

**Final Report: A Participatory Process Evaluation of the Prevention Partnership's  
Impaired Driving/Healthy Educational Lifestyle Program  
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### Attachments

- School/Community Campaign Distribution Schedule
- Peer Health Educators Focus Group Survey and Student Advertising Ballot
- Peer Health Educator Outreach Unit and Classroom Power Point Presentation

## **Background**

### **The Prevention Partnership, Incorporated**

The Prevention Partnership, Incorporated (P2) emerged from the coalescence of three not-for-profit entities with common interests and goals: Person Education/Development Education in Minneapolis/Saint Paul; Learning Network, Incorporated; and Right Way Youth Center in Chicago. In 1984, the directors of these entities formed the Partners in Prevention Program, which subsequently incorporated in June 1987 as a 501(c) (3) minority-governed, community-based prevention, and health promotion organization. Overall, the P2 was formed to help reduce public health threats among youth by providing a variety of programs aimed at preventing risky behaviors, such as substance use, violence, unprotected sex, and impaired driving.

The P2 operates under the leadership of an executive director and a nine-member board of directors. The agency has seven full-time employees and more than 15 independent contractors located throughout the country. In addition to projects funded by the Illinois Department of Human Services and the Substance Abuse and Mental Health Services Administration, the organization has received grants from the Illinois Department of Public Health, the Illinois Department of Transportation Seatbelt Safety/Responsible Driver Initiative, the Austin Coalition for Healthy Lifestyles (with pass-through grants from the City of Chicago's Department of Youth and Family Services and Department of Public Health), the Community Economic Development Association (with pass-through grants from Head Start Programs, Chicago Public Schools), Advocate Health Care, and the Chicago Foundation for Women. The P2's mission is "Promoting positive habits through education, prevention, and intervention. Enabling individuals and communities to gain the power to persevere."

The agency predicates its work on the notion that community-based teams with planning, communication, and decision-making skills are the most effective agents for solving community problems. Adopting a systems approach, the P2 facilitates processes that enable communities to integrate their cultural, political, spiritual, social, and philosophical beliefs and values into a mechanism for positive change.

### **Need for the Current Project**

The State of Illinois has a Zero Tolerance Law for underage drinking (under the age of 21) and driving. The penalty for the first offense for driving with a detectable blood alcohol content (BAC) is the suspension of driving privileges for three months, and that for the second offense is the suspension of driving privileges for one year. Refusal to submit or failure to complete BAC testing could result in the suspension of driving privileges for two years.

The purpose of the P2's Impaired Driving Prevention Initiative (IDPI) was to provide youth aged 14 to 20 with information about Illinois DUI laws, the prevalence of underage drinking, and the deleterious consequences of drinking and driving on the state's residents, families, and communities. To help the P2 prepare for the initiative, the University of Illinois' Center for Prevention Research and Development supplied the agency with data from the Illinois Youth Survey Report 2018 ( $n = 1,727$ ) that were specific to the four Chicago Westside communities targeted by the IDPI (Austin, North Lawndale, and East and West Garfield Park). The survey reported the following findings:

- Alcohol and marijuana are the primary drugs of choice among youth living in the project's Westside Chicago community cluster—a finding that is consistent with statewide data in Illinois.



- Among each of the communities in the Westside cluster, the percentage of marijuana use was substantially higher than the statewide percentages for both the 8<sup>th</sup> and 10<sup>th</sup> grader cohorts.
- The percentages of students who reported alcohol use in the Westside community cluster was equal to or less than the percentage of reported alcohol use in the statewide cohort.
- A total of 15% of Westside 10th graders and 19% of 12th graders reported binge drinking in the past two weeks compared with 15% of 10th graders and 23% of 12th graders statewide.
- Among youth who have never smoked cigarettes, the average age of first alcohol use was 12 among Westside 12th graders and 14 among Illinois 12th graders.
- Overall, substance use was higher in the Westside community cluster than in the statewide cohort; overall, alcohol use was higher in the statewide cohort.

The average cost of one DUI arrest in Illinois is \$16,580, including increased automobile insurance rates, legal fees and penalties, court expenses, income loss, medical treatment, and physical rehabilitation for injuries from automobile accidents, license reinstatement, and bail fees. Early DUI prevention education is a cost-effective measure that can reduce the risk of drunk driving and ultimately save lives. The most useful prevention efforts involve multi-component interventions, such as the one undertaken in the current project.

In short, youth living on Chicago's Westside are at risk for a Zero Tolerance Law violation in light of the percentages of those who report the ease with which alcohol can be obtained for underage consumption and those who report drinking alcohol and using marijuana illegally. The consequences and costs of drinking and driving are substantial, stemming from various sources and burdening already-impooverished youth and their families with economic

hardship. The legal ramifications can leave youth with revoked driving privileges and a criminal record, which can interfere with their ability to attend school and pursue employment opportunities. Therefore, the present programming to prevent underage drinking in the four cluster communities can potentially generate immediate and long-term benefits for its participants.

### **Overview of the Current Project**

In collaboration with the Westside Coalition for Healthy Neighborhoods, the P2 launched the Healthy Educational Lifestyle Project (HELP) for adolescents and emerging adults aged 14 to 20. As noted above, the Impaired Driving Prevention Initiative targeted four high-risk Westside community areas in Chicago: Austin, North Lawndale, and West and East Garfield Park. The goal of the project was to design, implement, and evaluate a pilot youth-oriented impaired driving prevention program that could reduce young adult automobile accidents and deaths, as well as serve as a national prevention model for urban/inner-city communities. The program was formulated and structured for inclusion in the National Register of Effective Programs by 2022. The program interventions included DUI peer educator training, youth education workshops, and a communications campaign. The major scheduled milestones of the IDPI were as follows:

- by September 2019, to support youth peer health educators in designing and implementing an evidence-based communication campaign that is sensitive and responsive to the diversity of the community;
- by November 2019, to identify three adult coordinators to be trained in the “Making Healthy Choices When Driving” unit and to serve as advisors who scheduled the presentations for the peer health educator teams;

- by February 2020, to identify and train 12 youth aged 14 to 19 in the P2 Peer Leadership Program as peer health educators prepared to implement the “Making Healthy Choices When Driving” Unit; and
- by September 2020, to develop, schedule, and implement the “Making Healthy Choices When Driving” unit for a minimum of 475 youth aged 17 to 20.

### **Target Communities**

**North Lawndale.** Fewer than three miles from Chicago’s Loop, North Lawndale is bounded on the east by Western Avenue, on the south by Cermak Road, on the west by Cicero Avenue, and on the north by the Eisenhower Expressway. Once a part of Cicero Township, the area was subdivided in 1870 by a real estate firm, Millard and Decker, which named it “Lawndale.” Following the Great Chicago Fire in 1871, the McCormick Reaper Company (later International Harvester) constructed a large plant in the South Lawndale neighborhood. Many plant workers and their families settled in eastern North Lawndale. The remaining unincorporated area of North Lawndale, west of Crawford Avenue, was annexed to the city by an 1889 resolution of the Cook County Commissioners.

In its more recent past, the community has experienced population loss, violent crimes, and economic disinvestment. The population fell by 69% from 125,000 in 1960 to 39,000 in 2015. More than 70% of men aged 18 to 45 residing in North Lawndale have criminal records. The median income is now \$25,000. In 2016, North Lawndale ranked fifth and second in terms of the number of homicides and gun crimes in the city, respectively. Nonetheless, Lawndale’s proximity to the Loop, the University of Illinois at Chicago, and the Illinois Medical District renders it a desirable location for future housing and commercial investment.

**Austin.** Austin is located on the far west side of Chicago and has the largest population among the city's 77 community areas. Austin's eastern boundary is the Belt Railway located just east of Cicero Avenue. Its northernmost border is the Milwaukee District/West Line Railway. Its southernmost border is Roosevelt Road from the Belt Railway west to Austin Boulevard. The northernmost portion, north of North Avenue, extends west to Harlem Avenue, abutting Elmwood Park. Other suburbs near Austin are Cicero (abutting), Oak Park (abutting), and Berwyn. In 2016, the median income in the community was \$31,634. That year, Austin ranked first in the city in terms of the number of homicides and gun crimes.

**East Garfield Park.** East Garfield Park is located just west of Chicago's Loop; its population in 2015 was 20,650, falling by 70% from its peak of 70,091 in 1950. Taking its name from the large urban park, the neighborhood is bordered by Franklin Boulevard on the north, Arthington and Taylor Streets on the south, Hamlin Avenue and Independence Boulevard on the west, and Rockwell Street on the east. Nearly 20% of the community is managed by the Chicago Park District. Garfield Park itself occupies the northwest corner of the community, which is also home to the Garfield Park Conservatory, one of the largest and most impressive conservatories in the United States. East Garfield Park has long been afflicted with violent and property crimes. In 2014, it was ranked sixth out of 77 community areas in Chicago in terms of violent crimes and 10th among Chicago's community areas in terms of property crimes. The median household income was \$24,488 in the 2010 census report.

**West Garfield Park.** West Garfield Park is located directly west of Garfield Park. The boundaries of West Garfield Park are Kenzie Street on the north, Taylor Street on the south, Hamlin Boulevard on the east, and Kolmar Street on the west. In the past 45 years, West Garfield Park has lost nearly two-thirds (63%) of its population, from a peak of 48,459 in 1970 to 17,742

in 2015. In the 1970s and 1980s, endemic poverty and unemployment overtook the area, and a drug-driven economy and its corollary criminal activities, such as prostitution, filled the economic void. The median income in West Garfield Park was \$23,250 in 2017.

### **Impaired Driving Prevention Initiative (IDPI) Staffing**

A classical organizational development model was adopted to manage the IDPI. Project modifications were determined systematically and then implemented. After each two months, the modifications were reassessed. This process involved the following stages: assessment, action plan, implementation, intervention, evaluation, and return to assessment. The project staffing consisted of several personnel. An executive director was responsible for ensuring that all program and financial reports were submitted promptly. He also served as a member of the management team and worked with the external program evaluator, as needed. His other tasks included monitoring the program's fidelity to its design.

An outreach specialist was responsible for overseeing program operations and ensuring that all deliverables and reports were submitted by the deadline and that training and technical assistance needs were synchronized. A communication/media specialist coordinated the standards-based communication campaign and was primarily responsible for designing all marketing materials, conducting focus groups and pilot tests, managing relationships with local media outlets, and monitoring adherence to the projected timeline. The specialist also served as the lead trainer for all sessions. Three local team coordinators served as liaisons between project staff and school administrators and faculty members.

The program management team was composed of the executive director and the communication and outreach specialists. They met monthly and submitted to the three local team

coordinators, monthly reports, which summarized services and activities for that month. Reports to the funding source were submitted, as required.

An external program evaluator oversaw data collection and analyses and final report preparation. A process evaluation was informed by staff from the Center for the Advancement of Research, Training, and Education, Loyola University of Chicago. The evaluation examined the implementation of the program and its internal and external communication processes.

