

## Border Binge-Drinking Reduction Program

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

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### **BRIEF DESCRIPTION**

The Border Binge-Drinking Reduction Program provides multilevel, community-based interventions proven effective in reducing alcohol-related trauma caused by cross-border binge drinking by young Americans. It is a binational effort that employs environmental management and media advocacy approaches to curb these irresponsible drinking practices; regular surveys of youths returning from a night of drinking, including anonymous blood alcohol concentration (BAC) breath tests; and strong media advocacy programs that use information from the surveys to characterize the problem and mobilize the community to action. This program involves community groups, law enforcement officials, and civic and business leaders in the implementation of the interventions.

### **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 U.S.), 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 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 PIRE, responsible for the border crossers survey and project evaluation, and the IPS, responsible for project interventions and news-making to mobilize support for policy change.



## **RECOGNITION**

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

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

UNIVERSAL

Developed for a universal audience.

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## **INTERVENTION TYPE**

ENVIRONMENTAL

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## **CONTENT FOCUS**

ALCOHOL, ILLEGAL DRUGS

The program targets the use and abuse of alcohol.

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## **PROTECTIVE FACTORS**

COMMUNITY AND SOCIETY

- Law enforcement actions to reduce impact of alcohol use (e.g., minimum legal drinking age, zero tolerance, driving under the influence of alcohol)
- Civic action among youth and adults in communities on both sides of the border
- Public policies to restrict advertising and promotion of alcohol and reduce alcohol sales to youth
- Media advocacy/newsmaking in support of local programs and longer-term policy change
- Responsible Beverage Service training of alcohol establishments and related sales and service policies
- Creation of a cross-border collaborative (binational policy council)

## **RISK FACTORS**

### COMMUNITY AND SOCIETY

- Easy availability of and access to alcohol
  - Late closing hours for bars
  - Minimum legal drinking age of 18 in Mexico, 19 in some Canadian provinces
  - Advertising and promotion of alcohol, particularly of cross-border bars catering to youth
  - Availability of cheap alcohol; price specials promoting binge drinking
  - Alcohol service to intoxicated patrons at bars and restaurants
  - Inadequate media coverage of social factors contributing to underage and binge drinking and associated outcomes
  - Drinking environments that encourage excessive drinking and allow drunken behavior
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## **INTERVENTIONS BY DOMAIN**

### COMMUNITY, SOCIETY

#### COMMUNITY

- Education to alter societal norms and expectations
- Multiagency activities and collaboration
- Enforcement of drinking and driving laws

#### SOCIETY

- Public service announcements, media, warning of dangers of increased law enforcement at borders
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## **KEY PROGRAM APPROACHES**

### COMMUNITY INVOLVEMENT, INFORMATION SHARING, MEDIA EDUCATION, SKILL DEVELOPMENT, OTHER

#### COMMUNITY INVOLVEMENT

The Action Kit contains research and other articles and resources about using community organization approaches to address border-related issues.

#### INFORMATION SHARING

The Action Kit provides information about environmental strategies, community organizing, and media advocacy.

#### MEDIA ADVOCACY

The Action Kit contains research and other articles and resources about using media advocacy approaches to address border-related issues.

## SKILL DEVELOPMENT

The Interviewer Training Manual teaches interviewing skills and the use of the portable breath analyzers.

Implementation training on subjects referenced in the Action Kit is available upon startup and as needed thereafter.

Media advocacy skills, referenced in the Action Kit, are developed for community members.

## OTHER

The Interviewer Training Manual contains five breath test surveys, including survey procedures (surveys of both northbound and southbound pedestrians and drivers and an establishment surveillance survey).

In recognition that each community is unique, the Action Kit is a collection of reference and “how to” materials that is shared via onsite training. This approach provides for customized strategic and project planning.

Formation of a binational policy council is necessary to make policy recommendations on alcohol and other illegal drug issues on both sides of the border.

