reduce alcohol-impaired driving. While a suspension is temporary, a revocation cancels the driver's license. The driver may be required to go through an investigation to be re-licensed once the revocation is over.

Such laws have two primary goals: 1) deter the general population from DWI with the threat of a penalty—temporary or permanent loss of one's drivers' license; and 2) incapacitate drivers caught DWI from further DWI offenses by suspending their driver's license (Wagenaar & Maldonado-Molina, 2007). This strategy relies on the driver's compliance with driver's license laws and does not immobilize the driver's vehicle.

In Wyoming, a third or subsequent DWI offense or conviction will result in the revocation of the driver's license (Wyoming Department of Transportation, n.d.).

Discussion of effectiveness

Alcohol, other drugs

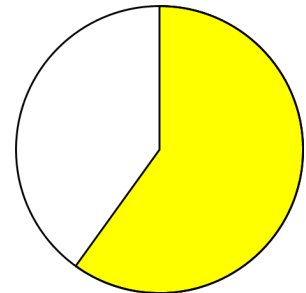
Evidence remains unclear on the effectiveness of revoking the licenses of impaired drivers. A 2000 study found that license revocation policies were effective in significantly reducing alcohol-related fatal crashes (Whetten-Goldstein, Sloan, Stout, & Liang, 2000). A 2011 study found that license suspension was only effective if the suspension happened immediately (as an administrative penalty or pre-conviction) (Wagenaar & Maldonado-Molina, 2007). However, a final study found that all offenders with a prior DWI remain at high risk of recidivating regardless of type of sanction, including license revocation (Ahlin et al., 2011).

Target substance(s): Alcohol, other drugs

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
<i>Economic availability</i>	
<i>Retail availability</i>	
<i>Social availability</i>	
<i>Promotion & media</i>	
<i>Enforcement</i>	
<i>Community norms</i>	
Tobacco Goal	
<i>Prevent youth initiation</i>	
<i>Promote cessation</i>	
<i>Eliminate exposure to SHS</i>	
<i>Identify and eliminate disparities</i>	

- Primary domain/Tobacco goal
- Cross-referenced domain

REVOKE DRIVERS' LICENSES FOR IMPAIRED DRIVERS

References for description of strategy

Wagenaar, A. C., & Maldonado-Molina, M. M. (2007). Effects of drivers' license suspension policies on alcohol-related crash involvement: Long-term follow-up in forty-six states. *Alcoholism: Clinical and Experimental Research*, 31(8), 1399–1406. doi:10.1111/j.1530-0277.2007.00441.x

Wyoming Department of Transportation. (n.d.). Suspensions and revocations. Retrieved September 18, 2012, from: http://www.dot.state.wy.us/wydot/driver_license_records/suspensions

Evidence base

Ahlin, E. M., Zador, P. L., Rauch, W. J., Howard, J. M., & Duncan, G. D. (2011). First-time DWI offenders are at risk of recidivating regardless of sanctions imposed. *Journal of Criminal Justice*, 39(2), 137–142. doi:10.1016/j.jcrimjus.2011.01.001

Wagenaar, A. C., & Maldonado-Molina, M. M. (2007). Effects of drivers' license suspension policies on alcohol-related crash involvement: Long-term follow-up in forty-six states. *Alcoholism: Clinical and Experimental Research*, 31(8), 1399–1406. doi:10.1111/j.1530-0277.2007.00441.x

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 & Prevention*, 32(6), 723–733. doi:10.1016/S0001-4575(99)00122-0

Further reading

Wells-Parker, E., Bangert-Drowns, R., Mcmillen, R., & Williams, M. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction*, 90(7), 907–926. doi:10.1046/j.1360-0443.1995.9079074.x

SANCTIONS AND MONITORING FOR CONVICTED DRUNK DRIVERS

Description of strategy

Legal sanctions, whether administered by the courts or by state licensing agencies, are central to deterrence-based policies for reducing alcohol-impaired driving. They are the punishments threatened in support of the law's mandate. Examples are fines, license actions such as suspension and revocation, immobilization or impoundment of the vehicle, ignition locks, jail sentences and alternatives such as community service (Nichols & Ross, 1988).

In Wyoming, a first driving while impaired offense results in suspension of the driver's license for 90 days. Repeat convictions may result in a year-long license suspension, revocation, and/or ignition interlocks (Wyoming Department of Transportation, n.d.)

Discussion of effectiveness

Alcohol

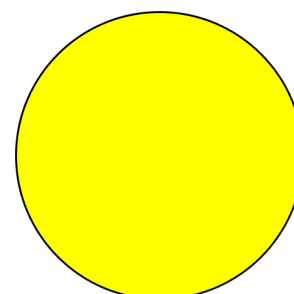
Evidence remains varied regarding the effectiveness of sanctions and monitoring for convicted drunk drivers as a prevention strategy. The effectiveness of sanctions and monitoring depends on the type of sanction implemented. Evidence suggests ignition locks are effective (Guide to Community Preventive Services, 2006; Raub, Lucke, & Wark, 2003) while the evidence on licensing sanctions and mandatory fine/jail policies remains unclear (Voas & DeYoung, 2002; Wagenaar et al., 2007).