### **Evaluation Methods**

The overarching goal of the process evaluation was to document program activities. Descriptive statistics were collected regarding the characteristics of group and outreach participants. Survey and focus group data were analyzed to examine whether the content of the education sessions was delivered to the target audiences. In addition, the evaluators examined whether the program was implemented with fidelity and achieved its proposed outcomes. Also noted were barriers and obstacles to the achievement of program goals and the implementation of program activities.

The primary evaluation components were threefold. The first involved an examination of the effects of the HELP educational sessions, which included a pre-test/post-test knowledge assessment, participants' evaluation of the education sessions, and open-ended responses to the educational content. These assessments were implemented following the HELP education sessions. The second was a summary of HELP's educational and outreach activities—including the number of youth and young adults touched by the program—and a report of the findings of a focus group and intercept survey that commented on the effectiveness of the project's campaign posters. The third involved the results of participatory evaluation discussions with the program leaders to gather firsthand information about implementation challenges and to elicit their views



on the interpretation of the major findings and the preliminary recommendations of the evaluation.

## **Results**

### **Feedback Process**

The “self-correcting feedback process” that the program employed consisted of timely assessments of participants’ experiences with the program’s various components; program modifications based on participant feedback; implementation of participant-informed revisions to the program components; and re-evaluations of the effects of revised programming. The process of implementation, participant assessment, and program revision was cyclic. Reviews and modifications of the PHE training were based on informal interviews with the PHE and local site coordinators. In addition, satisfaction surveys were administered after each day of training. The survey data findings were then integrated into the training design for fiscal year 2021.

The results of last year’s evaluation were incorporated into the Impaired Driving Prevention Unit, focusing on information with promising results, such as classroom teachers’ recommendation to conduct two classroom sessions rather than one. A number of targeted students could not be reached due to the COVID-19 outbreak and its corollary remote learning restrictions. PHE attempted to deliver the sessions through the remote classroom option. However, Chicago Public Schools reported that less than 20% of students participated in remote learning; many CPS students on Chicago’s Westside had no access to the Internet or personal computers. In an effort to reach students, the Impaired Driving Communication Campaign materials were mailed to all students, and posters and pluggers were also distributed.

## **Educational Materials**

A series of pilot tests for the IDOT educational materials among high school students were conducted in January 2020. The Michele Clark Magnet High School participated on January 15, 2020. A total of five youth participants (one boy and four girls) were involved in the campaign planning process from Clark High School. All identified as African American and were aged 14–18 years old. Two were in the 10th grade (40%), and three (60%) were in the 11th grade, aged 14–18 years old. Participants were shown six posters (labeled “A” through “E”), designed for the “Are Your Eyes on the Road” campaign, and were asked to rate the “attractiveness” and “believability” of the images.

The second pilot test for the IDOT educational materials among high school students was also conducted in January 2020. The CCA High School participated on January 15, 2020. A total of six youth participants (two boys and four girls) were involved in the campaign planning process at CCA. All identified as African American. Three were in the 10th grade (50%), and three were in the 11th grade (50%), similar to the demographics of Clark HS but slightly older, aged 16–20 years old. Like group 1, participants were shown six posters (labeled “A” through “E”) designed for the “Are Your Eyes on the Road” campaign and were asked to rate the “attractiveness” and “believability” of the images.

Both groups were fairly consistent in their scoring of the posters. Posters A, B, C, and E were viewed favorably by all students in terms of the posters’ attractiveness, whereas Posters D and F were not. The Clark and CCA students uniformly judged Poster F as unattractive. In terms of believability, Posters A, B, and C were viewed favorably by CCA; Posters A, B, and E were viewed favorably by Clark. Posters C and D were given mixed reviews on believability, with Clark’s group judging Poster C as “neutral” and CCA’s group judging Poster D as “neutral.”

When participants were asked, “Which poster (A through F) do you like most? , half or more of the participants from both groups (60% of Clark and 50% of CCA) selected poster A for its message, visuals, and believability, followed by poster B and poster E. More than 50% of both groups selected Poster F as their least favorite.

Based on these data, the communication campaign implementation strategy and materials were modified. Specifically, two new posters were created and inserted into the media rotation: one new poster replaced Poster F, which was rated as neither attractive nor believable in the pilot test, and the other replaced Poster D, which was revised and used as the teaser poster. Posters A, B, C, and E were unchanged for distribution, with only a minor addition to the logo in the bottom-right corner of each. Poster D was chosen as the teaser because it was seen as lacking specificity but still carried the essence of the campaign’s message of “Eyes on the Road,” which was the core context and communication element for the media release.

### **Focus Group: Visibility of Messages**

On December 4, 2020, a total of five African American youth at the Michele Clark High School participated in the 2020 IDOT Impaired Driving Prevention Focus Group. Nearly 80% of the students agreed that “some images” of impaired driving were displayed in their neighborhood, 20% agreed that “a lot” of impaired driving messages were displayed in their neighborhood, and none agreed that “few or no” impaired driving messages are were displayed in their neighborhood. Students were asked to identify the media contexts in which they saw the most of the most impaired driving messages in their community. The most common responses were (in alphabetical order) “driving,” “everywhere,” “expressway,” “school,” “streets,” and “town”. Approximately 40% of participants reported that their friends had a “negative” perception of impaired driving, while another 40% reported that their friends had a “positive”

perception, and 20% reported that their friends had a “neutral” perception of drunk driving. In contrast, 80% of participants thought their parents had a “negative” perception of impaired driving, and another 20% of participants reported that their parents had a “positive” perception of it. Finally, 60% of respondents reported that they themselves had a “positive” perception of impaired driving.

Focus group participants reported that social media was the most viewed communication outlet, with an average of 15.4 hours of daily viewing. The next most popular type of media outlet was YouTube (5.2 hours of participation daily). The least-viewed media outlets were print media, such as magazines (0.00 hours/day) and newspapers (0.00 hours/day). Participants generally agreed about approaches for strategically addressing impaired driving, with most responding that having informative meetings with kids, explaining how to make better choices, providing leadership development, showing kids the impact/danger, and “none” were the best ways in which friends could stop friends from engaging in this dangerous behavior. According to youth, adults could help in the campaign by “having more news articles encouraging kids not to drink and drive”, “talking with youth”, “holding news (media) campaigns”, and “providing instruction on decision-making.” Survey respondents suggested that the following images or vignettes be integrated into the “Are Your Eyes on the Road” 2020 IDOT Impaired Driving Prevention Communication Campaign: a) a man saying “Don’t drink or smoke and drive” to a group; b) a girl saying “Kids should not drink and drive”; c) a Hennessey half-pint bottle in a circle crossed out; d) an SUV crashed into a tall tree; and e) a drunk driver being arrested at the scene of a crash.

## Survey Results

**Knowledge Test.** A 20-item multiple-choice survey was administered to test the knowledge of program participants regarding alcohol consumption and purchases. Each of the 20 items contained four foils (choices) with only one correct answer. The items varied in their level of difficulty and covered a wide range of alcohol-related topics; for example, the consequences of alcohol use, state laws governing the purchasing and consumption of alcohol, and suggestions for how to best respond to an intoxicated person. In addition, the survey contained questions that referred to the metabolization of alcohol and blood alcohol concentration levels. As shown in Table 1 and Figure 1, apart from two items, students' knowledge increased as measured by the percentages of those who scored correctly on the items in the pretest and the posttest. Overall, on the pretest, an average of 42% of the students answered the questions correctly. That average percentage climbed significantly to 74% on the posttest.

The items with the most substantial increases in pre-posttest knowledge (between approximately 60% and 70%) were the classification of alcohol as a drug (plus 60%), the first human ability to be affected by alcohol use (plus 73%), components of the Liquor Control Act (plus 56%), the best way to help an intoxicated person become sober (plus 56%), and the time to metabolize alcohol (plus 58%). Decreases in knowledge occurred for two items: the first was a question about alcohol's contribution to the leading causes of death for young people (-36%) and the second was about the equipment that establishments needed to check the identification to purchase alcohol (-16%). The former was an especially steep pre-post decline and should become the focus for future education sessions.

**Open-Ended Questions.** Project participants were asked a series of open-ended questions regarding their perceptions about impaired driving, including their views about their



schools' and peers' perceptions of impaired driving and their respective roles in its prevention. They were also asked about the general importance of peers and how they felt about the project's learning activities. The percentages reported below are based on the numbers of responses, rather than the number of participants providing those responses.

The first open-ended item solicited students' opinions about the causes of impaired driving among young persons in their communities. Nearly 60% of those responses suggested that their friends thought it was "cool to drive drunk or high" or that their friends believed that alcohol use had no ill effects on their driving abilities. Approximately 10% of the responses indicated that impaired driving was unavoidable due to circumstances (e.g., no alternative means of transportation were available, so the youth had to operate a vehicle after consuming alcohol or other drugs to travel to their destinations). A combined 10% attributed impaired driving to the influence of peers or family members, or to young people's lack of concern for the seriousness of impaired driving (Figure 2).

The second item queried students about friendships. The responses to this question showed that peer relationships were patently important to participants. Youths listed a number of compelling reasons for friendships: to help arrive at good choices (61%), to help stay safer (14%), to have trusted companions to turn to in times of need (14%), and to maintain a social support system to feel more secure and less alone (10%) (Figure 3).

Respondents reported that schools could play a role in reducing impaired driving. More than 40% wrote that schools were settings in which to "warn students of the adverse consequences and dangers" of impaired driving (42%) and to develop community-based programs to prevent impaired driving (23%). In general, youth believed that schools should encourage students to communicate openly about their concerns, problems, and challenges,



which could indirectly discourage them from making unhealthy choices, such as driving under the influence (11%). Only 6% indicated that they had “no ideas” concerning the role of schools in preventing impaired driving (Figure 4).

Related to the value of friendship, participants noted that peers could intervene in a few ways to discourage impaired driving. The most common suggestion (43%) was for friends to “spread the word that driving impaired is dangerous.” Students also believed that friends were responsible for stopping other youth from driving when they were impaired (25%) or for providing designated drivers at social events (21%). A minority of students simply wrote that peers were generally responsible for taking care and protecting the safety of one another (10%) (Figure 5).

The last set of three open-ended responses pertained to items that yielded mostly responses about what was learned during the P2 sessions (Figures 6–8). In one item, 40% of the responses indicated that students learned “general facts about drugs and alcohol,” 23% learned “how dangerous drugs are,” 22% learned “information about drugs and driving,” and 5% learned about “sobering up myths.” Only 9% of the responses suggested that students learned “nothing new.” In another item, they indicated that they felt that they simply learned “something new” (22%) and that the use of substances and impaired driving could be dangerous (15%). Finally, participants wrote that they would like similar lessons (40%) and information about other substances (24%) in future P2 educational sessions.