## 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 bars, and long-range policy changes on both sides of the border, such as closing bars earlier and restricting alcohol advertising targeted to minors.
- Formation of a binational policy council to make policy recommendations on alcohol and illicit and pharmaceutical drug issues on both sides of the border.

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.

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## **OUTCOMES**

DECREASES IN SUBSTANCE USE, REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, OTHER TYPES OF OUTCOMES, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

### **DECREASES IN SUBSTANCE USE**

Among pedestrian minors returning to the United States, measurable BACs were reduced by 40%.

The number of pedestrians returning to the United States with BACs higher than .08 was reduced by 29%.

### **REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS**

Substantial reductions in the number of youthful cross-border bar patrons and the average BACs of returning drinkers

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

### **IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS**

Increased enforcement of drinking and driving laws

Increase in responsible beverage service (RBS) programs

## OTHER TYPES OF OUTCOMES

Pedestrians under age 21 crossing into Mexico on weekend evenings reduced by 1,200 a month.

Pedestrian crossings by U.S. residents, 18 years and older, reduced by 26%.

Creation of Public Health and Safety Zone within the border region by San Diego County.

Required 2:00 a.m. bar closing time in Juarez.

Requirements by base commanders in San Diego County that military personnel desiring to cross the border apply for special passes.

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).

Increased public attention and support for policy changes.

Mobilization of community members, key policymakers, and news media.

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

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## EVALUATION DESIGN

Border surveys involve three types of data collection consisting of interviews with: 1) young pedestrians leaving the U.S to cross the border to drink; 2) young pedestrians returning to the U.S. from a night of drinking; and, 3) motorists returning to the U.S. 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 may be used to encourage cooperation. Most of the surveys take five minutes to complete. All procedures are thoroughly reviewed.

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## DELIVERY SPECIFICATIONS

### 0–4 WEEKS

**Amount of time required to deliver the program and obtain documented outcomes:**

Five survey instruments can be administered according to community needs and resources.

Timeline depends on how the individual communities organize their efforts.

Initial implementation training (utilizing the Action Kit) is 1 day in duration. Subsequent technical assistance, media advocacy strategies, policy objectives, binational collaboration structure, and project timeline will be specific to individual communities.

## **INTENDED SETTING**

RURAL, URBAN

This program was developed for communities along the U.S.-Mexican border. However, the model is applicable to other rural and urban environments. There are plans to use the model in communities along the U.S.-Canadian border.

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## **FIDELITY**

**Components that must be included in order to achieve the same outcomes cited by the developer:**

Individuals and community leaders who are skilled in data collection and analysis, media advocacy, program management, strategic planning, and community organizing.

Bilingual/bicultural skills and ability to work with organizations and officials on both sides of the border.

Binational collaboration among law enforcement, local government agencies, business, etc.

Access to program materials.

**Typical problems that users experience in implementing these program strategies and potential solutions:**

Some of the materials address issues of surveying, community organizing, and media advocacy from a general perspective, but most of the materials specifically address alcohol issues at the U.S.-Mexican border.

Lack of familiarity or experience with environmental prevention within the community can be addressed by building educational elements for key community members and officials (in Mexico and the United States) into the project plan.

The magnitude, complexity, and typically long history associated with cross-border issues can be overwhelming. As such, this type of project requires that the implementer maintain focus on the objective and utilize solid strategic thinking and ongoing work with the community to demonstrate the solution.

The lack of existing binational collaboration to use as foundation for binational policy recommendations will require longer project time to get fundamental infrastructure in place before specific outcomes will be realized. This requires support from local law enforcement and government agencies.

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## **BARRIERS AND PROBLEMS**

**Problem:** Having the organizational capacity to apply the environmental prevention model.

**Solution:** This can be remedied through training and technical assistance, if needed.

**Problem:** Binational collaboration.

**Solution:** This requires bilingual, bicultural project participants who have access to and skills to influence local governments, law enforcement agencies, community members, etc.