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SANCTIONS AND MONITORING FOR CONVICTED DRUNK DRIVERS

References for description of strategy

- Nichols, J. & Ross, H. L. (1988). The effectiveness of legal sanctions in dealing with drinking drivers, in: Surgeon General's Workshop in Drunk Driving: Background Papers, Dec 14–16, pp. 93 – 112 (Rockville , MD , US Dept of Health & Human Services). Retrieved July 27, 2012, from: http://profiles.nlm.nih.gov/NN/B/C/Y/B/_/nnbcyb.pdf
- Wyoming Department of Transportation. (n.d.). Suspensions and revocations. Retrieved September 18, 2012, from: http://www.dot.state.wy.us/wydot/driver_license_records/suspensions

Evidence base

- Administration, U. S. N. H. T. S. (2000). State of knowledge of alcohol-impaired driving: research on repeat DWI offenders. U.S. Dept. of Transportation, National Highway Traffic Safety Administration.
- Freeman, J., Liossis, P., Schonfeld, C., Sheehan, M., Siskind, V., & Watson, B. (2006). The self-reported impact of legal and non-legal sanctions on a group of recidivist drink drivers. *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(1), 53–64. doi:10.1016/j.trf.2005.08.005
- Guide to Community Preventive Services.(2006). Reducing alcohol-impaired driving: Ignition interlocks. Available at: www.thecommunityguide.org/mvoi/AID/ignitioninterlocks.html
- Raub, R. A., Lucke, R. E., & Wark, R. I. (2003). Breath alcohol ignition interlock devices: Controlling the recidivist. *Traffic Injury Prevention*, 4(3), 199–205. doi:10.1080/15389580309873
- Voas, R. B., & DeYoung, D. J. (2002). Vehicle action: Effective policy for controlling drunk and other high-risk drivers? *Accident Analysis & Prevention*, 34(3), 263–270. doi:10.1016/S0001-4575(01)00025-2
- Wagenaar, A. C., Maldonado-Molina, M. M., Erickson, D. J., Ma, L., Tobler, A. L., & Komro, K. A. (2007). General deterrence effects of U.S. statutory DUI fine and jail penalties: Long-term follow-up in 32 states. *Accident Analysis & Prevention*, 39(5), 982–994. doi:10.1016/j.aap.2007.01.003

Further reading

- National Highway Traffic Safety Administration. (2006). Traffic safety facts: Vehicle and license plate sanctions. Available at: <http://www.accidentreconstruction.com/newsletter/feb06/VehicleLicPlateSanctions.pdf>
- Nichols, J. & Ross, H. L. (1988). The effectiveness of legal sanctions in dealing with drinking drivers, in: Surgeon General's Workshop in Drunk Driving: Background Papers, Dec 14–16, pp. 93 – 112 (Rockville , MD , US Dept of Health & Human Services). Available at: http://profiles.nlm.nih.gov/NN/B/C/Y/B/_/nnbcyb.pdf

SHOULDER TAP ENFORCEMENT PROGRAMS

Description of strategy

The "Shoulder Tap" is a method minors use to obtain alcohol from social sources. In this method the minor will stand outside of an alcohol establishment and ask an adult to buy them alcohol by tapping the adult's shoulder or otherwise signaling the adult. "Shoulder Tap" enforcement programs enlist a minor decoy, under the direct supervision of law enforcement officers, to solicit adults outside of liquor stores to buy the minor decoy alcohol. Any person seen furnishing alcohol to the minor decoy is arrested (either cited or booked) for furnishing alcohol to a minor (National Association of Governors' Highway Safety Representatives, 2001).

Discussion of effectiveness

Alcohol

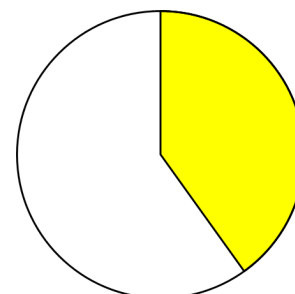
Limited evidence suggests that "Shoulder Tap" enforcement programs are effective as part of a multi-component strategy for alcohol outcomes (Spera, Barlas, Szoc, Prabhakaran, & Cambridge, 2012). More evidence is needed to evaluate "Shoulder Tap" programs as stand-alone prevention strategy.

Target substance(s): Alcohol

Used in Wyoming: Yes

Other names/examples: None

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SHOULDER TAP ENFORCEMENT PROGRAMS

References for description of strategy

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking prevention: Guide 5, Enforcement. Washington, DC: National Highway Traffic Safety Administration. Retrieved July 23, 2012, from: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book5_Enforcement.html#Shoulder%20tap

Evidence base

Pacific Institute for Research and Evaluation. (1999). Regulatory strategies for reducing youth access to alcohol: Best practices. Calverton, MD: Office of Juvenile Justice and Delinquency Prevention, Center for Enforcing Underage Drinking Laws. Available at: <http://www.udetc.org/documents/accesslaws.pdf>

Spera, C., Barlas, F., Szoc, R. Z., Prabhakaran, J., & Cambridge, M. H. (2012). Examining the influence of the Enforcing Underage Drinking Laws (EUDL) program on alcohol-related outcomes in five communities surrounding Air Force bases. *Addictive Behaviors*, 37(4), 513–516. doi:10.1016/j.addbeh.2011.11.016

Further reading

California ABC - Shoulder Tap Program (Web page). (n.d.). Available at: http://www.abc.ca.gov/programs/Shoulder_tap.html

Hoover, S. A. (n.d.). Policy strategies to reduce underage and binge drinking. Community Prevention Institute. Available at: http://www.cpi.org/docs/publications/TARP/TARP_PolicyStrategies.pdf

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking prevention: Guide 5, Enforcement. Washington, DC: National Highway Traffic Safety Administration. Available at: http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Book5_Enforcement.html#Shoulder%20tap

Toomey, T. L., Fabian, L. E. A., Erickson, D. J., & Lenk, K. M. (2007). Propensity for obtaining alcohol through shoulder tapping. *Alcoholism: Clinical and Experimental Research*, 31(7), 1218–1223. doi:10.1111/j.1530-0277.2007.00420.x.