### **Summary of Services**

A total of 18 youth were interviewed and trained as PHE, representing the four participating school communities. A total of 175 individuals were reached through the classroom presentations delivered by the PHE from January through mid-March, including 123 pre- and

post-tests administered; 52 pre/post tests were not returned due to COVID-19 mandated e-learning restrictions. The number of educational programs, booths, and displays totaled 20, mostly exhibited in July (5), August (6), and September (6). A total of 2,307 people were reached through booths and displays, the largest numbers in July, August, and September. A sizable number of pluggers and posters were displayed as reported in the monthly reports submitted to IDOT: January (19), February (57), July (600), August (800), and September (831). Finally, the communication campaign promulgated a total of 6,401 messages: January (500), February (1,110), March (200), April (435), May (660), June (400), July (1,000), August (434), and September (1,662).

### **Conclusions and Recommendations**

Alcohol use among youth is a serious problem, leading to a variety of sequelae—medical, physical, psychological, and social. Specifically, alcohol use while driving can have immediate and severe consequences for people of all ages, especially those who are inexperienced drivers and limited in their ability to calculate the riskiness of their behaviors behind the wheel or in other circumstances or settings. The adolescent brain is under-developed. Executive functioning capacity does not fully mature until the mid-20s and beyond. Aimed at youth, the current intervention was designed to prevent the horrific life-threatening and often life-ending consequences of driving under the influence. In this project, the P2 has again demonstrated its commitment to vulnerable communities in Chicago, predominantly those who are African American or bereft of social and economic resources. These communities generally suffer from a dearth of social services and programs to combat addiction and other public health challenges.

The intervention was focused on high school students; it created and communicated messages that would resonate with this population. The program staff elicited the input of youth and also understood the nature of the messaging that would be necessary to reach this needy population. Overall, the program was implemented with fidelity despite being hamstrung significantly by the COVID-19 pandemic, which has disproportionately ravaged the communities targeted by the program. Most impressive was the abiding interest of the program leaders to participate fully in the evaluation process and to incorporate results into future program design and protocols. They were willing and able to pivot in a complex environment (the public school system) in an unprecedented pandemic year. The following recommendations are grounded in the results of the process evaluation and relevant to both future programing and program assessment strategies.

### **Knowledge Sessions**

The overall performance of youth on the knowledge test was certainly satisfactory (percentage correct increased 76% from pre-to post-test). In future sessions, more emphasis should be placed on the items that cover information about the deleterious health consequences of impaired driving and the seriousness of presenting fake (e.g., DOBs) identifications to enter establishments that serve alcohol. Future evaluations should also track participants to determine the degree of knowledge retention at 6- to 12-month intervals. On that basis, subsequent knowledge review sessions should be considered.

### **Pilot Testing and Material Development**

Program staff should be applauded for pilot-testing the public educational materials among the primary consumers of the messages. In the case of reaching youth, the visuals (pictures) are as important as the words. All messages must be attention grabbing,

comprehensible, and placed in accessible settings to reach and influence the largest audiences. Pilot testing was undertaken at the onset of the calendar year. In these sessions, participants were highly consistent in their judgments of the informational posters, and their assessments guided the P2 staff in selecting and modifying the materials for greatest impact. In future projects, pilot testing of educational materials should be conducted with higher numbers of participants with greater balance in terms of high school class and gender, and for longer periods of exposure to the test materials.

The poster development and review process were a critical aspect of the program. Although the pilot testing of materials was systematic and professional, it should be greatly expanded. The focus groups, while helpful, were too small to garner representative views of adolescents in those neighborhoods. Ongoing interfacing with the broader community is a key aspect of IDPI's continued success.

According to a small sample of youth in target area high schools, the materials were somewhat visible and displayed in different settings. Assessments of community exposure should be conducted more systematically by an objective unitary accounting process that particularizes space for counting materials with a common distancing metric (e.g., number of posters per square block or miles). Nonetheless, measures of displays do not count the number of youth viewing the messages or the impact of the messages on their driving behaviors.

Results suggest that youth and their parents might hold different views of the seriousness and deadlines of impaired driving. The results of youths' perceptions of the materials were counterintuitive and might have been a measurement artifact. These different perceptions should be explored in future studies. Indeed, youth often have illusions of invulnerability that apply to various risky behaviors. Different strategies to confront these illusions should be addressed in

future interventions. In addition, changing youths' views must utilize the most common channels for information seeking among young people of color, as well as popular or celebrity influencers who can communicate that drunk driving is both unacceptable and non-normative.

### **Message Dissemination**

The Project Team should continue implementing the standards-based communication campaign with fidelity to best practices within the targeted communities. The program reached large numbers of people directly and potentially many more than those recorded, through second- and third-hand distribution of the materials; however, integrating social media into the dissemination process can increase these numbers even further. The circulation of messages throughout the target communities is a public health strategy with low cost, high impact, and social/aesthetic appeal.

To expand the campaign even further, the staff should consider enhancing the integration of the formatted 4 x 6 postcards to further supplement and complement the primary media messaging approach (poster series). Digital adaptation of strategies is crucial to the program during quarantine conditions to overcome hurdles in reaching the target population. Furthermore, the program should consider creating a youth-driven, informational YouTube Channel and Instagram page as mediums for anti-impaired driving messages and scenarios, as well as designing a less visually complicated poster. Prevention research shows that scary messages can backfire or lead to pushback, causing young people to double down on their misinformed beliefs. The delivery of messages as memorable stories of the consequences of impaired driving might be more effective than other messaging strategies.

School is a critical venue for communicating messages in an atmosphere of trust and open communication. Respondents noted that schools should be a setting for impaired driving



prevention programming and messaging. Most importantly, participants wrote about the importance of friendships and peer interactions in affecting decisions about driving and drinking.

### **Peer Health Educators—Training of Trainers**

PHEs' training should continue to focus on social competency skills, such as communication, problem solving, anger management, self-esteem, and team building. Training should consist of three 4-hour blocks or four 3-hour blocks. State-certified BASSET information should be incorporated into the "Making Healthy Choices When Driving" unit. As noted above, more time should be allotted for peers and adult trainers to deliver the educational units (i.e., a minimum of two 45-minute sessions instead of a single 45-minute session). Schools in the targeted communities would be amenable to allowing more time for the program. The percentage of time devoted by peer health leaders to traffic safety training was less than 10%. Peer leadership training comprised 90% of the training time. Each type of training should be offered in equal allotments. Adult trainers could also benefit from more state-approved highway safety training.

In conclusion, the P2 should aspire to have the IDPI/HELP initiative listed in the National Registry for Effective Programs by 2022. The staff commitment is there, the community/school system buy-in is there, and the need for intervention is imperative. To promote this goal, more resources are required to build the program, expand its outreach, and enhance its capacity to evaluate its effects on youth and communities. Such an evaluation would require considerable resources to undertake, including a time series analysis of the number of alcohol-related traffic accidents and citations before and after the intervention, or in comparison with youth in adjacent and comparable communities that did not receive the treatment.



**Table 1. Pre-Test Post-Test Knowledge Data**

Question	Pre-Test	Post-Test	
	Correct	Correct	Change
Q1: Alcohol use is the single most common factor in highway deaths and injuries.	89%	96%	+7%
Q2: Alcohol is the predominant factor in which leading causes of death for persons 16-24?	45%	9%	-36%
Q3: Alcohol is classified as a ___ drug?	25%	85%	+60%
Q4: A person must be ___ years old to purchase/drink alcoholic beverages.	77%	93%	+16%
Q5: The first ability affected by alcohol is?	7%	80%	+73%
Q6: A server/clerk has the right to refuse to sell alcohol to anyone who fails to produce adequate form of identification.	79%	96%	+17%
Q7: The term Alcohol Equivalence refers to the fact that ___.	50%	86%	+36%
Q8: If an employee of a liquor establishment serves or sells to an intoxicated patron, it may result in ___.	41%	80%	+39%
Q9: The Liquor Control Act establishes:	24%	80%	+56%
Q10: According to the Liquor Control Act, which of the following is an acceptable form of identification?	45%	77%	+32%
Q11: Equipment every establishment should have to assist in checking identification is:	26%	10%	-16%
Q12: A person is presumed to be Driving Under the Influence (DUI) at what blood alcohol concentration level?	46%	86%	+40%
Q13: When dealing with an intoxicated person, you should:	38%	76%	+38%
Q14: Which is the best way to sober a person up?	22%	78%	+56%
Q15: The three primary factors that determine Blood Alcohol Concentration are:	42%	80%	+38%
Q16: In one hour, the body can eliminate the amount of alcohol contained in about:	28%	86%	+58%
Q17: Most alcohol is eliminated from the body by:	39%	79%	+40%
Q18: By the law, a server/clerk is prohibited from selling alcohol to an intoxicated person?	56%	87%	+31%
Q19: Which identification documents are more likely to be counterfeited or altered?	15%	41%	+26%
Q20: As a server/seller of alcohol you have a responsibility for:	43%	80%	+37%

