Effective Substance Abuse and Mental Health Programs for Every Community

Border Binge-Drinking Reduction Program

The Border Binge-Drinking Reduction Program provides multilevel, community-based interventions proven effective at reducing alcohol-related trauma caused by cross-border binge drinking by young Americans.

Because the United States, Mexico, and Canada have significant disparities in the legal drinking age, the price of alcohol, and the enforcement of alcohol sales regulations, it is legal or easier for those under age 21 to obtain alcohol. Thousands of American teens and young adults (age 24 and below) are prompted to go into these nearby countries to binge drink. Consequently, an alarming number of young Americans return to the United States drunk, presenting a significant risk to themselves and the public through the increased potential for car crashes and other alcohol-related violence.

The Border Binge-Drinking Program is a binational effort that employs environmental management and media advocacy to curb these irresponsible drinking practices, including:

- Regular surveys of youths returning from a night of drinking, including anonymous blood alcohol concentration (BAC) breath tests.
- Strong media advocacy programs which use information from the surveys to characterize the problem and mobilize the community to action.

INTENDED POPULATION

The program's ultimate goal is to reduce the underage and binge drinking behavior of teens and young adults, and the consequences of that behavior (drunk driving, drug use, violence, and vandalism). There are direct inter-

Proven Results*

- 31% reduction in pedestrians under age 21 crossing into Mexico on weekend evenings
- 36% reduction in pedestrian crossings by U.S. residents 18 years and older
- 40% reduction in pedestrians under age 21 returning to America with measurable BAC
- 29% reduction in pedestrians returning with BAC higher than .08

**Results from San Diego-Tijuana Border Project between 1997 and 1999.*

INTERVENTION

Universal

Selective

Indicated

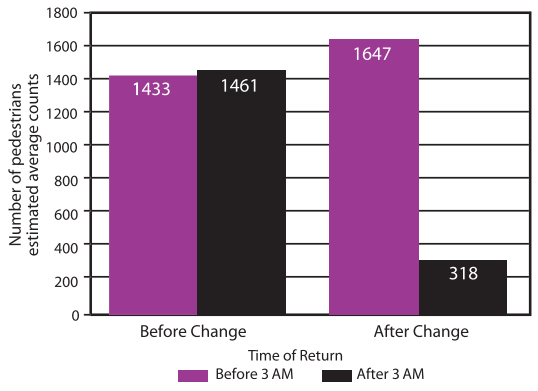
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

OUTCOMES

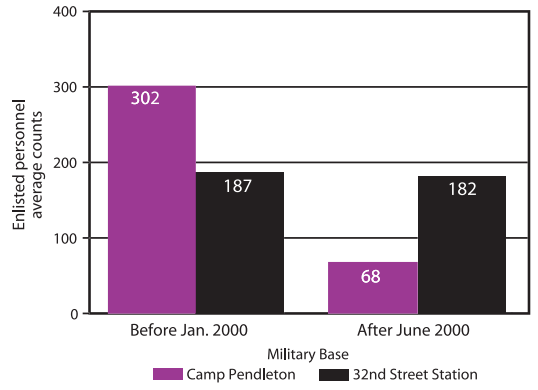
Substantial reductions in the number of youthful cross-border bar patrons and the number of drinkers returning to the United States with high blood alcohol concentrations have been demonstrated at two border locations, San Diego/Tijuana and El Paso/Juarez. Three interventions appear to have produced significant reductions in cross-border bingeing:

- Extensive and focused newsmaking, publicizing increases in impaired driving enforcement at the border, in tandem with intentional community organizing in Tijuana to change alcohol policy (e.g., the city mandated the removal of alcohol promotional banners from the fronts of bars).
- Required 2 a.m. closing of all-night bars in Juarez.
- Requirements by military base commanders that military personnel desiring to cross the border apply for and obtain special passes.

Change in pedestrians returning to the U.S. after a new policy requiring 2 a.m. bar closings in Juarez.



Reduction in enlisted personnel from Camp Pendleton, which implemented border restrictions, compared to nonrestricted base nearby.



ventions for this population; however, environmental management programs attempt to change the conditions under which problems develop and thrive. As such, the whole community is the intended population of the Border Binge-Drinking Reduction Program.