Toomey, T. L., & Wagenaar, A. C. (2002). Environmental policies to reduce college drinking: Options and research findings. *Journal of Studies on Alcohol and Drugs*, Suppl. 14, 193.

SOBRIETY CHECKPOINTS

Description of strategy

At sobriety checkpoints, law enforcement officers use a system to stop drivers to assess their level of alcohol impairment. There are two types of sobriety checkpoints: (1) random breath-testing checkpoints where officers randomly select and test drivers for blood alcohol levels; and (2) selective breath-testing (SBT) checkpoints where officers must have reason to suspect a driver has been drinking before testing. SBT is the only type of sobriety checkpoint used in the United States (Guide to Community Preventive Services, 2012).

One tool used in conjunction with sobriety checkpoints is the passive breath sensor. Passive breath sensors or passive alcohol sensors are small electronic devices, usually built into police flashlights or clipboards that can detect alcohol in the ambient air of a vehicle. The sensors are quick, objective, and provide another source of detection to the officer which may aid in the identification of drunken drivers (Voas & Fell, 2011). Currently the sensors can only detect the presence of alcohol, not the level of alcohol present.

Wyoming does not permit sobriety checkpoints. Checkpoints are prohibited by interpretation of the roadblock statute (Governors Highway Safety Association, 2012).

Discussion of effectiveness

Alcohol

Evidence supports the use of sobriety checkpoints in reducing alcohol-impaired driving, alcohol-related crashes, and associated fatal and non-fatal injuries (Guide to Community Preventive Services, 2012). Evidence supports effectiveness of sobriety checkpoints as an individual prevention strategy as well as a part of a multi-component strategy (Clapp et al., 2005).

Other drugs

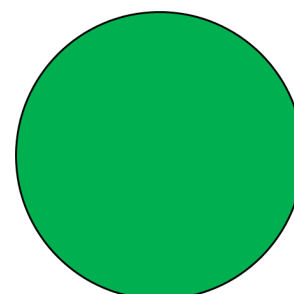
No evidence was located on sobriety checkpoints related to other drug outcomes.

Target substance(s): Alcohol, other drugs

Used in Wyoming: No

Other names/examples: Mobile command unit

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SOBRIETY CHECKPOINTS

References for description of strategy

Governors Highway Safety Association. (2012). Sobriety checkpoint laws. Retrieved September 29, 2012, from: http://www.ghsa.org/html/stateinfo/laws/checkpoint_laws.html

Guide to Community Preventive Services. (2012). Reducing alcohol-impaired driving: Sobriety checkpoints. Retrieved July 26, 2012, from: www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html

Voas, R. B., & Fell, J. C. (2011). Preventing impaired driving opportunities and problems. *Alcohol Research and Health*, 34(2), 225–35.

Evidence base

Beck, K. H., & Moser, M. L. (2004). Exposure to the sobriety “Checkpoint Strikeforce” campaign in Maryland: Impact on driver perceptions of vulnerability and behavior. *Traffic Injury Prevention*, 5(2), 101–106. doi:10.1080/15389580490434908

Clapp, J.D., Johnson, M., Voas, R.B., Lange, J.E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. *Addiction*, 100, 327-334.

Fell, J. C., Lacey, J. H., & Voas, R. B. (2004). Sobriety checkpoints: Evidence of effectiveness is strong, but use is limited. *Traffic Injury Prevention*, 5(3), 220–227. doi:10.1080/15389580490465247

Guide to Community Preventive Services. (2012). Reducing alcohol-impaired driving: Sobriety checkpoints. Available at: www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html

Saltz, R. F., Paschall, M. J., McGaffigan, R. P., & Nygaard, P.M. (2010). Alcohol risk management in college settings: The Safer California Universities randomized trial. *American Journal of Preventive Medicine*, 39, 491-499.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., ... Thompson, R.S. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine*, 21(4, Suppl. 1), 66–88. doi:10.1016/S0749-3797(01)00381-6

Further reading

Centers for Disease Control and Prevention. (2009). Research update: Sobriety checkpoints - impaired driving - motor vehicle safety - injury center. Available at: http://www.cdc.gov/MotorVehicleSafety/Impaired_Driving/checkpoint.html

Wisconsin Department of Public Instruction. (2002). Passive alcohol sensors : A study focusing on their use, performance, effectiveness, and policy implications for traffic enforcement. Available at: <http://www.wistatedocuments.org/cdm/singleitem/collection/p267601coll4/id/241/rec/1>

SOCIAL HOST LIABILITY

Description of strategy

Under social host liability laws, adults who serve or provide alcohol to minors or persons who are obviously intoxicated can be held liable if a person who is provided alcohol is killed or injured, or kills or injures another person. In some states, social host liability is covered under dram shop laws.