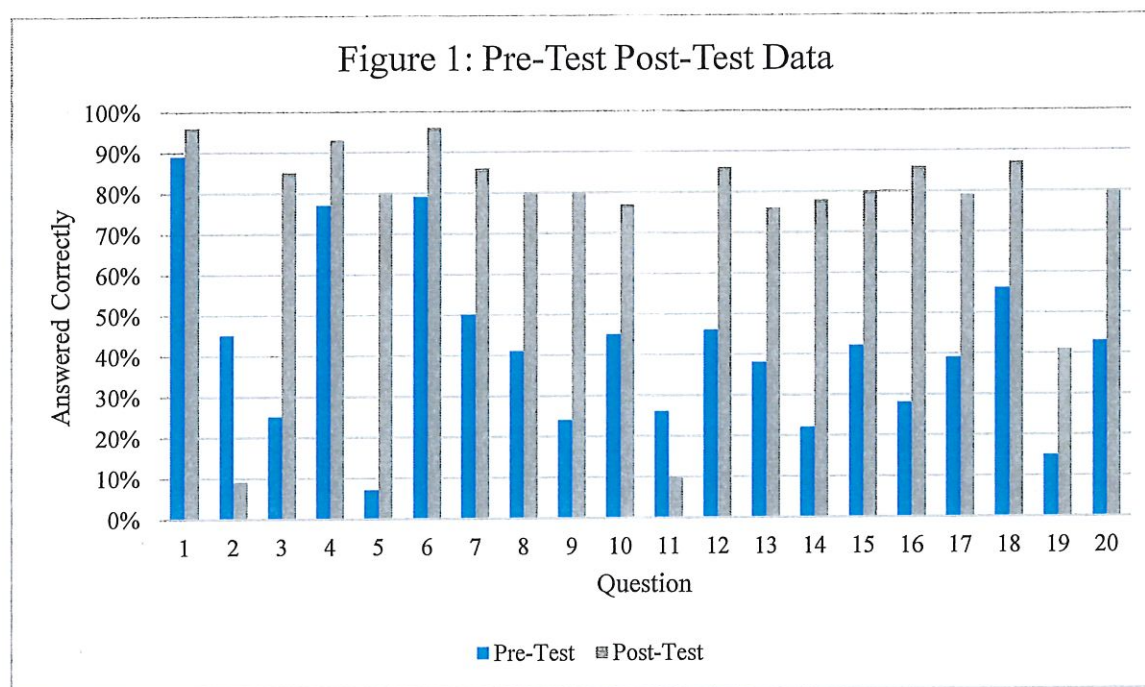
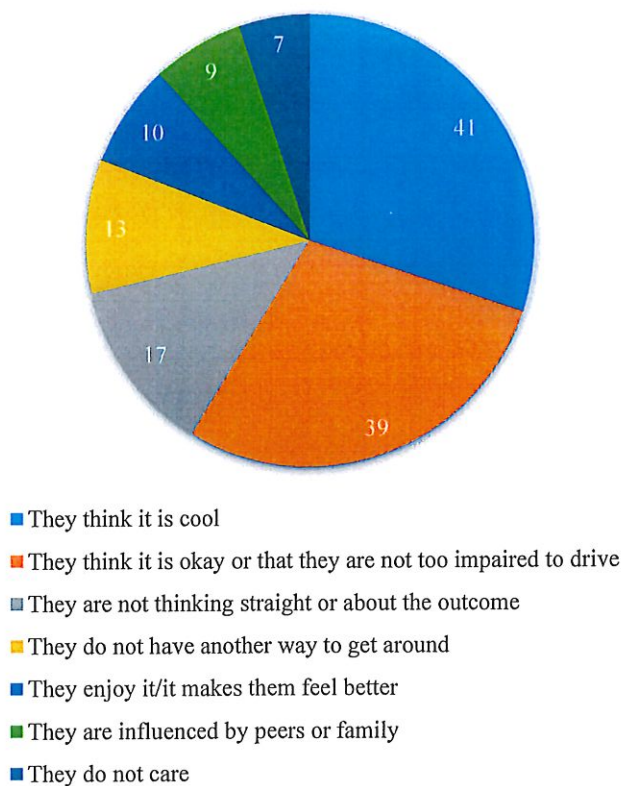


Figure 2. Open-Ended Question 1

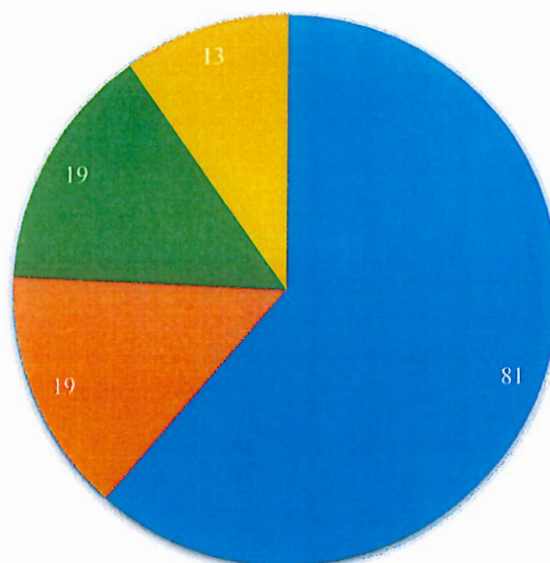
### Why do youth in the community drive impaired?



Why do youth in the community drive while impaired?	Responses	Percentage
They think it is cool to drive drunk or high	41	30
They think it is okay or that they are not too impaired to drive	39	29
They are not thinking straight/about the outcome	17	13
They do not have a better way to get around	13	10
They enjoy it/it makes them feel better	10	7
They are influenced by peers or family	9	6
They simply do not care	7	5

Figure 3. Open-Ended Question 2

### Why is it important to have the right friends?

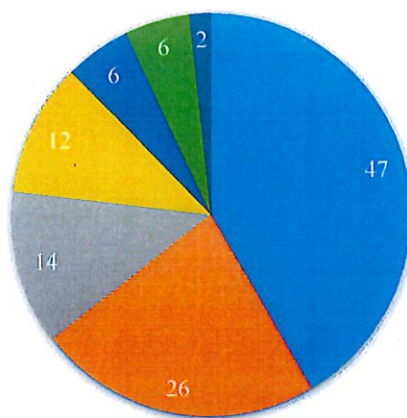


■ They help you make good choices      ■ They help keep you safe  
■ To have someone you trust / a true friend      ■ For their support

Why is it important to have the right friends?	Responses	Percentage
They help you make good choices	81	61
They help keep you safe	19	14
To have someone to trust/ a true friend	19	14
For their support	13	10

Figure 4. Open-Ended Question 3

### What can schools do to help prevent youth from driving impaired?



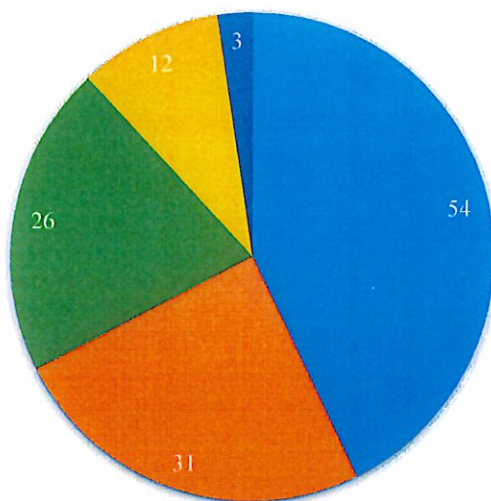
- Warn students about the dangers and consequences
- Develop programs and have community involvement
- Schools cannot help prevent youth from driving while impaired
- Provide students with support and an open line of communication
- Teach students about safe/alternative transportation
- I do not know what schools can do
- Drug test students

What can schools do to help prevent youth from driving impaired?	Responses	Percentage
Warn students about the dangers and consequences	47	42
Develop programs and have community involvement	26	23
Schools cannot help prevent youth from driving while impaired	14	12
Provide students with support and an open line of communication	12	11
Teach students about safe/alternative transportation	6	5
I do not know what schools can do	6	5
Drug test students at school	2	2



Figure 5. Open-Ended Question 4

**What can friends do to help prevent youth from engaging in impaired driving?**



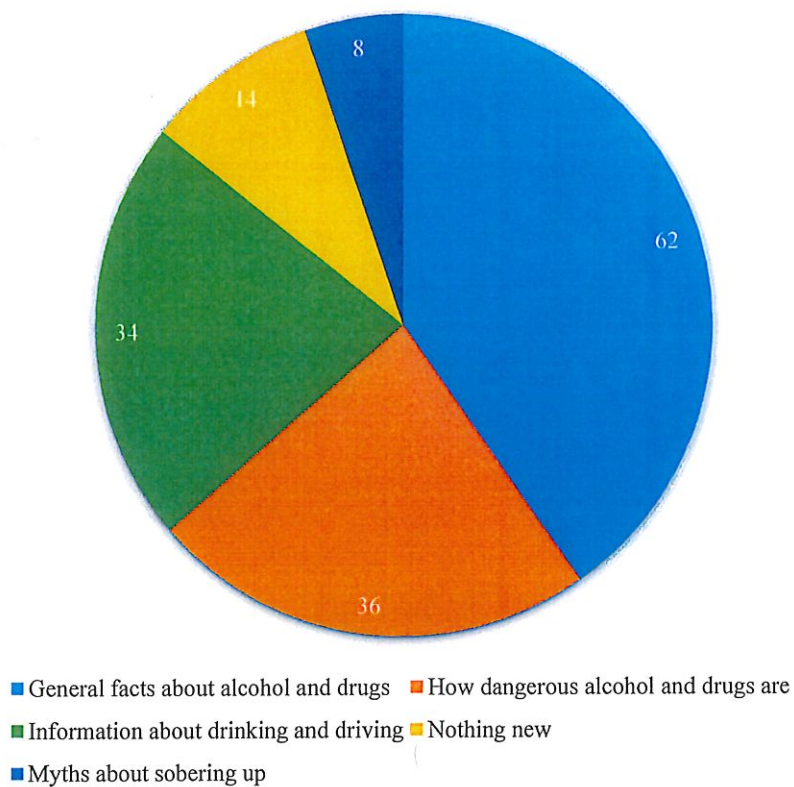
- Spread the word that driving impaired is dangerous
- Stop them from driving if they are impaired
- Have a designated driver / call someone to come get you
- Care for them/ make sure they are safe
- Nothing, they cannot stop you

What can friends do to help prevent youth from engaging in impaired driving activity?	Responses	Percentage
Spread the word that driving impaired is dangerous	54	43
Stop them from driving if they are impaired	31	25
Have a designated driver / call someone to come get you	26	21
Care for them/ make sure they are safe	12	10
Nothing, they cannot stop you	3	2



Figure 6. Open-Ended Question 5

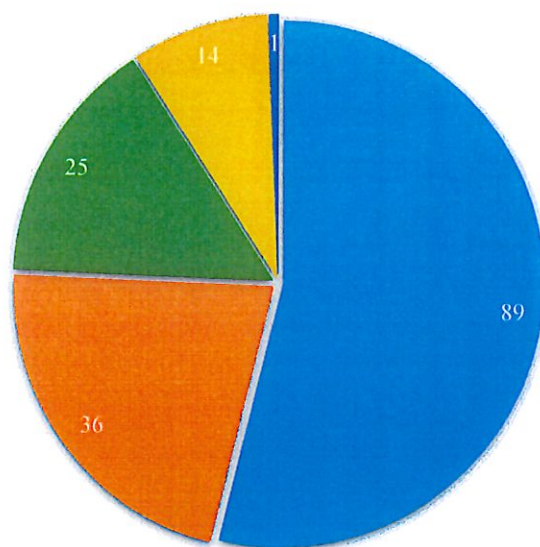
I learned:



I learned:	Responses	Percentage
General facts about alcohol and drugs	62	40
How dangerous alcohol and drugs are	36	23
Information about drinking and driving	34	22
Nothing new	14	9
Myths about sobering up	8	5

Figure 7. Open-Ended Question 6

I feel:

