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Technical Assistance Research Publication

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Introduction

The purpose of this technical assistance resource publication is to assist prevention professionals in developing strategies to address the problems associated with underage and binge drinking in their communities. Responsible beverage service (RBS) is an environmental prevention strategy that researchers have found to be effective in reducing hazardous alcohol use among bar and restaurant patrons. The paper outlines minimum standards for effective RBS training and provides a framework for incorporating RBS into a comprehensive community program. Finally, this paper directs the reader to additional resources available in publications and on the Web.

Background: Underage and Binge Drinking in the United States

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 21.6 million Americans in 2003 were classified with substance dependence or abuse (9.1 percent of the total population aged 12 or older). Of these, 14.8 million were dependent on or abused alcohol and an additional 3.1 million were dependent on or abused both alcohol and illicit drugs.

The 2003 National Survey on Drug Use and Health (NSDUH) reports that in the 30 days prior to the survey, 50.1 percent of persons aged 12 or older or 119 million individuals were current¹ drinkers, 22.6% or 54 million were binge² drinkers, and 6.8% or 16.1 million heavy³ drinkers. About 10.9 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview (29.0 percent of this age group). Nearly 7.2 million (19.2 percent) were binge drinkers and 2.3 million (6.1 percent) were heavy drinkers. The highest prevalence of binge and heavy drinking in 2003 was for young adults aged 18 to 25, with the peak rate of both measures occurring at age 21. The rate of binge drinking was 41.6 percent for young adults aged 18 to 25 and 47.8 percent at age 21. Heavy alcohol use was reported by 15.1 percent of persons aged 18 to 25 and by 18.7 percent of persons aged 21 (Office of Applied Studies, 2004).

The Monitoring the Future Survey (MTF) tracks youth substance use through an annual survey conducted in schools. Findings from the 2003 survey show that substantial numbers of youth not only use alcohol but also binge drink, even in their early teens. One-fifth of 8th graders, 35% of 10th graders, and 48% of 12th graders used alcohol in the last 30 days; 12% of 8th graders, 22% of 10th graders, and 28% of 12th graders reported engaging in binge/ episodic heavy drinking, that is five plus drinks per occasion in the last two weeks before the survey (Johnston et al., 2004).

¹ Current use—At least one drink in the past 30 days (includes binge and heavy use).

² Binge use—Five or more drinks on the same occasion at least once in the past 30 days (includes heavy use).

³ Heavy use—Five or more drinks on the same occasion on at least five different days in the past 30 days.



The Centers for Disease Control, Morbidity and Mortality Weekly Report (September 24, 2004) states that in 2001, excessive alcohol consumption was responsible for over 75,000 preventable deaths, making it the third leading preventable cause of death in the United States. The report's authors defined alcohol-attributed injury death, using a higher BAC level (≥ 0.10) than that used by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to define binge drinking (≥ 0.08) with the result that all of the injury deaths could be attributed to binge drinking. Over half of the alcohol-attributable deaths (AAD) resulted from acute conditions, approximately one-third of those from motor vehicle accidents.

The 2003 NSDUH reports an estimated 13.6 percent of persons aged 12 or older drove under the influence of alcohol at least once in the 12 months prior to the interview. This percentage represents 32.3 million persons (Office of Applied Studies, 2004). Alcohol consumption has other adverse consequences for individuals including injuries and accidents, unplanned or unprotected sex or other risky sexual behavior, fights, sexual assault, or date rape, and other violence. Alcohol contributes to homicides and suicides. Youth particularly experience damage to their physical, cognitive, and social development.

Alcohol problems are not limited to the individual but have an enormous impact on the community. The latest government report estimates that the cost of alcohol abuse to the nation is \$184.6 billion (Harwood, 1998:5). These costs include health care costs due to alcohol-related illnesses, loss of productivity, prevention and treatment costs, criminal justice costs, and social welfare costs as well as losses due to alcohol-related crime, fires, and motor vehicle accidents. The role of alcohol in contributing to increased crime, vandalism and property damage, trash and noise complaints translates into increased demands on police, medical/emergency, and other community services.

Findings from NIAAA's Task Force on College Drinking and the Center for Substance Abuse Prevention (CSAP) model programs demonstrate the effectiveness of using science-based, environmental prevention models to effect change at the local level. One approach that has shown some positive results is responsible beverage service. Responsible beverage sales and service programs are targeted to off-sale alcohol outlets where alcohol is not consumed on the premises, such as liquor stores, convenience stores, and supermarkets; on-sale outlets, such as restaurants, bars and clubs; and those entities selling or serving alcohol at public or private events, such as festivals, fundraisers, and other special events.