Dram shop liability refers to a drinking establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party. However, dram shop laws normally only cover commercial service and not private parties.

Social host laws vary from state-to-state. Some state laws may only target those who provide alcohol to underage youth and don't pertain to intoxicated persons (University of Minnesota Alcohol Epidemiology Program, 2009).

In Wyoming, social hosts who serve alcoholic beverages illegally, such as to persons who are under 21 years old and who are not their child or ward, may be liable for the resulting damages. (Wyo. Stat. Ann. §12-8-301(c); National Highway Traffic Safety Administration, 2011).

Discussion of effectiveness

Alcohol

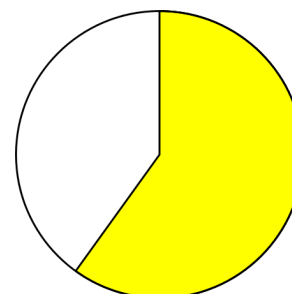
Evidence is unclear on the effectiveness of social host liability laws. A study estimating the effect of social host laws involving minors found a reduction in drunk driving traffic fatalities (Dills, 2010). A similar study found laws allowing individuals to sue bars for the drunken behavior of their patrons were the policies most strongly associated with lower minor and adult fatality rates (Davies, Liang, Sloan, & Stout, 2000). However, a 2012 review of the research on current social host liability policies found that social host policies are variable and enforcement is not consistent. More research is required to develop a measure of policy strength (Wagoner et al., 2012).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Controls on alcohol service at private parties, Laws against adult provision of alcohol and tobacco, Parents who host, Social host ordinance

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SOCIAL HOST LIABILITY

References for description of strategy

University of Minnesota Alcohol Epidemiology Program. (2009). Social Host Liability. Retrieved July 24, 2012, from: <http://www.epi.umn.edu/alcohol/policy/hostliab.shtml>

National Highway Traffic Safety Administration. (2011). Digest of impaired driving and selected beverage control laws. Retrieved August 30, 2012, from: www.nhtsa.gov/staticfiles/nti/pdf/811456.pdf

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Evidence base

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Dills, A. K. (2010). Social host liability for minors and underage drunk-driving accidents. *Journal of Health Economics*, 29(2), 241–249. doi:10.1016/j.jhealeco.2009.12.001

Saltz, R. F., Paschall, M. J., McGaffigan, R. P., & Nygaard, P.M. O. (2010). Alcohol risk management in college settings: The Safer California Universities randomized trial. *American Journal of Preventive Medicine*, 39, 491-499.

Wagoner, K., Francisco, V., Sparks, M., Wyrick, D., Nichols, T., & Wolfson, M. (2012). A review of social host policies focused on underage drinking parties: Suggestions for future research. *Journal of Drug Education*, 42(1), 99–117. doi:10.2190/DE.42.1.f

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Applied Research for Community Health and Safety. (2009). Holding adults accountable for underage drinking at house parties through social host laws. San Bernardino, CA: Institute for Public Strategies. Available at: http://www.publicstrategies.org/PDF/20091015_Social_Host_While_Paper_Final_R3.pdf

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University of Minnesota Alcohol Epidemiology Program. (2009). Open house assembly. Available at: <http://www.epi.umn.edu/alcohol/sample/openhous.shtml>

Ventura County Behavioral Health Department. (2005). Model social host liability ordinance. Available at: http://www.ca-cpi.org/sig_subsite/sig_documents/resources/vcl_mshlo_web2.pdf

SOCIAL NORMS CAMPAIGN

Description of strategy

The social norms approach to prevention is to gather credible data from a target population and then, using various health communication strategies, consistently tell that population the truth about actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, the misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety. As the percentage of the target population that misperceives the level of peer substance use declines, the level of actual substance use in the population declines as well, even though overestimation of peer substance use will likely continue (Haines, Perkins, Rice, & Barker, 2005).

Discussion of effectiveness

Alcohol

Evidence of effectiveness is not conclusive for social norms campaigns targeting alcohol. Two studies (Glider, Midyett, Mills-Novoa, Johannesen, & Collins, 2001; Mattern & Neighbors, 2004) support the use of social norms campaigns targeting alcohol in college populations, while two other studies (Thombs, Dotterer, Olds, Sharp, & Raub, 2004; Wechsler, Nelson, Lee, Seibring, Lewis, & Keeling, 2003) do not support the use of social norms campaigns for alcohol in college populations. One study (Schmidt, Kiss, & Lokanc-Diluzio, 2009) supports the effectiveness of social norms campaigns targeting alcohol to increase retention of prevention messages, but does not analyze the effectiveness of this strategy to change attitudes or behavior. Finally, a recent study evaluating a statewide campaign for young adults found the social norms marketing campaign to be effective at reducing drinking and driving (Perkins, Linkenback, Lewis, & Neighbors, 2010).

Tobacco

Evidence of effectiveness does not support the use of social norms campaigns targeting tobacco. A study evaluating a social norms marketing project aimed at students does not find a change in students' attitudes or smoking behavior (Martino-McAllister & Wessel, 2005). A second study focused on youth supports the effectiveness of social norms campaigns to increase retention of prevention method, but does not analyze the effectiveness of this strategy to change attitudes or behaviors (Schmidt, Kiss, & Lokanc-Diluzio, 2009).