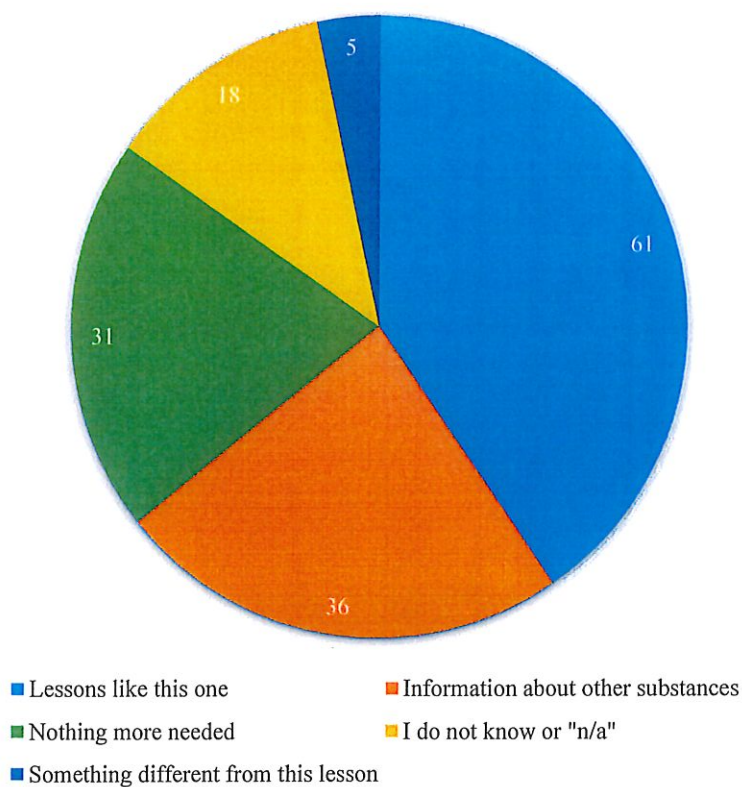


- Good or okay
- Like I learned something new
- That substances can be dangerous, or I should not drive while impaired
- Neutral/ like I learned nothing new
- That we should learn more about driving while impaired

I feel:	Responses	Percentage
Good or okay	89	54
Like I learned something new	36	22
That substances can be dangerous, or I should not drive while impaired	25	15
Neutral / that I learned nothing new	14	8
That we should learn more about driving while impaired	1	1

Figure 8. Open-Ended Question 7

**I would like more of:**



<b>I would like more of:</b>	<b>Responses</b>	<b>Percentage</b>
Lessons like this one	61	40
Information about other substances	36	24
Nothing more needed	31	21
I do not know or "n/a"	18	12
Something different from this lesson	5	3

**Attachment 1:**

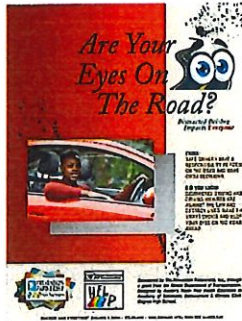
**School/Community Communication Campaign  
Distribution Schedule**

**2020 COMMUNICATION CAMPAIGN DISTRIBUTION SCHEDULE FOR AUSTIN POSTERS**

**POSTER #**

**ANTICIPATED RELEASE**

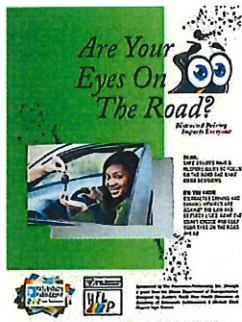
Teaser



Week of January 6, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

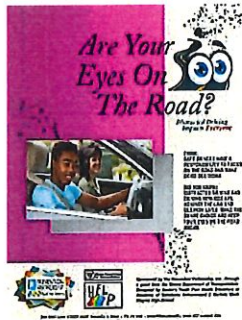
Poster 1



Week of February 10, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

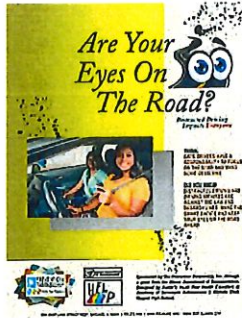
Poster 2



Week of March 16, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

Poster 3



Week of April 27, 2019

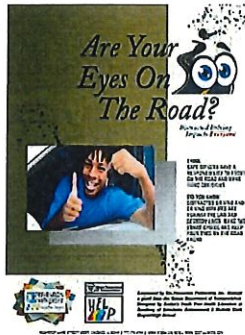
"8 1/2" x 11" POSTER and 4" x 6" POSTCARD



# HEALTHY EDUCATIONAL LIFESTYLE PROJECT (HELP)



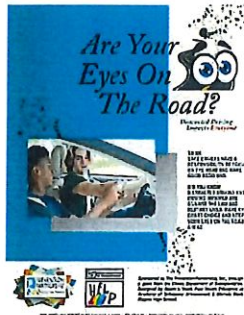
Poster 4



Week of June 1, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

Poster 5



Week of July 13, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

Poster 6



Week of August 10, 2020

"8 1/2" x 11" POSTER and 4" x 6" POSTCARD

Attachment 2:

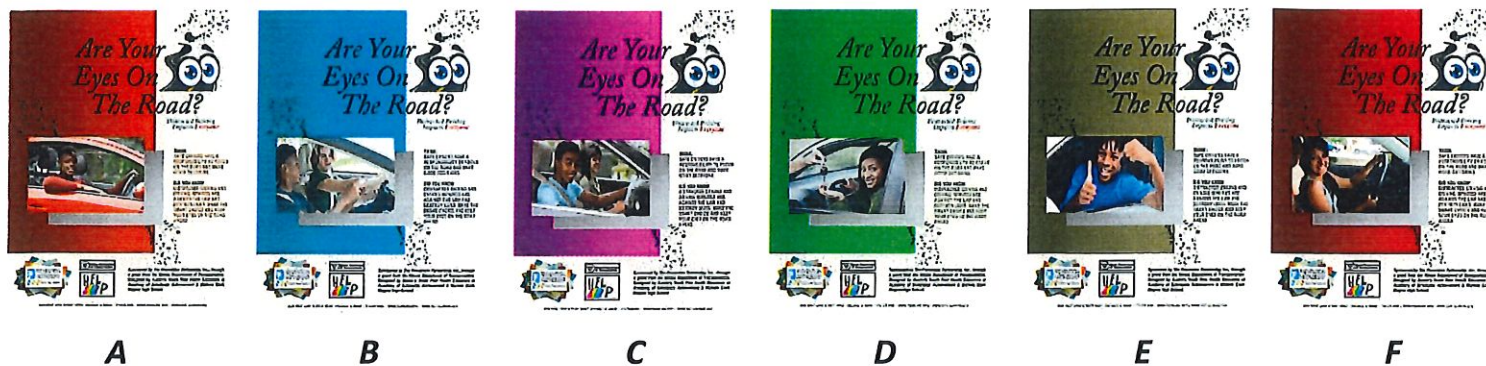
Peer Health Educators Focus Group Survey  
and  
Advertising Ballot

Date: \_\_\_\_\_

School: \_\_\_\_\_

## Impaired Driving Prevention 2020 Communication Campaign (Austin)

### STUDENT ADVERTISING BALLOT (PILOT TEST)



Please tell us about yourself. Circle all that apply.

- Gender: MALE FEMALE
- Race: AF AMERICAN CAUCASIAN LATINO ASIAN OTHER: \_\_\_\_\_
- Grade: 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup> OTHER

Please rate all of the posters (A-F) using the following criteria:

#### Attractiveness (Do you like the way it looks?)

(Circle/Color One for Each Poster (Letter): ☺ = Attractive; ☹ = Neutral; ☹ = Unattractive)

A: ☺ ☹ ☹

B: ☺ ☹ ☹

C: ☺ ☹ ☹

D: ☺ ☹ ☹

E: ☺ ☹ ☹

F: ☺ ☹ ☹

#### Believability (Do you believe the information given?)

(Circle/Color One for Each Poster (Letter): ☺ = Attractive; ☹ = Neutral; ☹ = Unattractive)

A: ☺ ☹ ☹

B: ☺ ☹ ☹

C: ☺ ☹ ☹

D: ☺ ☹ ☹

E: ☺ ☹ ☹

F: ☺ ☹ ☹

Which of the posters (A - F) did you like the most? \_\_\_\_\_

Why? \_\_\_\_\_

Which of the posters (A - F) did you like the least? \_\_\_\_\_

Why? \_\_\_\_\_

If there are any changes you would make to any of the posters or postcards such as mix and matching the wording, picture, or backgrounds, or if you have any suggestions on what would make the posters better, please indicate that below. Any additional comments are welcome. Please use the back if necessary.



School: \_\_\_\_\_

Date: \_\_\_\_\_

AUSTIN IDOT IMPAIRED DRIVING PREVENTION

Age: \_\_\_\_\_

**2020 FOCUS GROUP SURVEY**

Please answer the following questions as honestly as possible.

1. What would you say about the amount of impaired driving images you observe (circle one)?

a) A lot of Images      b) Some Images      c) Little or None

2. Where do you see most images of impaired driving? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the current perception about impaired driving (positive, negative or neutral- circle one)?

a) Friends	(+)	(-)	(N)
b) Parents	(+)	(-)	(N)
c) Yourself	(+)	(-)	(N)

4. How many hours do you spend on average doing the following:

a) Watching Television (Non Cable/Non Pay Service)	_____ hrs
b) Watching Television (Cable/Pay Service)	_____ hrs
c) Watching YouTube	_____ hrs
d) Social Media (Facebook, Twitter, Pinterest, Instagram, etc.)	_____ hrs
e) Listening to the Radio (Local or iHeart Radio, etc.)	_____ hrs
f) Reading the Newspaper	_____ hrs
g) Reading Magazines	_____ hrs
h) Reading Billboards, Bus Bench Advertising, etc.	_____ hrs

5. What can we do about changing perceptions in the school and/or community about impaired driving?

a) Friends: \_\_\_\_\_  
\_\_\_\_\_  
b) Parents: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

AUSTIN IDOT IMPAIRED DRIVING PREVENTION

Age: \_\_\_\_\_

## 2020 FOCUS GROUP SURVEY

Please answer the following questions as honestly as possible.