The Environmental Approach to Preventing Underage and Binge Drinking

Much work in the substance abuse field has focused on changing individual drinking behavior generally through public awareness campaigns and school health education, and providing counseling and treatment for those who are alcohol dependent. Clearly, these are important endeavors; however, they are not sufficient or effective in addressing the social and cultural conditions in the community that affect the individual's behavior.



Thus, while awareness and education campaigns stress the dangers of alcohol use, advertisements and the media portray drinking as “cool,” fun, sexy, and glamorous. Young people report they have easy access to alcohol, either buying it themselves or getting it from adult providers. The Monitoring the Future Survey reports that 67% of 8th graders, 83 percent of 10th and 94% of 12th graders thought alcohol was “fairly easy” or “very easy” to get (Johnston et al., 2004). Social attitudes and behavior that treat youth drinking as a rite of passage, place a lower priority on enforcing alcohol policies, and equate socializing with alcohol consumption, often to excess, send mixed messages and undermine prevention efforts.

Environmental prevention is a systems approach designed to change structures and community norms that increase risk for underage and binge drinking. Risk factors include the low cost of alcohol (e.g., low taxes, price discounts on drinks), easy access and availability (e.g., high density of outlets, unmonitored sales/service to minors or intoxicated drinkers), advertising and promotion of alcohol (e.g., glamorizing drinking, marketing to youth and other populations such as ethnic groups), weak and/or unenforced laws, and social norms that promote high consumption and minimize the risks associated with underage and excessive drinking.

Environmental strategies focus on enactment and enforcement of laws, regulations, and policies to address these risk factors and change community conditions and norms. Examples of such policies include restricting or banning price discounts, licensing alcohol outlets, requiring server and retailer training, limiting placement of alcohol advertising near schools, churches, and day care centers, increasing the number of alcohol-free settings, events, and activities, community advocacy for stronger enforcement, and placing a higher priority on the prevention of hazardous drinking.

Despite perceptions that the public resists adding new laws or restrictions, there is a great deal of public support for alcohol policy strategies. The University of Minnesota’s Alcohol Epidemiology Program conducted public opinion polls in 1997 and again in 2001 concerning public attitudes towards alcohol policies. They found that 29 out of the 33 policies included in the survey received high levels of support (over 50%). Respondents gave the most support (85% or more) to policies restricting public drinking, requiring training for servers (90%) and bar owners (89%), using tip lines to report illegal use and sales, and penalizing adult providers. Respondents also favored requiring alcohol servers to be of legal age (78%).

These findings are consistent with a 1997 Center for Science in the Public Interest (CSPI) poll regarding public attitudes concerning youth access to alcohol. This survey also found that the public gave high support to laws requiring beverage service training for owners (88%) and employees (89%), supported penalties for older persons who gave alcohol to minors (83%), and supported using compliance checks to monitor sales to youth (66%).

While evaluation of various policies has been limited, researchers have identified a number of effective practices at the community level (US Department of Health and Human Services, 2002):

- Increased enforcement of Minimum Legal Drinking Age (MLDA) laws
- Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving



- Restrictions on alcohol retail density
- Increased price and excise taxes on alcoholic beverages
- Responsible beverage service policies in social and commercial settings

Research results on responsible beverage service and sales are mixed; however, studies point out that the most effective programs are those that are mandatory, include owners and managers as well as servers, and where there is active and visible enforcement. In a review of research on strategies to reduce youth access to alcohol, the Institute of Medicine recommends, "States should require all sellers and servers of alcohol to complete state-approved training as a condition of employment" (2004:172).

Characteristics of Effective RBS Training

The consensus of research on RBS training indicates several key characteristics that are associated with greater effectiveness (Table 1). Mosher et al. (2002) assessed mandated and voluntary state policies on RBS and developed recommendations for state legislation and minimum program requirements. These recommendations are based on criteria selected to rate the quality and effectiveness of state laws and incentives. Program requirements are applicable to both voluntary and mandated RBS.