Other drugs

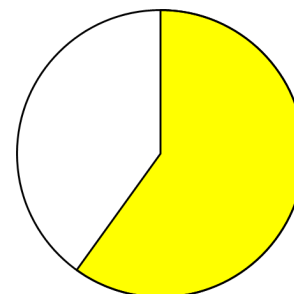
No evidence regarding social norms campaigns targeting other drugs was located.

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Positive Social Norming; Tobacco Free Wyoming Communities; Buzzed driving; Most of Us; Parents Act Now

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SOCIAL NORMS CAMPAIGN

References for description of strategy

Haines, M.P., Perkins, W., Rice, R.M., & Barker, G. (2005). Guide to marketing social norms for health promotion in schools and communities. Retrieved July 25, 2012, from: <http://www.nmpreventionnetwork.org/aguidetomarketing-socialnorms.pdf>

Evidence base

Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-side social marketing media campaign to reduce binge drinking. *Journal of Drug Education, 31*(2), 207-220.

Martino-McAllister, J., & Wessel, M.T. (2005). An evaluation of a social norms marketing project for tobacco prevention with middle, high, and college students; use of funds from the tobacco master settlement (Virginia). *Journal of Drug Education, 35*(3), 185-200. doi:10.2190/2KJH-558A-VXK1-E8QD

Mattern, J.L., & Neighbors, C. (2004). Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels. *Journal of Studies on Alcohol, 65*(4), 489-493.

Perkins, H.W., & Craig, D.W. (2006). A successful social norms campaign to reduce alcohol misuse among college student-athletes. *Journal of Studies on Alcohol, 67*(6), 880-889.

Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors, 35*(10), 866-874. doi:10.1016/j.addbeh.2010.05.004

Schmidt, E., Kiss, S.M., & Lokanc-Diluzio, W. (2009). Changing social norms: A mass media campaign for youth ages 12-18. *Canadian Journal of Public Health, 100*(1), 45-45.

Thombs, D.L., Dotterer, S., Olds, R.S., Sharp, K.E., & Raub, C.G. (2004). A close look at why one social norms campaign did not reduce student drinking. *Journal of American College Health, 53*(2), 61-68.

Wechsler, H., Nelson, T.F., Lee, J.E., Seibring, M., Lewis, C., & Keeling, R.P. (2003). Perception and reality: A national evaluation of social norms marketing interventions to reduce college students' heavy alcohol use. *Journal of Studies on Alcohol, 64*, 484-494.

Further reading

Haines, M.P., Perkins, H. W., Rice, R. M., Barker, G. (2005). A guide to marketing social norms for health promotion in schools and communities. National Social Norms Resource Center. Available at: <http://www.nmpreventionnetwork.org/aguidetomarketingsocialnorms.pdf>

Martino-McAllister, J., & Wessel, M. T. (2005). An evaluation of a social norms marketing project for tobacco prevention with middle, high and college students: Use of funds from the tobacco master settlement (Virginia). *Journal of Drug Education, 35*(3), 185-200. doi:10.2190/2KJH-558A-VXK1-E8QD

SUPPORT CLEAN INDOOR AIR LAWS

Description of strategy

Clean indoor air laws are comprised of smoking bans and restrictions. These laws prohibit smoking in geographically defined areas such as enclosed workplaces, public places, bars, and/or restaurants (Guide to Community Preventive Services, 2000). Laws prohibiting smoking in confined spaces have been gaining strength since the 1970s when the first bans on indoor smoking were enacted. By 2003, municipalities in every state had enacted policies limiting or banning smoking in certain locations, including some outdoor spaces.

Wyoming does not have a statewide ban on smoking in enclosed workplaces, but ten towns (Afton, Burlington, Cheyenne, Casper, Evanston, Green River, Laramie, Lyman, Mountain View, and Rock Springs) have enacted some form of smoking ban policy (WYSAC, 2012).

Discussion of effectiveness

Tobacco

Evidence suggests clean indoor air laws are an effective strategy for reducing exposure to secondhand smoke (Guide to Community Preventive Services, 2000). Home bans were found to be more effective at reducing teenage smoking initiation than either public or school bans (Wakefield, 2000).

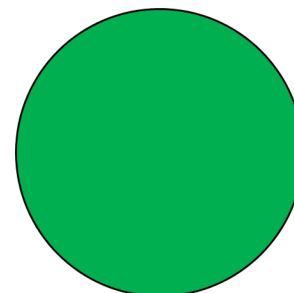
Numerous studies and task forces have determined that such laws decrease nicotine by-products in serum of nonsmokers, help prevent youth from starting smoking, reduce the number of cigarettes consumed by some smokers, and encourage some smokers to quit altogether (Eriksen & Chaloupka, 2007).

Target substance(s): Tobacco

Used in Wyoming: Yes

Other names/examples: Social Action on Secondhand Smoke, Target a Business to Go Smoke-Free

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

SUPPORT CLEAN INDOOR AIR LAWS

References for description of strategy

- Guide to Community Preventive Services. (2000). Reducing secondhand smoke exposure: Smoking bans and restrictions. Retrieved July 30, 2012, from: www.thecommunityguide.org/tobacco/environmental/smokingbans.html.
- WYSAC. (2012). WYSAC Fact Sheet: Existence of Smoke-free Polices and Laws, by B. Best, L. Despain, A. Cisler, & P. Grandjean. (WYSAC Fact sheet No. DER-1117). Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.