1. If you wanted to show youth your age that it's **NOT COOL** to drive impaired, what would you tell them? (A sentence or two)

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---

---

2. If you wanted to use a picture to show youth your age that it's **NOT COOL** to drive impaired, what would it look like? Please describe here:

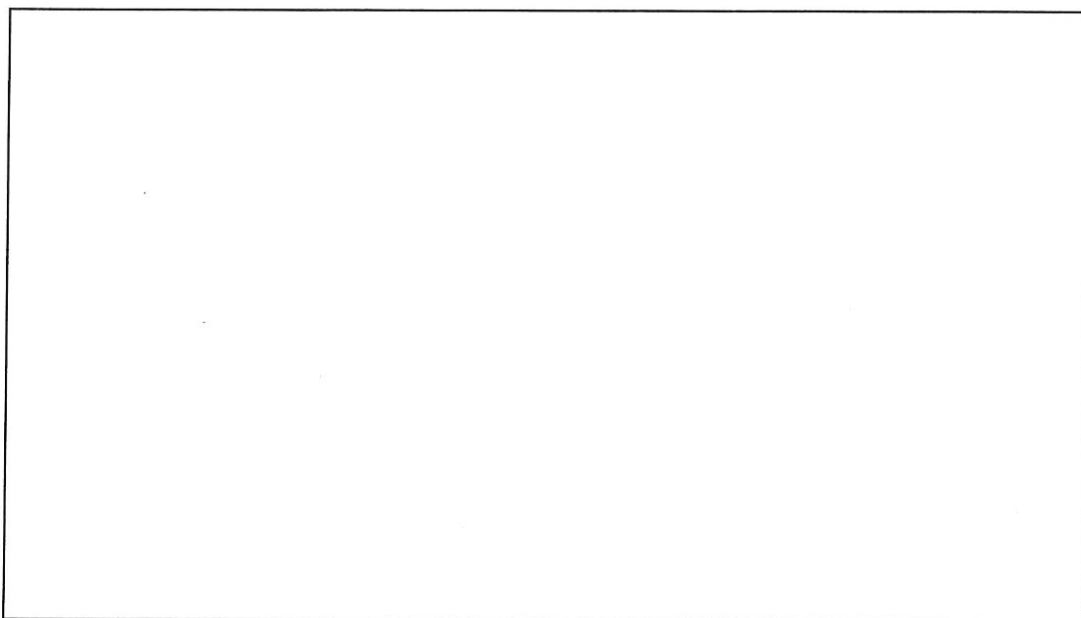
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3. If you wanted to use a picture to show youth your age that it's **NOT COOL** to use alcohol and other drugs while driving, what would it look like? Please draw the image you described in question 2 here:





Attachment 3:

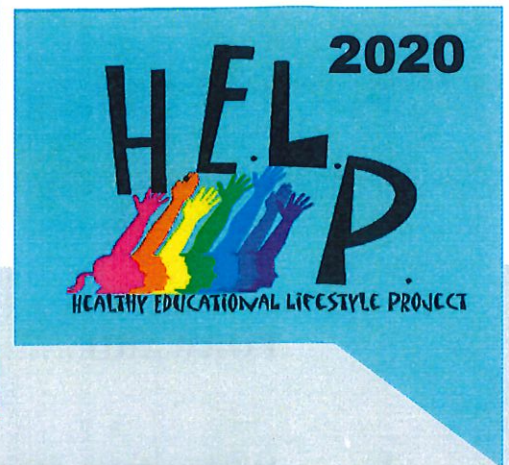
Peer Health Educators Outreach Unit  
and  
Classroom Power Point Presentation

# **AUSTIN COMMUNITY**

**HEALTHY EDUCATIONAL LIFESTYLE PROJECT**

## **PEER HEALTH EDUCATORS MANUAL**

### **OUTREACH UNIT**



# **Impaired Driving Prevention Program**

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**PEER HEALTH EDUCATOR NAME**



Presented by The Prevention Partnership, Inc. In Partnership &  
Sponsored by the Illinois Department of Transportation.

## **TABLE OF CONTENTS**

<b>FORWARD.....</b>	<b>ii</b>
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<b>II. LEARNER OUTCOMES AND SCHEDULE.....</b>	<b>2</b>
<b>III. MINI LECTURE.....</b>	<b>3</b>
<b>IV. DISCUSSION.....</b>	<b>6</b>
<b>V. SUMMARY AND FEEDBACK.....</b>	<b>7</b>

## **FORWARD TO PEER HEALTH EDUCATORS**

Impaired driving is a serious concern, and has serious consequences. In Illinois, drivers under age 21 make up 10% of all licensed drivers but unfortunately account for 17% of alcohol-related fatal crashes in the State (2019, IL State Police).

The Prevention Partnership's Inc.'s Impaired Driving Prevention Unit is 45 minutes and is designed to be presented by Youth Peer Health Educators, 16 to 22 year old in the Austin Community as a youth driven educational training in a group setting. This will promote openness and honesty in discussing safe driving practices and healthy lifestyles from a youth perspective, along with strategies that they feel will have an impact on their peers.

This Unit has been developed to allow you as a "Peer Health Educator" to present it in an organized, time efficient and effective manner. Time management is critical to completing the Unit, with one of the Peer Health Educators being responsible for letting the presenters know the time remaining for their presentation or activity.





**(5 Min) I. WELCOME, INTRODUCTIONS AND GROUND RULES**

- Welcome participants as they come into the classroom by saying, “Hello, My name is \_\_\_\_\_.”

**NOTE: START THE SIGN IN SHEET AND HAVE ONE OF THE HEALTH EDUCATORS BE RESPONSIBLE FOR GETTING IT FROM THE LAST PERSON WHO SIGNS IN ON THE SHEET – PUT IT IN THE ENVELOPE PROVIDED LABELED SESSION MATERIALS**

- When the group is seated and the teacher/group leader is ready to start, introduce yourself

to the participants and state that the two 45-sessions will begin. Comment about this exciting Impaired Driving Prevention Unit.

- State and explain the **GROUND RULES:**

- RESPECT FOR SELF AND OTHERS
- ONE PERSON SPEAKS AT A TIME
- RIGHT TO PASS
- NO PUT DOWNS
- CLAP ONCE, TWICE AND SILENCE
- UNFINISHED BUSINESS

**KNOW THE RULES!**



**NOTE: EACH TEAM MEMBER WILL HAVE A ROLE DURING THE PRESENTATION. ROLES INCLUDE: PRESENTERS (2 People), TIME KEEPER (5 Minute Warning)**

**NOTE: ATTENDANCE SHEETS AND STUDENT WORK BOOKS ARE TO BE GIVEN TO THE TEACHERS. DESIGNATE A PERSON RESPONSIBLE FOR PASSING OUT MATERIALS AND COLLECTING SURVEYS. THESE WILL BE GIVEN LATER TO THE SITE COORDINATOR.**



## II. LEARNER OUTCOMES AND SCHEDULE

- Review with the class the Learner Outcomes, saying:



Participants as a result of participating in this session will...

- Increase their awareness and knowledge of the State of Illinois Impaired Driving Laws (SESSION 1)
  - Become familiar with the long and short terms effects of alcohol on the human body, with emphasis on the brain. (SESSION 1)
  - Learn and refine their skills set to control angry emotions, resolve conflict and refuse negative peer pressure. (SESSION 2)
  - Learn methods for effective communication, refusal of peer pressure, anger management and problem solving, reinforced through simulation/ role rehearsal. (SESSION 2)
- Review the Schedule, stating that what we will do in our time with you will be:



- I. WELCOME AND INTRODUCTIONS
- II. LEARNER OUTCOMES AND SCHEDULE
- III. MINI LECTURE
- IV. DISCUSSION
- V. SUMMARY AND FEEDBACK

**NOTE: PASS OUT THE PRETEST, MENTIONING THAT THE PURPOSE IS TO DETERMINE THEIR PRIOR KNOWLEDGE, AND THAT A POST TEST WILL BE ADMINISTERED AT THE CONCLUSION OF THE UNIT.**

(25 Min) III. MINI LECTURE



**IMPAIRED DRIVING: Know the Facts**

Distribute the handout “Alcohol, Other Drugs and the Effects on Driving.” Ask students to reflect on their responses to the questions. Next, select a volunteer to read and explain the following key points:

- ❖ *Operating a motor vehicle under the influence of any mind-altering substance (alcohol, marijuana, prescription meds or other illegal drugs) is **illegal and dangerous.***
- ❖ *In Illinois, impaired driving is punishable by suspension of an individual’s driver’s license, fines and possible imprisonment*
- ❖ *The effect of alcohol on a person is determined by 2 factors- amount and rate of consumption. In Illinois, it is illegal for adults 21 and over to operate a motor vehicle with a BAC (Blood Alcohol Content) of .08 (they may still be convicted with a BAC between .05 and .08 if there is additional evidence of impairment).*
- ❖ *Illinois has a **Zero Tolerance Policy** in regards to underage drinking and driving.*

**NOTE: ALLOW 2-3 MINUTES FOR A BRIEF DISCUSSION ON HOW PARTICIPANTS FEEL IMPAIRED DRIVING AFFECTS THEM.**

Ask a Team Member to  
distribute the “Impaired  
Driving and the Brain”  
Handout.

### Illegal BAC Limits in Illinois

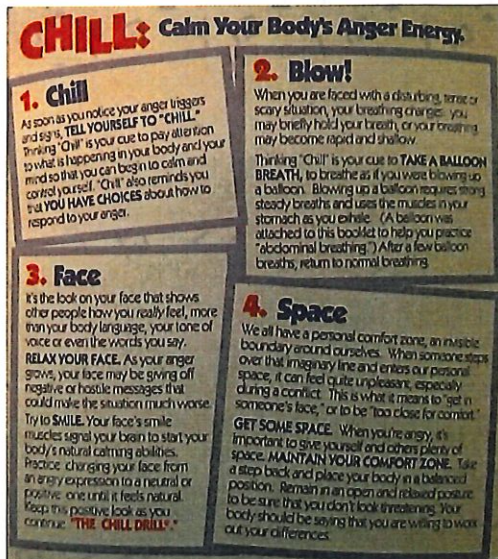
Drivers under age 21 .....	.00
School bus drivers .....	.00
Commercial driver’s license holders .....	.04
Drivers age 21 and over .....	.08



## ANGER MANAGEMENT: The “Chill Drill”

- Distribute the anger management tool. Ask for a volunteer to read aloud the “Anger is O.K.” section. Select another volunteer to next read aloud the “Violence

is NOT!” section. Explain that anger happens in the body and the mind; ask them to identify their personal “body warning signs” and “anger trigger thoughts”.



- Go over each of the four (4) steps in the “Chill Drill” strategy, stressing the fact that **each person is responsible to claim their anger and to tame their anger.**

- Ask for two volunteers to come to the front of the group and demonstrate the “Chill Drill” strategy in one of the following scenarios: a) stepping on someone’s shoe; b) name calling; c) gossip; or d) lying on a friend.

**NOTE: AN EXAMPLE OF THE ROLE PLAY SCENARIO SHOULD BE GIVEN BY THE PRESENTATION TEAM**

## EFFECTIVE COMMUNICATION SKILLS

- Direct participants to review the Communication Tool in the “Chill Drill Tool Kit.” Then share with them some of the “right’s & wrong’s” of communication

Right: *Maintain Eye Contact, Listen Actively, Ask Questions*

Wrong: *Interrupt, Assume Understanding, Call Names, Blame*



## CONFLICT RESOLUTION: "PEACE R.U.L.E.S."

- Distribute the Conflict Resolution tool. Ask for a volunteer to read aloud the meaning of "Peace R.U.L.E.S." Next, go over the "Your Conflict Style" section, explaining the various birds that represent different conflict styles.

- Ask students to identify 1 or 2 birds that they feel represent their personal conflict style.

**NOTE: IF THERE IS TIME, ASK FOR VOLUNTEERS TO RAISE A HAND AND SHARE THEIR PERSONAL CONFLICT STYLE.**



- Ask for two volunteers to come to the front of the group and demonstrate through role play their personal conflict style(s).