**Table 1.
Recommendations for Effective RBS Training Programs
(Mosher et al., 2002)**

- A. Comprehensive training with information on the social impact of alcohol as well as its impact on the body; local and state laws; techniques to prevent service or sales to underage persons and cutting off service and refusing sales to intoxicated patrons.
- B. Include skill development component with role playing
- C. Target both managers AND servers
- D. Include management policy development
- E. Last a minimum length of four hours
- F. Criteria and procedures for certifying training, trainers, and trainees
- G. Periodic refresher or booster training
- H. Active monitoring of training programs, trainee, and licensee compliance



Program content that provides comprehensive information relevant to servers.

Content typically covers age identification, how to spot false IDs, pacing drinks to prevent intoxication, signs of intoxication, and cutting off service to an intoxicated patron. In addition, training programs should also include information that underscores the importance of providing responsible beverage service (i.e., risks for the individual and for the community, the effects of alcohol on the human body, drunk driving, increased crime, and vandalism, and other problems in the community associated with underage and heavy drinking). Finally, programs should include knowledge of state and local laws regarding alcohol, penalties for violation, and insurance and liability issues.

Skills development activities.

Providing information is not enough. In addition to knowledge, participants need an opportunity to learn and practice skills through role-playing or other techniques. Skills should include techniques for refusing sales and cutting off service, and dealing with confrontation. Practice of these skills is necessary to help trainees develop the confidence to apply this behavior when they return to their jobs (Toomey et al., 2001:186).

Include managers AND servers.

Researchers point out the increased effectiveness of those programs that focus on managers/owners as well as servers (Ibid.). It is advantageous for managers to have the same training as their staff. It improves their understanding of the techniques staff learn and issues they confront. Management involvement in training also demonstrates a willingness to establish responsible alcohol serving practices and support employees who implement the RBS training.

Management policy development.

In addition to owners and managers participating in training programs to learn more about RBS, training programs should include policy development for managers. It is beneficial to develop establishment policies and practices that will reinforce and complement RBS policies. For example, management can require staff to check IDs for anyone under 30 or adopt practices that promote a safer environment for the establishment such as barring intoxicated persons from entering the outlet. Drink specials and promotions such as "all you can drink," "two-fers," ladies night, happy hours and the practice of last call encourage patrons to consume higher quantities of alcohol, even to intoxication, especially if these discounts are time limited (Erenberg and Hacker, 1997:24-31). Owners can prohibit these practices in their own establishments.

They can also take action to provide a safer environment in their establishment. For example, some establishments apply crowd control policies in the establishment and for those waiting to enter, adequate lighting in parking lots, restroom hallways, etc. Preliminary evaluation of the "Safer Bars" project, funded by the Centre for Addiction and Mental Health in Canada and the US National Institute on Alcoholism and Alcohol Abuse, shows a decrease in aggressive behavior and violence because of participation in this program (Graham, nd). Potential benefits and incentives include safer bars, less damage/vandalism, lower economic costs, and lower liability risk in localities where there are dram shop laws, reduced rates of insurance, and increased community support and patronage.



Training length.

Mosher and coauthors (2002) recommend that the training last a minimum length of four hours in order to cover the knowledge and skills components adequately. Programs of shorter length often focus on knowledge only, using written materials or videotapes. This method does not provide sufficient time for participants to practice skills and discuss their concerns before they return to their work environment where they must apply the training. Additional training apart from the minimum four-hour length targeted specifically to managers/owners is also desirable.

Administrative procedures and policies.

In a review of state laws regarding RBS, experts noted several administrative procedures that could make programs more effective (Mosher et al., 2002:99-100). They recommended establishing criteria and procedures for certifying or licensing training programs and/or trainers, and trainees, requiring re-certification at regular intervals for programs, trainers, and trainees, and requiring licensees to submit documentation on a regular basis showing that their staff has received the required training. In addition, they recommend implementing policies that address turnover, provide periodic refresher training, and provide for in-house enforcement and supervision.

Enforcement.

Research findings indicate that policies are more effective when there is an expectation that those who do not comply will suffer consequences. Studies regarding RBS have shown the same result, especially when policies are mandated and there is active and visible enforcement (Mosher et al., 2002:101). Frequently, penalties are imposed only on the server, but managers and licensees should also be held accountable. Similarly, trainers and training programs should be monitored to ensure they comply with established standards and requirements.

Generally, police or liquor control officers are responsible for enforcement; however, management can institute procedures to conduct their own monitoring of employee performance. Some retailers, for example, use "secret shopper" programs to assess compliance with their policies.