Evidence base

- Eriksen, M., & Chaloupka, F. (2007). The economic impact of clean indoor air laws. *CA: A Cancer Journal for Clinicians*, 57(6), 367–378. doi:10.3322/CA.57.6.367
- Guide to Community Preventive Services. (2000). Reducing secondhand smoke exposure: Smoking bans and restrictions. Available at: www.thecommunityguide.org/tobacco/environmental/smokingbans.html.
- Lee, K., Hahn, E. J., Robertson, H. E., Lee, S., Vogel, S. L., & Travers, M. J. (2009). Strength of smoke-free air laws and indoor air quality. *Nicotine & Tobacco Research*, 11(4), 381–386. doi:10.1093/ntr/ntp026
- McMullen, K. M., Brownson, R. C., Luke, D., & Chriqui, J. (2005). Strength of clean indoor air laws and smoking related outcomes in the USA. *Tobacco Control*, 14(1), 43–48. doi:10.1136/tc.2004.007880
- Wakefield, M. A. (2000). Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: Cross sectional study. *British Medical Journal*, 321(7257), 333–337. doi:10.1136/bmj.321.7257.333

Further reading

- Eriksen, M. P., & Cerak, R. L. (2008). The diffusion and impact of clean indoor air laws. *Annual Review of Public Health*, 29(1), 171–185. doi:10.1146/annurev.publhealth.29.020907.090920

TEEN PARTY ORDINANCES

Description of strategy

Teen parties are one of the highest risk settings for underage drinking. Young people report their heaviest drinking at large parties with peers, most of whom are underage, in private homes. Teen parties frequently lack adult supervision and can lead to alcohol poisoning, drinking and driving, sexual assaults, other violence, vandalism, and property damage. Despite the seriousness of the potential problems, communities tend to be tolerant of these parties and this tolerance is compounded by legal obstacles to law enforcement. Many states do not prohibit youth possession in private residences. Further, parents may also supply alcohol to their minor children. In some states police detecting a teen party may not have legal grounds to enter the premises, be unable to confiscate the alcohol, trace its original purchase, or hold the adult householder responsible for allowing the party on the premises (Prevention Resource Center, 2004).

Teen party ordinances function similarly to social host liability laws (pg. 127). The ordinances target the location where underage drinking occurs. The ordinances hold the individual responsible for underage drinking events on noncommercial property they own, lease, or otherwise control. The purpose of a teen party ordinance is to discourage underage drinking parties by creating a legal means to sanction the host and party attendees (Higher Education Center, 2011).

Discussion of effectiveness

Alcohol

Evidence suggests varied results for the effectiveness of teen party ordinances as a prevention strategy. Enforced teen party ordinances were found to be effective as part of a multi-component strategy to reduce incidence and likelihood of youth drinking, as well as off-premise underage alcohol sales (Saltz, Paschall, McGaffigan, & Nygaard, 2010; Saltz, Welker, Paschall, Feeney, & Fabiano, 2009). However, the evidence did not support the effectiveness of teen party ordinances for reducing binge drinking or perceived availability outcomes (Flewelling et al., 2012).

Other drugs

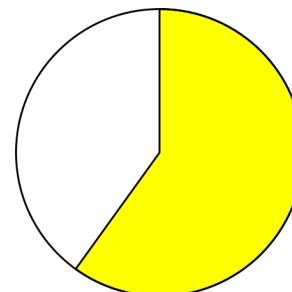
No evidence was located on teen party ordinances related to other drug outcomes.

Target substance(s): Alcohol, other drugs

Used in Wyoming: Yes

Other names/examples: Party patrols, Noisy Assembly Ordinance

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

TEEN PARTY ORDINANCES

References for description of strategy

Prevention Resource Center. (2004). Preventing underage alcohol access: Essential elements for policy, deterrence and public support. Calverton, MD: Pacific Institute for Research and Evaluation. Retrieved August 13th, 2012, from: http://resources.prev.org/resource_pub_pud.pdf

Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention. (2011). Prevention update. Retrieved August 13th, 2012, from: http://www.higheredcenter.org/files/prevention_updates/january2011.pdf

Evidence base

Flewelling, R., Grube, J., Paschall, M., Biglan, A., Kraft, A., Black, C., ... Ruscoe, J. (2012). Reducing youth access to alcohol: Findings from a community-based randomized trial. *American Journal of Community Psychology*, 1–14. doi:10.1007/s10464-012-9529-3

Saltz, R. F., Paschall, M. J., McGaffigan, R. P., & Nygaard, P. M. O. (2010). Alcohol risk management in college settings. *American Journal of Preventive Medicine*, 39(6), 491–499. doi:10.1016/j.amepre.2010.08.020

Saltz, R. F., Welker, L. R., Paschall, M. J., Feeney, M. A., & Fabiano, P. M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs*, (Suppl. 16), 21.

Further reading

National Association of Governors' Highway Safety Representatives. (2001). Community how to guides on underage drinking prevention: Guide 5, Enforcement. Washington, DC: National Highway Traffic Safety Administration. Available at: http://www.nhtsa.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html

Pacific Institute of Research and Evaluation. (2000). A practical guide to preventing and dispersing underage drinking parties. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available at: <http://www.udetc.org/documents/UnderageDrinking.pdf>

Prevention Research Center. (2004). Preventing underage alcohol access: Essential elements for policy, deterrence, and public support. Calverton, MD: Pacific Institute for Research and Evaluation. Available at: http://resources.prev.org/resource_pub_pud.pdf

TEXTING TIPLINE

Description of strategy

The Texting Tipline is a method for individuals to provide information to law enforcement about youth drinking and parties. Hotlines for students, teachers, or parents concerned about underage drinking can be a valuable information source. People use a hotline to report a party location either before or during the event. Patrol officers then drive by the location to identify any problems. Providing an easy-to-remember phone number, ensuring caller anonymity, and staffing the hotline with non-police personnel increase the likelihood people will call (Johnson, 2004).

