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North Carolina Strategic Prevention Framework (NC SPF-SIG) State Priority: Reduce Alcohol- Related Crashes and Fatalities

Community Needs Assessment Workbook 2007

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Submitted to

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Acronyms and Abbreviations

AOC	Administrative Offices of the Courts
ADETS	Alcohol Drug Education Traffic Schools
A/R	alcohol-related
BAC	blood alcohol concentration
BRFSS	Behavior Risk Factor Surveillance System
CAP	Community Advisory Panel
CAAB	Cooperative Agreement Advisory Board
CDC	Centers for Disease Control and Prevention
CPR	Center for Prevention Resources
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
DPI	Department of Public Instruction
DEA	Drug Enforcement Administration
DHHS	Department of Health and Human Services
DWI	Driving While Impaired
DOJ	Department of Justice
EPI profile	epidemiological profile
FARS	Fatality Analysis Reporting Systems
FBI	Federal Bureau of Investigation
GHSP	The Governor's Highway Safety Program
IO	implementation organization
LME	Local Management Entity
MADD	Mothers Against Drunk Driving
NA	needs assessment
NCHA	National College Health Assessment
NCHS	National Center for Health Statistics
NCANDS	National Child Abuse and Neglect Data System
NEA	Needs Assessment Entity
NFLIS	National Forensic Laboratory Information System
NCBRFSS	North Carolina Behavioral Risk Factor Surveillance System
NCDOJ	North Carolina Department of Justice
NCDMV	North Carolina Division of Motor Vehicles

NCJOIN	North Carolina Juvenile Online Information Network
NC-TOPPS	North Carolina Treatment Outcomes & Program Performance System
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NOMs	National Outcome Measurement System
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
OAS	Office of Applied Studies (at SAMHSA)
ONDCP	Office of National Drug Control Policy
PIRE	Pacific Institute for Research and Evaluation
RTI	RTI International (formerly Research Triangle Institute)
SAMHSA	Substance Abuse and Mental Health Services Administration
SEDS	State Epidemiological Data Set (developed by SAMHSA)
SEW	State Epidemiological Work Group
SIG	State Incentive Grant
SPF	Strategic Prevention Framework
SADD	Students Against Destructive Decisions
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Report
USDOT	United States Department of Transportation
YRBS	Youth Risk Behavior Survey

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Welcome!

Congratulations on being selected as a North Carolina Strategic Prevention Framework–State Incentive Grant (SPF-SIG) awardee. We in the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS) are looking forward to working with you on this exciting initiative to reduce alcohol-related crashes and fatalities in your community and throughout the state.

Over the next few months, you will be conducting an important assessment of needs and resources in your community. This workbook has been prepared to assist you in assessing the factors in your community that contribute to the problem of alcohol-related crashes/fatalities. Because each community is different, this assessment is intended to assist you in identifying the unique factors in your community that contribute to your alcohol-related crash problem and to identify the evidence-based strategies most likely to reduce this problem. In completing this workbook, you will learn new approaches to prevention that will form the framework of all state-sponsored prevention activities.

This workbook will help guide you through the process by

- helping you understand where, when, and why you are assessing;
- guiding the collection and review of data on the elements affecting alcohol-related crashes/fatalities;
- showing you how to analyze and make the information you have gathered into a meaningful profile of your community; and finally,
- preparing you for the next phase of selecting appropriate evidence-based strategies that seem best suited for your community's needs.

To help you succeed, the state has designated four Centers for Prevention Resources (CPRs) to assist you with all your SPF needs. In addition, the North Carolina SPF-SIG Internal Management Group will work with the CPRs to provide ongoing technical assistance. This project also has a Web site—www.ncspfsig.org—which contains tools and information to assist you. To help keep you organized, a checklist of major activities and a sample timeline are provided in Chapter 2. Appendix A contains a list of alcohol-related sources of data. Appendix B contains a list of important contacts and their phone numbers and e-mail addresses.

Because many of the assessment activities involve the collection of data and other important information, we have provided each awardee with a set of data about the alcohol-related driving situation in their respective counties and other relevant information as a starting point. We expect that you will have completed your community needs assessment by December 31, 2007. At that time, you will submit an electronic copy of your assessment to RTI. We will review and return for needed revision.

This workbook is organized into six chapters.

Chapter 1 provides some background information about the Center for Substance Abuse Prevention's (CSAP)'s Strategic Prevention Framework (SPF) and North Carolina's approach to implementing the framework in support of prevention activities in the state. Chapter 1 also includes a brief description of how alcohol-related crashes/fatalities were selected as the targeted area for SPF activities.

Chapter 2. Conducting a Needs Assessment is designed to provide a good understanding of the nature of the problem in your area. Thus, this chapter presents consequence information. We have provided some tables that are specific for your community and also would like your needs assessment team to complete some of the other tables.

Chapter 3. Data Specific to Your County—Identifying “Who, Where and When” provides detailed subgroup analysis of drivers involved in alcohol-related crashes/fatalities; pin maps of where those crashes occurred, and information on when they occurred.

Chapter 4. Intervening Variables and Contributing Factors provides information on intervening variables that influence the problem and the contributing factors that explain how the intervening variable affects alcohol-related crashes/fatalities.

Chapter 5 helps your advisory group narrow its list of factors and set its priorities. It is to be completed by the community advisory panel (CAP) working with its regional CPR and other awardee members. Chapter 5 synthesizes all the previous information and identifies the areas in your community that you think should be targeted.

Chapter 6 provides awardees with information about how they will select strategies appropriate to their needs.