Building an Effective RBS Program

Although RBS training can be done as a stand-alone activity, using a comprehensive approach can achieve more effective and longer lasting results. The environmental prevention model provides a framework for communities to create sustainable change. Key elements of the environmental prevention model are community organizing, data collection and application, policy, media advocacy, and enforcement.



Table 2.
Steps to Building an Effective RBS Program

- A. Organize an advisory group
- B. Collect data
- C. Determine policy goals and develop a strategic plan
- D. Create and implement a media advocacy plan
- E. Integrate enforcement activities
- F. Monitor progress and adjust program as needed

This next section outlines steps community members can take to design and implement a comprehensive RBS program in their communities.

1. Organize an advisory group or community coalition

Research studies show that community coalitions can be effective in addressing substance abuse. Coalitions serve several functions in bringing about community change. They increase credibility by involving key stakeholders and community opinion leaders. Coalition members bring different perspectives, skills, and access to various community sectors and individuals who can help create change. Furthermore, having a broad-based community coalition counters concerns that change is desired by a special interest group, one that does not truly represent the community. Community coalitions facilitate the adoption of changes in community norms.

With that said, there are some caveats. Be strategic, selective, and focused. Not everyone needs to be involved and not all members of a coalition will participate at all stages. Expect to have people flow in and out of the coalition. For example, some people are planners; others are more action-oriented. While it is important to involve key stakeholders and have a broad community base, there is a danger in making your group so broad that it diffuses your effort and undermines the central goal or makes it difficult to make decisions and act quickly. Those with different agendas or differences in approach, however valid they may be in other contexts, could distract the group from its original purpose. For example, there may be conflict between proponents of an environmental prevention strategy and those who advocate individual-focused approaches. While clearly prevention efforts should address different domains or community levels, your program cannot do everything. It is important to stay focused on strategies to achieve the policy goal and to remind coalition members of this purpose when they start to go off track.

Typically, coalition members include prevention and public health professionals, youth, community-based organization members, public officials and law enforcement officers, members of the business, education, and faith communities, and military officials in those communities with a military presence. It is important to ensure that the coalition composition reflects the ethnic and racial diversity in the community and among businesses that sell or serve alcohol. Make certain the coalition is sensitive to cultural



differences and include culturally appropriate communication strategies in your planning.

Many communities have established a Responsible Hospitality Coalition (RHC) to promote responsible beverage sales and service practices and provide training and technical assistance to owners, managers and employees of off- and on-sale alcohol licensees. RHCs are volunteer community organizations whose membership includes representatives of the hospitality industry, public health agencies, alcoholic beverage control, and law enforcement (The San Diego County Policy Panel on Youth Access to Alcohol, 2001).

The benefits of establishing RHCs include getting cooperation and buy in from the target population, those in the hospitality business. It also helps to reinforce norms regarding underage sales and service to the intoxicated among the hospitality industry as well as in the broader community, investing in responsible beverage service practices by the hospitality industry and bringing peer pressure to bear.

There are some disadvantages when RHCs draw a large part of their membership from the hospitality industry. Their priorities are not the same as public health goals. While hospitality members may support prevention goals in general, their first priority is running a profitable business. It may be the case that hospitality members will prefer voluntary policies and thus oppose attempts to institute mandatory local or state RBS policies, or other policies they do not deem to be in the best interest of their business. You will need to strategize how to work with the hospitality industry in a productive way that will not compromise prevention goals.

In forming an RHC or advisory group, take into consideration the impact on broader policy goals, bearing in mind research findings indicate that mandated policies are more effective than voluntary ones. It may very well be that your strategy is to achieve mandated policies from the outset, or you may decide to use a two-step process. The first step is to implement voluntary policies and evaluate them; then, if those do not work, advocate for mandated policies. Evaluation results could help to overcome the objections of hospitality members by underscoring the need to have stronger policies that will hold noncompliant outlets accountable. Although businesses do not like mandatory policies, many will point out privately that a community ordinance or state law “levels the playing field” by enforcing a common standard and minimizing some of the poorer business practices.

Other businesses besides the hospitality industry have a stake in reducing alcohol-related problems. Owners of businesses whose customers and employees are intimidated by intoxicated persons, noise, and fights, and who have to deal with vandalism to their businesses and clean up trash left by intoxicated patrons will be good resources for gaining the support of the business community for RBS and other policies that will improve the environment where their businesses are located.