## **PERSONNEL**

FULL TIME, PART TIME, PAID, VOLUNTEER

### **Types of positions needed to successfully implement this Model Program:**

This will vary from community to community, depending on how communities structure their groups and manage the various interventions. Some Spanish-speaking interviewers are required to conduct surveys at the U.S.-Mexican border.

However, individuals and community leaders who are skilled in data collection and analysis, media advocacy, program management, strategic planning, and community organizing must exist or be developed. Based on initial assessment of community readiness to undertake environmental prevention, appropriate skill development training and ongoing technical assistance are available.

### **Typical personnel problems encountered by users when implementing this Model Program and potential solutions:**

Maintaining a crew of trained interviewers to conduct quality surveys can be challenging. The border surveys are generally conducted between 10:00 p.m. and 5:00 a.m., requiring stamina and commitment. The solution is to conduct regular interviewer training sessions, have quality control measures in place, and pay interviewers well enough to maintain them.

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## **EDUCATION**

HIGH SCHOOL, UNDERGRADUATE, SPECIAL SKILLS

Some Spanish-speaking interviewers are required to conduct surveys at the U.S.-Mexican border. Individuals and community leaders who are skilled in data collection and analysis, media advocacy, program management, strategic planning, and community organizing must exist or be developed.

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## **PERSONNEL TRAINING**

**Type:** SEMINAR/WORKSHOP, **Location:** ONSITE (user),  
**Length:** BASIC/REFRESHER (if required)

Training and technical assistance are available from both the Pacific Institute for Research and Evaluation and the Institute for Public Strategies in data-driven strategies, media advocacy, community organizing, survey assistance, public opinion polling, and evaluation design.

Implementation training, based on the contents of the Action Kit, is available from the Institute for Public Strategies. This is a 1-day, onsite training, in classroom format. Course materials are included in the Action Kit that is distributed at the beginning of the training. Subsequent technical assistance and support are determined on an individual basis.

**COST (estimated in U.S. dollars)**

\$10,000+

Cost considerations for implementing this Model Program as recommended by the developer:

**TRAINING**

On-location, 2-day survey training on conducting regular breath test and/or sidewalk and driver surveys, including how to use the data in the community and with the media (travel costs roughly estimated to be approximately \$3,200 for three trainers) . . . . . \$6,500 plus travel

Followup technical assistance over the first year to include two site visits to observe survey operations for quality control and assistance; regular assistance with the statistical analysis of survey data and interpretation; use of the data in the community and with the media to include an additional site visit (travel costs roughly estimated to be approximately \$3,200 for three trips by one person) . . . . . \$8,000 plus travel

Onsite, 1-day implementation training on contents of Action Kit (environmental prevention, community organizing, media advocacy, applied data, binational collaboration, policy) available for up to 20 trainees. Conducted by one to two trainers. Action Kits included. In recognition of the uniqueness of each individual community, indepth training on any of the above topics and/or ongoing technical assistance related to project implementation will be defined on an individual basis. . . . . \$3,000 plus travel

**MATERIALS**

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.

Action Kits are provided with implementation training and included in that cost.

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.

**Typical cost issues encountered by users when implementing this Model Program and potential solutions:**

Breath test devices cost approximately \$900 each. Most grants will cover the cost of this type of equipment.

## **INTENDED AGE GROUP**

TEENAGER (15–17), YOUNG ADULT (18–24)

Developed for use with American teens and young adults, age 24 and under.

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## **INTENDED POPULATION**

MULTIPLE ETHNIC GROUPS

The media advocacy interventions are delivered to the entire community and targeted to no specific ethnic, racial, or socioeconomic group. Border interventions are delivered to young drinkers of any racial or ethnic group.

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## **GENDER FOCUS**

BOTH GENDERS

Developed for use with both male and female teens and young adults.

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## **REPLICATION INFORMATION**

NO INFORMATION PROVIDED

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## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

**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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