**NOTE: READ THE REFUSAL SKILLS DESCRIPTION TO THE PARTICIPANTS, ASKING THEM TO REPEAT IN A “PEP RALLY” FASHION. SELECT FOUR STUDENTS TO ROLE PLAY A “IMPAIRED DRIVING” SCENARIO USING THE REFUSAL SKILLS TOOL.**

## **Refusal Skills: A Model for Problem Solving And Decision Making**

### **3 GOALS**

Have Fun  
Stay Out of Trouble  
Keep Your Friends and Make New Friends

### **6 STEPS TO ACHIEVE THE THREE GOALS**

#### **1. ASK QUESTIONS:**

*Who, What, Where, When, Why, and How*

#### **2. NAME THE TROUBLE:**

*Legal, Inside, Family, School, Health*

#### **3. NAME THE CONSEQUENCE:**

*Legal – Jail, Inside – Guilty, Family- Separation, School – Expulsion,  
Health – Death*

If I did that . . . (clearly state the trouble)

#### **4. SUGGEST AN ALTERNATIVE:**

*Instead of* \_\_\_\_\_

*We could* \_\_\_\_\_

#### **5. LEAVE THE DOOR OPEN:**

*IF YOU CHANGE YOUR MIND, I’LL BE* \_\_\_\_\_

#### **6. YOU HAVE THE RIGHT TO GET MAD!**





**(5 Min) IV. DISCUSSION**

Distribute the worksheets and ask students to write down a response to each of the following statements:

- **Why do youth in the community get involved in impaired driving?**
- **Why is it important to have the right friends?**
- **What can schools do to help prevent youth from driving while impaired?**
- **What can parents do to help prevent youth from engaging in impaired driving?**



**NOTE:**

**COLLECT THE INDIVIDUAL WORKSHEETS AND PUT THEM IN THE ENVELOPE MARKED SESSION MATERIALS.**

**(5 Min) V. SUMMARY AND FEEDBACK (SESSION 1)**

**What we did today was the following Learner Outcomes...**

- Increase their awareness and knowledge of the State of Illinois Impaired Driving Laws
- Become familiar with the long and short terms effects of alcohol on the human body, with emphasis on the brain.
- Learn and refine their skills set to control angry emotions, resolve conflict and refuse negative peer pressure.
- Learn methods for effective communication, refusal of peer pressure, anger management and problem solving, reinforced through simulation/ role rehearsal.

**The areas we covered today were:**

- Impaired Driving Prevention
- Anger Management: The “Chill Drill”
- Conflict Resolution: “Peace R.U.L.E.S.”
- Refusal Skills

We hope that you enjoyed the session and we would like you to complete the following feedback survey on how we did today. **Do not** put your names on the sheet. Please raise your hand and we will collect the surveys when you are finished.

Thank You

**NOTE: The following materials need to be brought back to the Site Coordinator: 1) Sign in Sheet, 2) Work Sheets (individual and group newsprint) and 3) Feedback Surveys.**

**(5 Min) V. SUMMARY AND FEEDBACK (SESSION 2)**

**What we did today was the following Learner Outcomes...**

- Increase their awareness and knowledge of the State of Illinois Impaired Driving Laws
- Become familiar with the long and short terms effects of alcohol on the human body, with emphasis on the brain.
- Learn and refine their skills set to control angry emotions, resolve conflict and refuse negative peer pressure.
- Learn methods for effective communication, refusal of peer pressure, anger management and problem solving, reinforced through simulation/ role rehearsal.

**The areas we covered today were:**

- Impaired Driving Prevention
- Anger Management: The “Chill Drill”
- Conflict Resolution: “Peace R.U.L.E.S.”
- Refusal Skills

We hope that you enjoyed the session and we would like you to complete the following feedback survey on how we did today. **Do not** put your names on the sheet. Please raise your hand and we will collect the surveys when you are finished.

Thank You

**NOTE: The following materials need to be brought back to the Site Coordinator: 1) Sign in Sheet, 2) Work Sheets (individual and group newsprint) and 3) Feedback Surveys.**

**IDOT IMPAIRED DRIVING PREVENTION SESSION SIGN IN SHEET**

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PEER HEALTH EDUCATORS:**

-----

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**PARTICIPANT NAMES:**

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This image shows a blank sheet of white paper designed for handwriting practice. It features two vertical columns of horizontal lines. Each column contains ten rows of three dashed lines, providing a guide for letter height and placement. A single solid horizontal line runs across the middle of the page, separating the two columns. The lines are evenly spaced and extend nearly to the edges of the page.



## **WORK SHEET**

**Directions: Write a brief statement answering the following questions:**

**1. Why do youth in the community drive impaired?**

---

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---

**2. Why is it important to have the right friends?**

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**3. What can schools do to help prevent youth from driving impaired?**

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**4. What can parents do to help prevent youth from engaging in impaired driving activity??**

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**NOTES PAGE**

**(Use this section to record new terms, interesting ideas or things to remember)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Alcohol, & Other Effects on Driving

Healthy Educational Lifestyle Project

*Facts and content based, in part, on a Youth subset of: BASSET  
Beverage Alcohol Seller & Server Education Training  
Life, Inc.*



*An Illinois Certified Alcohol Intervention Training Program*



# SCOPE OF THE ALCOHOL PROBLEM

## Attitudes On Drinking

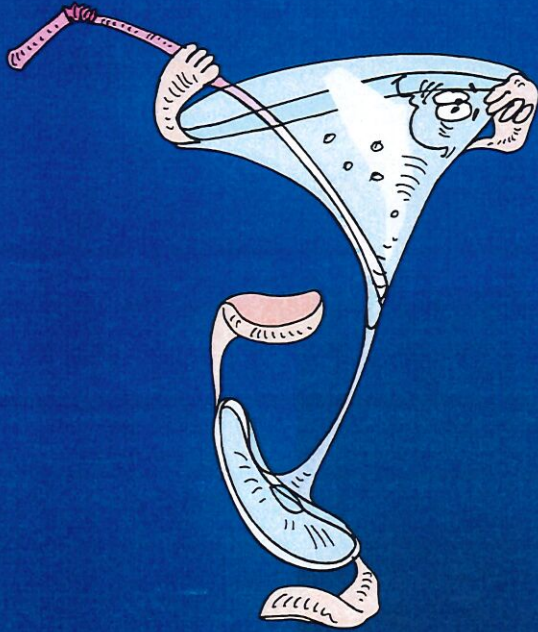
- ☹ Alcohol is the most widely used and most **widely accepted drug** known to mankind in the past, present and probably future.
- ☹ 70% of the people in the United States drink alcoholic beverages on a regular basis.





# SCOPE OF THE ALCOHOL PROBLEM

## Attitudes On Drinking



- ☹ Alcohol has been accepted as a way of life and a harmless means of relaxation, never considering the fact that it is classified as a drug.
- ☹ **Alcohol, as does any drug**, affects certain parts of the body and a variety of problems can occur from excessive consumption **EVEN AFTER THE HIGH WEARS OFF.**



# SCOPE OF THE ALCOHOL PROBLEM

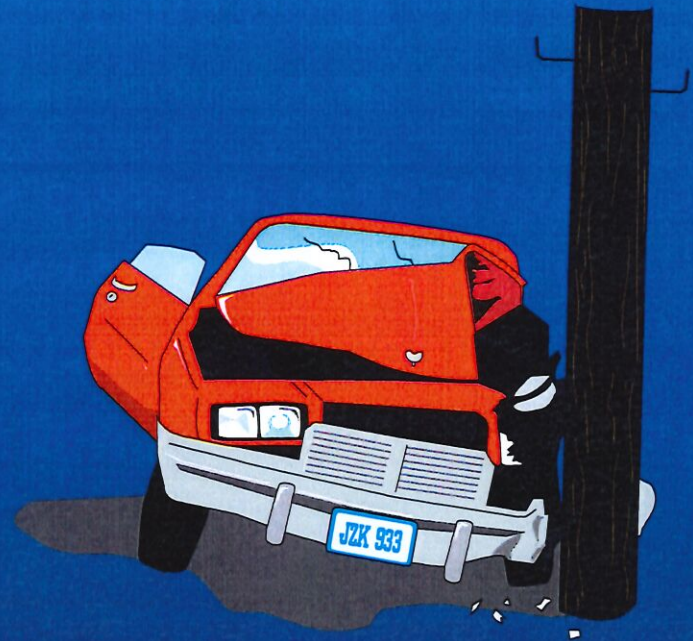
## Drinking and Driving Statistics

**Alcohol is the most common factor in highway deaths and injuries...**

☠ 10,874 killed (2018)

☠ 250,000 injured

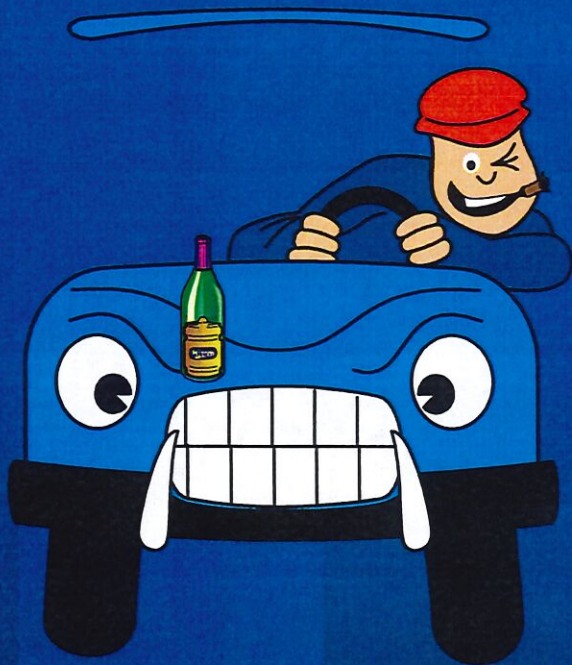
☠ \$44 billion in economic costs





# SCOPE OF THE ALCOHOL PROBLEM

## Drinking and Driving Statistics



Hey Buddy, Got a Light?  
Hee Hee Hee  
We don't mean no harm!

### Intoxicated drivers on roadway...

- ☠ At any time, 1 out of 50
- ☠ On weekend nights, closer to 1 out of 10
- ☠ 40% - 60% come from public drinking establishments

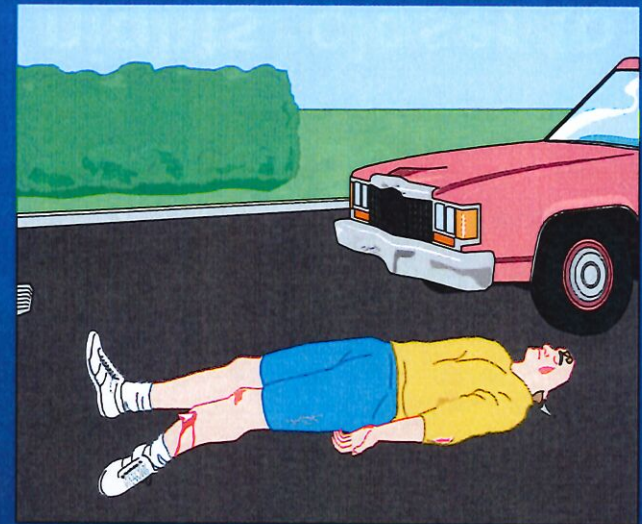


# SCOPE OF THE ALCOHOL PROBLEM

## Intoxicated Pedestrians

Intoxicated pedestrians are also a problem, especially at night and around bar closing times...