BENEFITS

- Substantial reductions in the number of youthful cross-border bar patrons and the average BACs of returning drinkers
- Increased public attention and support for policy changes
- Mobilization of community members, key policymakers, and news media
- Increased enforcement of drinking and driving laws
- Increase in responsible beverage service (RBS) programs

HOW IT WORKS

In order to reduce cross-border trips for intoxication, a number of diverse groups and organizations, on both sides of the border, must be enrolled in the effort. For example, law enforcement, public officials, community organizations, youth groups, prevention professionals, schools, and businesses will be needed to assist with a variety of interventions, including:

- **Data collection at U.S. border locations,** including anonymous BAC breath tests to determine the characteristics of cross-border binge drinkers and monitor the frequency and level of cross-border drinking.
- **Media advocacy** using area news media to give high visibility to law enforcement operations at the border, promote public debate, and generate support for changes in community norms and policies.
- **Direct interventions** such as turning back unaccompanied minors at the border, special border sobriety and ID checkpoints, and requiring special permits for military personnel to cross the border.
- **Indirect interventions** including RBS training with bar owners in Mexico, training for detecting false identifications, banning alcohol promotions on the exterior of the bars, and long-range policy changes on both sides of the border, such as closing bars earlier and the restricting of alcohol advertising targeted to minors.
- **Formation of a binational policy council** to make policy recommendations on alcohol and illegal and pharmaceutical drug issues on both sides of the border.

IMPLEMENTATION ESSENTIALS

This program was created to be readily adapted to individual community resources and needs. The community decides the structure of the group

that manages the various interventions. However, certain skills are desirable and, in some cases, necessary to the group, such as individuals skilled in—

- Data collection and analysis
- Media advocacy
- Program management
- Strategic planning
- Community organizing

In border communities, bilingual/bicultural skills and ability to work with organizations and officials on both sides of the border are critical to successful implementation.

Program Materials

An instruction manual is available from the Pacific Institute for Research and Evaluation (PIRE), one of the organizations that created the program. It tells how to establish breath-test surveys and use the data to organize and manage a border program or other binge-drinking reduction effort.

An action kit that describes how to implement similar projects in border communities and other non-border settings may be obtained from the collaborating development firm, Institute for Public Strategies (IPS). In addition, issue briefings, detailed descriptions of project activities, public opinion polling, and the strategic model are available on the IPS Web site.

Further descriptions of the nature of cross-border binge-drinking problems and the impact of the San Diego-Tijuana Border Program are available on the PIRE Web site.

Training and Technical Assistance

Training and technical assistance are available from the two organizations involved in creation of the Border Binge-Drinking Reduction Program. Instruction is available in—

- Data-based strategies
- Media advocacy, community organizing, and RBS
- Survey assistance
- Public opinion polling
- Evaluation design

PROGRAM BACKGROUND

Underage and binge drinking in Mexico is a particularly severe issue for communities along the United States-Mexico border; a problem exists at the Canadian border as well. Differences in alcohol policies between bordering nations, such as drinking ages (18 in Mexico; 19 in Canada; 21 in the United States), low-priced alcohol drinks in Mexico, and longer hours of alcohol sales, have contributed to significant public health and public safety problems on both sides of the international border. (To date, the program has not been tested in Canada.)

The Border-Binge Reduction Program is a coordinated effort focused on reducing cross-border teen and binge drinking in the San Diego-Tijuana region through a policy-focused, public health, prevention model. This project is a partnership of the PIRE, responsible for the border crossers survey and project evaluation, and the IPS, responsible for project interventions and newsmaking to mobilize support for policy change.

EVALUATION DESIGN

Border surveys involve three types of data collection consisting of interviews with 1) young pedestrians leaving the United States to cross the border to drink; 2) young pedestrians returning to the United States from a night of drinking; and 3) motorists returning to the United States from Mexico between midnight and 5:00 a.m.

Trained interviewers ask respondents about their demographics, drinking, drinking intentions, bad experiences while drinking, modes of transportation, and other questions relevant to the interventions. Responses are recorded on hand-held computers. A voluntary, anonymous breath test is then administered, but the breath tester does not reveal the BAC at that time. Results are downloaded later for analysis using assigned code numbers. Incentives such as candy or discount coupons maybe used to encourage cooperation. Most of the surveys take 5 minutes to complete. All procedures are thoroughly reviewed.

PROGRAM DEVELOPERS

Robert B. Voas, Ph.D.
James Baker

Robert B. Voas, Ph.D., is a senior research scientist with PIRE. He has been involved in research on alcohol and highway safety for 30 years, initially as director of the National Highway Traffic Safety Administration's Office of Program Evaluation and more recently as principal investigator for government research programs in drinking and driving/community alcohol problem prevention. Recent research projects include evaluation of programs to reduce college student binge drinking. He has just completed a national study of the impact of alcohol safety laws on alcohol-related fatal crashes.

James Baker is founder and executive director of the IPS, a public health, public policy nonprofit organization with offices in San Diego, Los Angeles, Montana, and Tijuana, Mexico. Mr. Baker led the media advocacy component of the Community Trials Project to Reduce Alcohol-related Trauma, is a leader of the Southern California Prevention Exchange (an experimental project to collaborate across county lines in environmental prevention), and is involved in other environmental prevention projects across the country.

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services