However the community group is organized – as a coalition, RHC, or advisory board – it is important to provide adequate resources, not only funding (ideally to support a paid coordinator as well as coalition activities), but training and technical assistance to build the group’s knowledge and capacity to implement a successful program. Some members will already bring expertise to the group from their roles in various sectors of the community as mentioned above, or skills in data collection and analysis, media advocacy, policy or legislative knowledge. In addition, the group may seek training and



technical assistance to fill in gaps. The Resources section of this document lists several websites that provide information on training and technical assistance sources.

2. Collect and use data

This component of the environmental prevention model focuses on the strategic use of data to identify the problem, develop strategy, plan and implement interventions, and monitor progress. At the beginning of the project, it is important to conduct a needs assessment and/or environmental scan of the community. These tools will help identify risk and protective factors, prevalence of alcohol-related problems, perceptions about risky drinking, and support for policy goals. The Centers for the Application of Prevention Technologies (CAPT) have examples and instructional guides on needs assessment and other program planning tools. The Higher Education Center for Alcohol and Other Drug Prevention has an Environmental Risk Assessment Guide, targeted to the college environment but applicable to communities in general.

Data collection and analysis should be ongoing throughout the project. Initial collection of data to establish baseline will be invaluable in measuring outcomes later, but as the project unfolds, you can use data to fine tune strategy, craft media messages, and support the rationale for policy options.

Appendix A lists data helpful in establishing and operating a comprehensive RBS program. Depending on time and resources, other data that the coalition can create or compile include:

- Information on alcohol licensees, laws and regulations. Number of licensees, location, outlet density, serving and sales practices, local and state alcohol laws, complaints, and/or violations. Alcoholic beverage control agencies are good sources for much of this information. See also Risk Assessments below.
- Key informant interview/focus group data. Local colleges, universities, or prevention professionals may be able to help with survey/interview design and analysis and conducting focus groups. Conducting key informant interviews is a good activity for coalition members. This helps build knowledge about the community and issues related to alcohol beverage service and provides insight into potential barriers. It is also a means to recruit key stakeholders.
- Media coverage of alcohol problems and solutions in the community. Assess the extent and quality of coverage relating to beverage sales and service practices. This information is important to collect as baseline. One of the outcomes is to change community norms regarding alcohol prevention and control strategies. Change in content as well as quantity of media coverage is a good indicator of community norms change.
- POLD (Place of Last Drink). The POLD is a questionnaire used in drinking driver programs to identify where the driver had his/her last drink before being arrested. An agency in your community may already collect these data—a good source may be a local hospitality council or substance abuse prevention agency. If they do not already collect POLD, they may be willing to help you collect this information.
- Public opinion polls. Polls are useful in assessing the public's perception of problems and support for various solutions. In addition to national polling,



check whether other organizations in your community have conducted polls; for example, the Institute for Public Strategies has conducted a number of alcohol policy polls in San Diego County. Higher education institutions, especially social science departments or social research are also sources for polling data and assistance. See the Reference section for other sources of polling on alcohol policy issues that can be used to support your goals. While people tend to prefer local poll data, costs to collect it may be prohibitive. Good quality national polls can serve the same purpose in showing the extent of public support for various policies.

- Risk assessment of alcohol venues. Either police or trained community members may do risk assessments by conducting observations of conditions around and in establishments that are associated with intoxication and problems. For example, drinking or drug use in the parking area of the establishment, lack of procedures to check IDs, bartenders serving unmeasured drinks, obviously intoxicated persons inside and/or outside of the establishment. For a sample assessment, see the San Diego Policy Panel Action Kit, *Regional Coalitions for Responsible Beverage Service Practices*, at www.alcoholpolicypanel.org/.

3. Determine policy goals and strategy

As part of the strategic planning process, the coalition will define the policy goal and determine whether it will be voluntary or mandatory. As noted previously, they may decide that it is more feasible to evaluate how well voluntary policies are working before attempting to institute mandatory policies. This strategy may benefit a new coalition and give them a chance to coalesce as a group, collect information, and build alliances with the business community. However, they risk losing valuable time in a strategy that RBS studies point out is not very effective. Collecting good evaluation data on how well voluntary RBS is working will be essential. Of course, the same holds true for mandatory policies. In either case, monitoring implementation and identifying problems will assist the coalition to make appropriate adjustments as the project goes on.