Discussion of effectiveness

Alcohol, other drugs

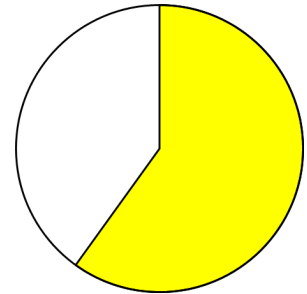
Although there is limited evidence in the literature supporting the use of hotlines/ tiplines as an effective prevention strategy, no causal link between the existence of hotlines/tiplines and improved outcomes has been established. Additional evidence does not provide support for the use of hotlines/ tiplines (Harwood, Fabian, Erickson, & Wageenaar, n.d.).

Target substance(s): Alcohol, other drugs

Used in Wyoming: Yes

Other names/examples: Teen Text Line, Text Tips Line, TipSoft Tipline, Texting Hotline, CrimeStoppers Tipline/Hotline

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
<i>Economic availability</i>	
<i>Retail availability</i>	
<i>Social availability</i>	
<i>Promotion & media</i>	
<i>Enforcement</i>	
<i>Community norms</i>	
Tobacco Goal	
<i>Prevent youth initiation</i>	
<i>Promote cessation</i>	
<i>Eliminate exposure to SHS</i>	
<i>Identify and eliminate disparities</i>	

- Primary domain/Tobacco goal
- Cross-referenced domain

TEXTING TIPLINE

References for description of strategy

Johnson, K.D. (2004). Problem-oriented guides for Police, problem-specific guides series: Underage drinking, No. 27. U.S. Department of Justice Office of Community Oriented Policing Services. Retrieved July 18, 2012, from: <http://www.popcenter.org/problems/PDFs/underage.pdf>

Evidence base

Gebhardt, T.L., Kaphingst, K., & DeJong, W. (2000). A campus-community coalition to control alcohol-related problems off campus: An environmental management case study. *Journal of American College Health, 48*, 211-215.

Harwood, E.M., Fabian, L.E.A., Erickson, D.J., & Wagenaar, A.C. (n.d.). Community hotlines as deterrence strategies: The case of underage drinking. Unpublished manuscript.

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The saving lives program. *American Journal of Public Health, 86*, 791-797.

Further reading

DeJong, W., Vehige, M. (2008, April). Prevention Update: The off-campus environment, approaches for reducing alcohol and other drug problems. Available at: http://www.ocssral.colostate.edu/towngown/ul_files/hec_off-campus.pdf

Johnson, K.D. (2004). Problem-oriented guides for police, problem-specific guide series: Guide No. 27, Underage Drinking. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services. Available at: <http://www.popcenter.org/problems/PDFs/underage.pdf>

USE OF MASS MEDIA APPROPRIATELY

Description of strategy

Mass media campaigns employ brief, recurring messages over time (weeks to years) to provide information or motivation to children and adolescents with the goal of increasing or improving health behaviors. Mass media techniques primarily include broadcast messages on television and radio, although other formats such as billboards, print, and movies have been used. Campaigns can focus on messages targeting children and adolescents or can include such messages as part of an overall anti-alcohol, -tobacco, and -other drug effort (for example, including messages targeting tobacco users to increase cessation and messages about reducing exposure to secondhand tobacco smoke) (Task Force on Community Preventive Services, 2005).

Discussion of effectiveness

Alcohol, tobacco

Evidence suggests that use of mass media appropriately is an effective strategy for alcohol and tobacco (Elder et al., 2004; Farrelly, Niederdeppe, & Yarsevich, 2003).

Other drugs

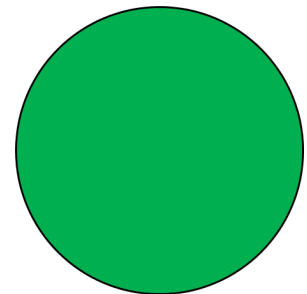
While not robust, there is some evidence to suggest this strategy is also effective for other drugs (Wakefield, Loken, & Hornik, 2010).

Target substance(s): Alcohol, tobacco, other drugs

Used in Wyoming: Yes

Other names/examples: Compliance checks media, DUI media campaign, Social Host campaign, Red Ribbon Week, Officer Recognition, Worth It Drive Sober

Indicator of Effectiveness and Strength of Evidence



Indicator of effectiveness:

- Not effective
- Varied evidence of effectiveness
- Effective

Strength of evidence:

- No evidence found
- Grey literature
- Single published study
- Numerous published studies
- Systematic review, meta-analysis
- Cochrane Review, Community Guide, NREPP

Causal Domain	
Economic availability	
Retail availability	
Social availability	
Promotion & media	
Enforcement	
Community norms	
Tobacco Goal	
Prevent youth initiation	
Promote cessation	
Eliminate exposure to SHS	
Identify and eliminate disparities	

- Primary domain/Tobacco goal
- Cross-referenced domain

USE OF MASS MEDIA APPROPRIATELY

References for description of strategy

Task Force on Community Preventive Services. (2005). *The Guide to Community Preventive Services: What works to promote health?* New York: Oxford University Press.