- Over 1/3 of pedestrians killed in traffic accidents were intoxicated
- Generally, the pedestrian had BAC levels of .08 or greater





# SCOPE OF THE ALCOHOL PROBLEM

## Other Alcohol-related Incidents

**Alcohol is also a contributing factor in ...**

- Falls
- Murders
- Suicides
- Drownings
- Fire deaths
- Violent crimes
- Choking deaths
- Sexual assaults
- Domestic Violence





# ALCOHOL MANAGEMENT

## Signs of Impairment Effects of Alcohol



- First effect...impairment of *judgment*
- Progression of deterioration...
  - ✓ Memory
  - ✓ Senses
  - ✓ Reaction Time
  - ✓ Coordination
  - ✓ Routine Tasks
- Last effect...automatic bodily functions

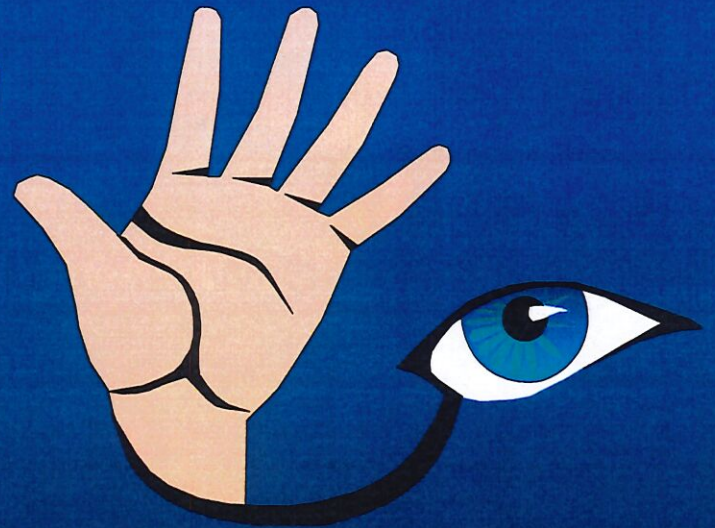


# ALCOHOL MANAGEMENT

## Signs of Impairment

### Stages of Alcohol Consumption

- **Inhibitions** become relaxed
- **Judgment** becomes impaired
- **Reactions** slow down
- **Coordination** decreases





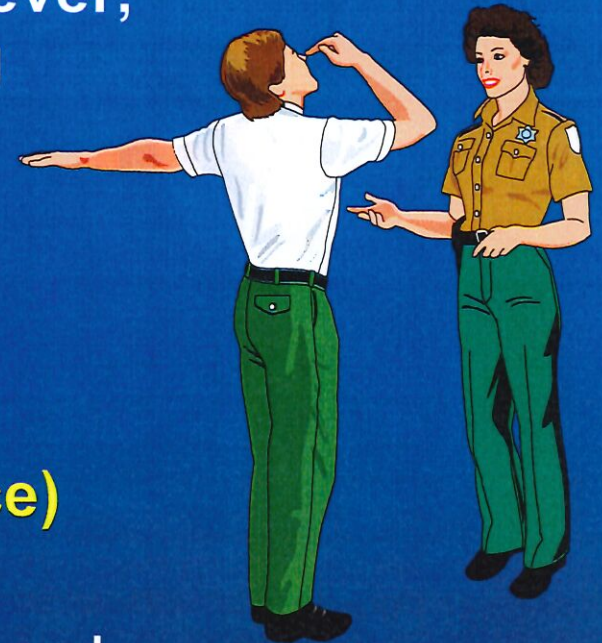
# SCOPE OF THE ALCOHOL PROBLEM

## Drinking and Driving

### D.U.I. Laws

State laws regulating D.U.I. vary, however, they generally fall within the following categories:

- Under the influence of alcohol with Blood Alcohol Concentration of:
  - **0.08 or more for adults.**
  - **0.00 for under 21 (Zero Tolerance)**
- Under the influence of any other drug or combination of drugs including **marijuana** and even prescription drugs!





# LIQUOR CONTROL REGULATIONS

## Criminal Responsibility

Violations related to minors may include:

- Possession of Alcoholic Beverage
- Consumption of Alcoholic Beverage
- Rental of Hotel/Motel rooms





# LIQUOR CONTROL REGULATIONS

## Criminal Responsibility



Violations related to minors may also include:

- Possession of false ID
- Sell, give or furnish false ID



# ALCOHOL MANAGEMENT

## Monitoring Patrons

### Properties of Alcoholic Beverages



- Ethyl Alcohol (ethanol) – principal ingredient in alcoholic beverages
  - ✓ Fermented (5% - 20%)
  - ✓ Distilled (40% - 50%+)
- Alcohol content of a *Standard Drink* is defined as 0.6 oz. of alcohol/serving...
  - ✓ 1 Shot of 80-proof (40%) spirits – straight or in a **mixed** drink
  - ✓ 1 (5-oz) **glass of wine** (12%)
  - ✓ 1 (12-oz) bottle or **can of beer** (5%)
- *Alcohol Equivalence* – standard serving sizes contain same amount of alcohol including “Light beers” & or “Coolers”.



# ALCOHOL MANAGEMENT

## Elimination of Alcohol



- Many people also underestimate the amount of time it takes for the body to eliminate alcohol.
- Most eliminated (95%) by the liver...
  - ✓ **Equivalent of one standard drink per hour**
- Remainder of alcohol is eliminated through excretion...breath, urine, sweat, saliva, etc.

***PASSAGE OF TIME IS THE ONLY WAY TO  
ELIMINATE ALCOHOL FROM THE BODY.***

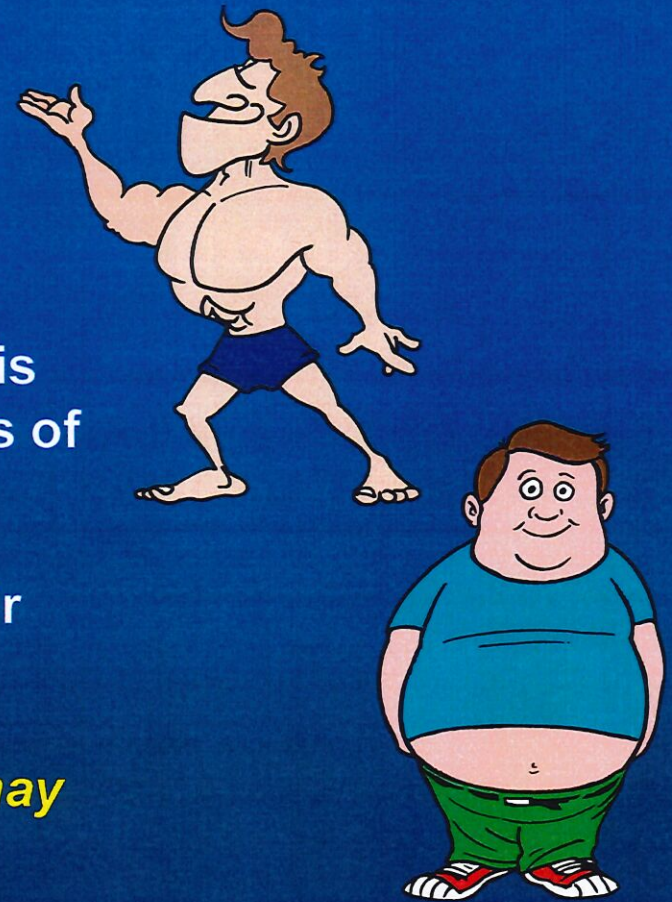
***“Even if the person Appears Sober”***



# ALCOHOL MANAGEMENT

## Monitoring Patrons Intoxication Rate Factors

- Body fat does *not* absorb alcohol
- Women have *more* fat and *less* water content
- Previous drinking history (**tolerance**) is *influential* in determining the effects of current alcohol consumption
- Patron's physical state *can* affect their response to alcohol
- **Alcohol combined with other drugs may increase effects**

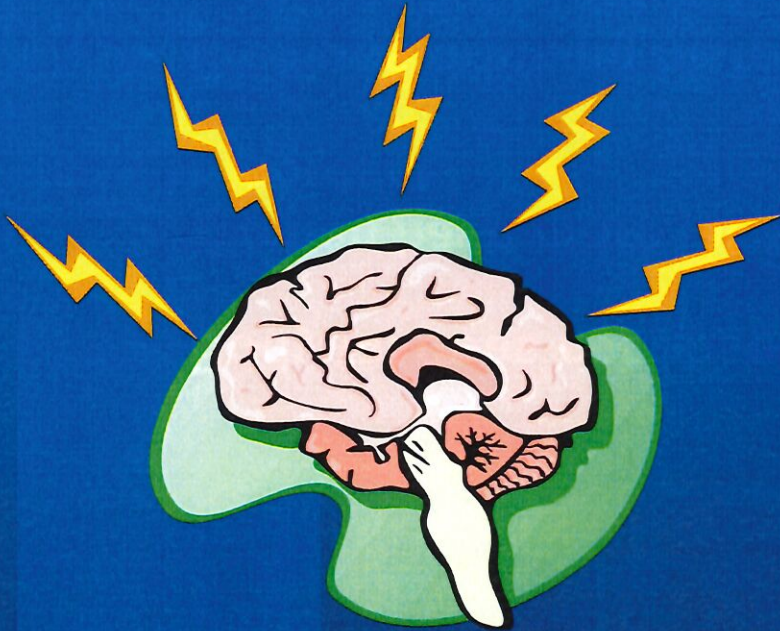




# ALCOHOL MANAGEMENT

## Signs of Impairment

### The Drug Alcohol & Some Others



- **CNS Depressant Drug**
- **Exerts its intoxicating effect in the brain**
- **Slows down activity of central nervous system**
- **Reduces mental and physical faculties**



# ALCOHOL MANAGEMENT

## Signs of Impairment Behavioral Cues

0.00 BAC

Inhibitions

- Less Shy; Aggressive, Bold or Daring; Mood Changes
- Talking Loud, Inappropriate Comments, Foul Language

Judgment

- Changing Rate of Consumption and Drinking Faster
- Complaining, Argumentative, Nonsensical Statements

Reactions

- More Deliberate, Decreased Alertness, Memory Loss
- Slurred Speech; Bloodshot, Glassy Eyes; Dilated Pupils

Coordination

- Difficulty Walking, Losing Balance, Leaning on Objects
- Clumsiness, Fumbling, Inability to Perform Routine Tasks

0.50 BAC





Notes:

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