Several states have laws regarding RBS policies with wide variation in procedures and requirements (Mosher et al., 2002). Those coalitions wishing to pass or strengthen state laws can consult the Alcohol Policy Information System (APIS) website -- <http://alcoholpolicy.niaaa.nih.gov/> -- for current information on state laws (including their strengths and weaknesses) and preemption of local legislation. There are several local policy options, however, that communities can use to mandate RBS training. Many of these policy options fall under land use or zoning regulations, business and professions code, and local liquor control regulations. In California, cities and counties have the authority to place conditions on the operation of alcohol outlets, both on- and off-sale through a "Conditional Use Permit" (CUP). The CUP allows local control over location and hours of operation, density, minimum standards of operation (includes requiring RBS training), lighting, noise, signage, etc. Other permitting procedures include Public Convenience or Necessity (PCorN) for license applicants, based on crime rates in the district where the outlet is to be located. A Deemed Approved Ordinance (DAO) is a nuisance abatement tool that regulates existing on/off sale alcohol outlets (Sparks, 2002).

While encouraging businesses to implement RBS policies is the central goal, there are a number of complementary policies that the project should consider. For example, the coalition might pursue policies to eliminate price specials, regulate happy hours, and



ban advertising that targets populations at greater risk for binge drinking such as college students. Outlet owners/managers can implement these policies voluntarily, but often do not. For those communities that do not already have them, they can seek dram shop laws that hold owners/servers financially responsible for injuries caused by intoxicated patrons.

4. Conduct media advocacy

A valuable tool in creating environmental change, media advocacy is the strategic use of media to gain public and policymaker support for policy goals and changing community norms. There are several ways to use media advocacy strategies to support RBS program goals. They can bring public attention to the problems created by intoxication and underage drinking. More important, though, media advocacy sets the public agenda and advances policy-based solutions. Media advocacy frames issues to emphasize that problems are a shared community responsibility, and as such are amenable to change. Finally, media advocacy empowers community members to take control of conditions affecting public health.

Be strategic in using media advocacy. Do not do media for the sake of doing media. Develop a communications plan that coordinates media advocacy activities with the strategic policy plan. Include a time line. This will help you to determine priorities and sequencing of activities; e.g., scheduling a news conference before a public hearing on a rules change, ensuring that you have allowed enough time to prepare materials and speakers. Allow flexibility in your plan for “opportunistic” media activities—unanticipated events or news to which you can relate your issue. A story on development of an entertainment district is a good opportunity to make the point about incorporating RBS practices into the planning for this district. For example, coalition members could send letters to the editor or testify at a planning meeting.

Inventory the media in your community. Identify the print and broadcast outlets and determine whether they assign specific reporters to a health beat. Be sure to include media targeted to ethnic, neighborhood, business, and other networks relevant to achieving your policy goal. Do an assessment of media coverage and attitudes regarding problems associated with lax or irresponsible alcoholic beverage sales and service practices. Is the issue covered? In what way? Does the story focus on the problem only without mentioning solutions? If solutions are proposed, are they environmental policy solutions? Do they blame the individual drinker but ignore the roles of the servers or owners? A much-publicized binge drinking death of a young college student in Louisiana highlighted drinking at the fraternity, but only a few stories revealed that the drinking had continued at a bar notorious for its “barf barrels” and drinking games.

Examples of techniques to get your story across to policy makers and the public:

- Frame your message. Make your point clear and convincing. Do not leave it up to the reporter to figure out what you intended. If needed, call on those with communications expertise to help you craft messages and sound bites.
- Select good spokespersons and conduct spokesperson training to help them get the message across effectively. No matter how experienced they are as speakers, they still need preparation.
- Submit letters to the editor and op eds.



- Meet with newspaper editorial boards to present your issue.
- Become a reliable source for the media. Work with reporters to develop feature articles/stories; provide them with data, photos, and other graphics to enhance their story. Use visual information boards (VIBs) with facts, data, and photos as background for press conferences. Prepare press packets with information that reporters can take with them.
- Hold press conferences and include “authentic” community voices as appropriate; e.g., a business owner who has implemented RBS successfully, community leaders, youth who have assisted police in conducting underage sales compliance inspections, a law enforcement officer, and others who can lend credibility to your issue and attract media interest.
- Testify at city council, planning board, or other community meetings when development projects or new alcohol licenses are being considered to advocate for responsible community planning as well as responsible beverage service practices.
- Use rallies and demonstrations to highlight the community’s concern about alcohol-related problems and your policy solution.