Evidence base

- Brinn, M.P., Carson, K.V., Esterman, A.J., Change, A.B., & Smith, B.J. (2010). Mass media interventions for preventing smoking in young people. *Cochrane Database of Systematic Reviews*, Issue 11.
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- Elder, R.W., Shults, R.A., Sleet, D.A., Nichols, J.L., Thompson, R.S., & Rajab, W. (2004). Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes: A systematic review. *American Journal of Preventive Medicine*, 27(1), 57-65. doi:10.1016/j.amepre.2004.03.002
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- Saltz, R.F., Paschall, M.J., McGaffigan, R.P., & Nygaard, P.M.O. (2010). Alcohol risk management in college settings: The Safer California Universities randomized trial. *American Journal of Preventive Medicine*, 39(6), 491-499.
- Saltz, R.F., Welker, L.R., Paschall, M.J., Feeney, M.A., & Fabiano, P.M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs*, (Suppl 16), 21-27.
- Wakefield, M.A., Loken, B., & Hornik, R.C. (2010). Use of mass media campaigns to change health behavior. *The Lancet*, 376, 1261-1271.

Further reading

National Association of Governors' Highway Safety Representatives. (2001). *Community how to guides on underage drinking prevention: Guide 7, Media Relations*. Washington, DC: National Highway Traffic Safety Administration. Available at: http://www.nhtsa.gov/people/injury/alcohol/Community%20Guides%20HTML/Book7_MediaRelations.html

APPENDIX A: OTHER NAMES/EXAMPLES

Other Name	Strategy	Page
Alcohol and tobacco-free campus	College campus policies	51
Alcohol Enforcement/ Education Team (AET)	Enhanced enforcement	71
Alcohol free events	Alcohol restrictions at community events, Alternative events for youth	37, 41
Alcohol permit processing	Conditional use permits/land use ordinances for alcohol outlets	61
Alcohol public policy	Get to know state legislators- General policy development	75
Alcohol use restrictions in public places	Alcohol restrictions at community events	37
Alternative Activities (ATOD-free activities)	Alternative events for youth	41
Beer tax education/ policy change	Get to know state legislators- General policy development	75
Buzzed driving	Social norms campaigns	129
Billboard bans	Alcohol and tobacco advertising restrictions in public places	35
Campaign against underage drinking	Counter-marketing & Counter-advertising campaigns, Social norms campaigns	65, 129
CARE Responsible event assessment	Responsible event assessment	117
Community norms on alcohol availability	Community norms around alcohol use	55
Community Trials to Reduce High-Risk Drinking	Community Prevention Trials	57
Compliance checks media ads	Use of mass media campaigns appropriately	137
Controls on alcohol service at private parties	Social host liability	127
CrimeStoppers/ Texting Hotline	Texting Tipline	135
De-normalisation	Counter-marketing & Counter-advertising campaigns	65
Developing an "alcohol unit" for law enforcement	Enhanced enforcement	71
Dram shop liability	Increase beverage servers' legal liability	85
Drug and alcohol prevention education	General information dissemination	73
Drug free business and passed compliance check recognition	Compliance checks of alcohol or tobacco	59
DUI enforcement	Enforce impaired driving laws	69
DUI media campaign	Use of mass media campaigns appropriately	137
Family Smoking Prevention and Tobacco Control Act	Prohibition of alcohol or tobacco sponsorship of events and other promotions	111
Got ID?	Alcohol, tobacco, other drug warning posters	39
Graduated Driver License (GDL)	Graduated driver's license policies	77
Health fairs	General information dissemination	73
Keg registration	Beer keg registration	45
Keg tagging laws	Beer keg registration	45

APPENDIX A: OTHER NAMES/EXAMPLES

Other Name	Strategy	Page
Laws against adult provision of alcohol and tobacco	Social host liability	127
Legislative education	Get to know state legislators- General policy development	75
LifeSkills Training (LTS)	Community norms around alcohol use	55
The Line Social Marketing Campaign	Counter-marketing & Counter-advertising campaigns	65
Mobile Command Unit	Sobriety Checkpoints	125
Most Of Us	Social norms campaigns	129
National "truth" campaign	Counter-marketing & Counter-advertising campaigns	65
Noisy assembly ordinance	Teen party ordinances	133
Officer recognition	Use of mass media campaigns appropriately	137
Parents Act Now	Social norms campaigns	129
Parents Who Host	Social host liability	127
Party patrols	Teen party ordinances	133
Policy changes around alcohol availability	Get to know state legislators- General policy development	75
Positive social norming	Social norms campaigns	129
Positive social norming in schools	Social norms campaigns	129
Prescription Take It Back! Assistance	Prescription drug take-back	107
Promotion media advocacy	Media advocacy	95
RAD	Alternative events for youth	41
REACH website	General information dissemination	73
Red Ribbon Week	Use of mass media campaigns appropriately	137
Responsible alcohol usage at adult community events	Alcohol restrictions at community events, Responsible event assessment	37, 117
Restrictions on drinking locations and possession of alcohol	Alcohol restrictions at community events	37
ROAD Activities	Alternative events for youth	41
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Special use permits	Conditional use permits/land use ordinances for alcohol outlets	61

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