5. Enforce RBS—Create Sustainability

Research shows that RBS training is most effective when there is an expectation that those who serve to minors and/or intoxicated persons will be held accountable, especially if penalties are swiftly and surely imposed (Mosher et al., 2002:101). There are several formal and informal methods to achieve this end. Police can do a walk through to conduct periodic inspections, using actors who mimic the signs of intoxication (pseudo intoxication) and using minor decoys to attempt purchases. Coalition members could repeat the risk assessment at intervals and use POLD to provide feedback to owners and managers.

Media stories reporting enforcement and penalties applied can support the expectation that violators will experience consequences and at the same time reinforce the community norm that irresponsible alcohol beverage service practices will not be tolerated. Conversely, positive publicity regarding those establishments that engage in sound and responsible practices will encourage compliance. You can also encourage retailers to do their own enforcement and publicize their successes through retailer networks and organizations.

6. Monitor program progress

Evaluation is not a task that should be left to the end of the project. It is critical to plan for evaluation from the beginning. Be specific about what you want to achieve and how you can measure it. It is not only important to monitor the quality of the RBS training, but also all the components of the environmental model used to develop the program.

Training and implementation of RBS can be evaluated by assessing the extent to which retailers and training programs have implemented the minimum program requirements outlined in the previous section, and how well they are implemented. Use data from compliance checks and pseudo intoxication surveys showing reductions in sales to minors and service to intoxicated patrons.



Other indicators of change include:

- Reduction of alcohol-related problems. Repeat data collected at baseline. Look for changes in drunken driving, crime rates, vandalism, trash, noise complaints, etc.
- Track changes in public awareness and support (opinion polling, letters to the editor, and calls/letters to public officials). Repeat key informant/stakeholder interviews.
- Likewise, track the extent and quality of media attention and support for RBS policies and practices (quantitative: number of media hits; qualitative: editorial support, changes in content, feature articles supporting or at least reporting your proposed solution).
- Policy change, including policies introduced and enacted, voluntary policies by establishments, and policy-maker support for RBS.
- Finally, and perhaps longer term since it may take two or three survey cycles to show trends, changes in drinking behavior/attitudes, perceptions about availability, and the ease with which youth can buy in commercial venues.

Conclusion

There are many resources available to help prevention professionals and community members who would like to implement responsible beverage service practices in their communities. Web sites listed at the end of this document offer a wealth of information on this topic and other environmental policy strategies.

This Technical Assistance Research Publication was brought to you by the Community Prevention Institute (CPI). CPI is a project funded and directed by the California Department of Alcohol and Drug Programs and administered by the Center for Applied Research Solutions. CPI offers the Prevention Extension Workshop Series, which aims to make state-of-the-art research and practices in the field of alcohol and other drug (AOD) prevention more accessible to communities throughout California. The series addresses emerging issues and proven practices in the AOD prevention field. Take advantage of these workshops and the on-site technical assistance provided at no cost through CPI. You may specifically request training in how to implement RBS in your community at www.ca-cpi.org.



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Websites

APIS Alcohol Policy Information System. NIAAA.

<http://alcoholpolicy.niaaa.nih.gov/>

Updates on state legislated alcohol policies. Beverage Service Training and Related Practices. State policies, mandated and voluntary.

California Coordinating Council on Responsible Beverage Service

www.atc.ucsd.edu/

Information on RBS training programs, hospitality councils, power point presentations, links to other RBS sites

California Department of Alcoholic Beverage Control

www.abc.ca.gov/

Offers a free, voluntary prevention and education program for retail licensees, managers, and employees, Licensee Education on Alcohol and Drugs (LEAD).

Center for Applied Research Solutions

www.cars-rp.org

Home of the Community Prevention Institute and other no-cost technical assistance and training projects, including Safe and Drug Free Schools and Communities, Mentoring and the State Incentive Grant.

Center for Science in the Public Interest (CSPI) Alcohol Policy Project

www.cspinet.org

Action alerts, public opinion polls, fact sheets, publications, special projects (e.g., college binge drinking, taxes).



Centers for the Application of Prevention Technologies (CAPT)

www.captus.org

A program of the Center for Substance Abuse Prevention (CSAP). Provides resources and technical assistance regarding the translation of substance abuse prevention research to practice. Contains planning and best practices tools

Centre for Addiction and Mental Health

<http://www.camh.net/>

Information on alcohol policy research. Evaluation reports of Safer Bars Project.

Higher Education Center for Alcohol and Other Drug Prevention

www.edc.org/hec

RBS for colleges guide. Environmental Risk Assessment Guide. Publications, statistics, news clippings, information on conferences.

Institute for Public Strategies

www.publicstrategies.org

Public opinion polls, fact sheets, issue briefings on environmental prevention strategies and programs, media advocacy, RBS program in eastern San Diego County.

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.health.org

This is the website for the Clearinghouse and offers a variety of publications, statistics and information about programs.

The National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse)

www.DrugAbuseStatistics.samhsa.gov



San Diego County Policy Panel on Youth Access to Alcohol

www.alcoholpolicypanel.org/.

Regional Coalitions for Responsible Beverage Service Practices Action Kit may be downloaded here.

University of Michigan Institute for Social Research, Monitoring the Future (MTF), National Results on Adolescent Drug Use.

www.monitoringthefuture.org/.

This report, tracking behavior and perceptions of 8th, 10th and 12th graders, appears annually in December. MTF has also collected data on college students.

University of Minnesota, Alcohol Epidemiology Program

www.epi.umn.edu/alcohol

Alcohol policies in the US, research articles on RBS and training of alcohol outlet managers and servers, recommendations for RBS programs, adolescent drinking, community organizing efforts, community prevention trials, alcohol-involved traffic crashes, natural experiments with changes in state and local alcohol policies, and public opinion surveys.



About the Author

Sandra A. Hoover, Ph.D., M.P.H

Sandra A. Hoover, Ph.D., M.P.H. has approximately twenty years of experience in the alcohol, tobacco and other drug (ATOD) prevention field including work in program design and strategic planning, policy change and advocacy, training and technical assistance for community-based programs, publications, and program management.

Since February 2003, Dr. Hoover has been consulting for national, state, and local organizations, including The Center for Applied Research Solutions in Folsom, California, Johnson, Bassin & Shaw, Inc, in Silver Spring, MD, as well as public and community agencies. Activities include participation in state assessment review teams on ATOD prevention systems, content research and preparation of prevention training courses, issue briefings, fact sheets, and other program materials, and training.

Dr. Hoover's experience includes working for the Institute for Public Strategies (IPS) where she has served as Director of Policy Development, working in the Border Project to Reduce Underage and Binge Drinking along the San Diego-Tijuana border, coordinating the Southern California Prevention Exchange, and the Technical Assistance and Training Project. Prior to returning to California, Dr. Hoover worked five years as Deputy Director for a Robert Wood Johnson Foundation-funded initiative, A Matter of Degree: Reducing Binge Drinking Among College Students (AMOD) in the American Medical Association's Office of Alcohol and Other Drug Abuse. Previous employment includes ten years at the Maine Bureau of Health as Director of the Community Health Promotion/Chronic Disease Prevention Unit and subsequently, Director of the Tobacco Prevention and Control Unit and Project Manager for the Americans Stop Smoking Intervention Study (ASSIST).

Dr. Hoover is co-author of *Binge Drinking Among College Students*, a chapter in [Principles of Addiction Medicine, Third Edition](#) (April 2003). Dr. Hoover has a doctoral degree in cultural anthropology from Indiana University and a Masters in Public Health from the University of Pittsburgh. She has also taught graduate and undergraduate courses in medical anthropology, applied anthropology, and African Studies at the University of Maine, Orono and Duquesne University (Pittsburgh).

Appendix A

Data	Source
Alcohol/Drug-Sensitive Information Planning System (ASIPS) or Geographic Information System (GIS). Preventionists and police departments use these data to identify location and clustering of outlets in a community that they can cross-tabulate with crime rates, accidents, noise complaints, etc.	Police departments. Researchers (e.g., Fried Wittman and Richard Scribner have published papers and worked with communities to apply this information and software)
Community demographic data, including ethnic/racial composition	US Census, county profile data, city and county government websites
Crime statistics, arrests, calls for service	Police departments
DUI, alcohol-involved motor vehicle injuries and deaths	Statewide Integrated Traffic Records System (SWITRS) —California Highway Patrol
Economic costs of alcohol abuse	NIH, NIAAA, NIDA for national data. Some state and county alcohol and drug control agencies have collected local data. See relevant agencies for estimates of other costs such as vandalism, police calls for service, trash pick up, costs to businesses.
Injuries and deaths due to alcohol or other drug use	Emergency Medical Services, Hospital Discharge Data, county profiles
Retail liquor licenses	State or local liquor control authority