We are all excited to be working with you and are ready to assist. If you have any questions at any time throughout the process, do not hesitate to call your CPR or Phillip Graham or Carol Council at RTI. Their contact information is provided in Appendix B.

1 Introduction

1.1 OVERVIEW OF CSAP'S STRATEGIC PREVENTION FRAMEWORK

The field of substance abuse prevention has made important progress in both understanding the causes and consequences of substance abuse, as well as the ways that abuse can be prevented. Effective prevention strategies have been identified and the Center for Substance Abuse Prevention (CSAP) and its parent agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), are working to promote the adoption of best evidence-based prevention strategies in states and territories.

Each state must disseminate 85% of this money to substate communities (also known as SPF-SIG awardees).

Beginning in the mid-1990s, CSAP sponsored its first set of State Needs Assessments, which were designed to collect important information on substance use and abuse and community prevention activities, as well as important information on the state's prevention capacity.

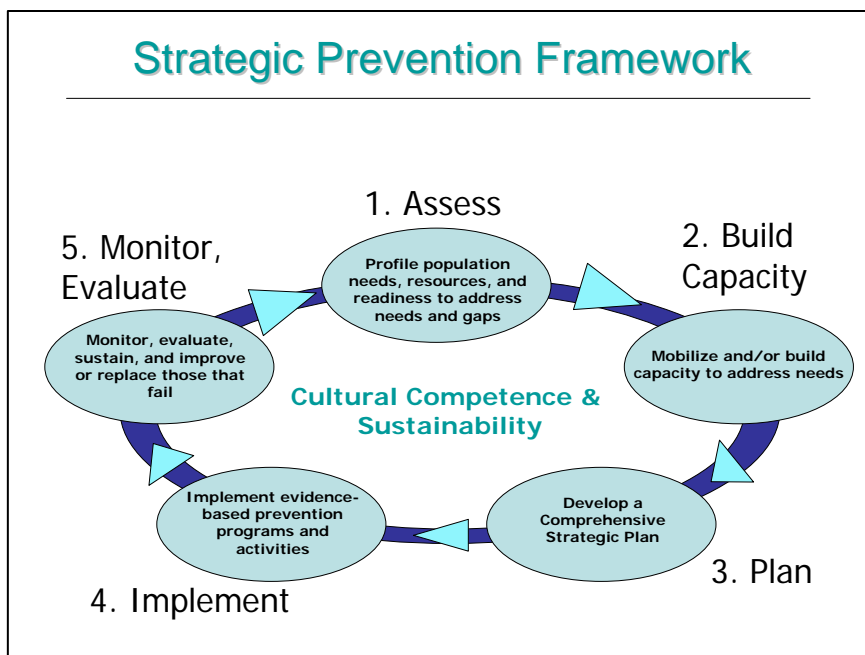
In the late 1990s, CSAP adopted State Incentive Grants (SIGs), which were focused at organizing state prevention activities at all levels to identify funding streams and facilitate better planning of state and local prevention efforts.

In 2004, CSAP promoted state prevention system improvements by offering states Strategic Prevention Framework State Incentive Grants (SPF SIGs) and funded SPF SIGs in 21 states and territories; in 2005, CSAP funded 5 more states (including North Carolina). State grants are generally around \$2.3 million per year for 5 years; each state must disseminate 85% of this

money to substate communities (also known as SPF-SIG awardees).

The SPF SIG requires that states engage in a five-step SPF process.

Figure 1-1. Strategic Prevention Framework



States must first conduct a thorough needs assessment (**Step 1**) to gauge the nature and extent of substance abuse problems in their state. In particular, states are encouraged to compile data on the consumption of substances (alcohol, tobacco, and illicit drugs) by youths and adults and on the consequences of substance abuse. As part of their needs assessments, states are required to develop an epidemiologic profile of substance abuse, identify and prioritize the greatest areas of need, and select a small set of issues that can be addressed through SPF SIG funding.

States must then work on building capacity across the state to address their priority needs (**Step 2**). Although capacity building is listed as Step 2, it is widely accepted at CSAP and across the states that capacity building occurs throughout the SPF process, and does not necessarily begin immediately after Step 1.

States also are required to develop a strategic plan for prevention (**Step 3**) that provides details about how they will

address the identified priority(ies) throughout the state and carry out the remaining SPF steps.

After CSAP approves the strategic plan, each state then must implement its plan, including funding and support for communities to implement evidence-based prevention programs, policies, and practices that address the identified priority issues (**Step 4**). In general, states are identifying communities that display high rates (i.e., relative numbers) or high magnitudes (i.e., absolute numbers) of the problem issue and then disseminating funds to those communities.

Finally, each state must develop and implement a mechanism to monitor and evaluate the SPF SIG, including systems change at the state level and substance abuse–related outcomes at the community level (**Step 5**). This five-step process is shown in Figure 1-1. Infused in the center of the five steps are two concepts that are critical to long-term prevention efforts—cultural competency and sustainability.

1.2 NORTH CAROLINA'S PREVENTION SYSTEM DEVELOPMENT

Over the past two decades, North Carolina has used its SAMHSA Substance Abuse Prevention and Treatment Block Grant (SAPTBG) prevention dollars to sponsor numerous community and county prevention initiatives. However, in the early 1990s, prevention efforts were limited because of a lack of reliable data highlighting community and state substance abuse problems. Things began to change in 1997, when North Carolina received its CSAP-funded State Needs Assessment Grant to gather important information about substance use and abuse and the state's prevention capacity.

In 1998, CSAP awarded North Carolina its first SIG, known as Next Steps for Youth. (The SIGs were the primary competitive grant mechanism from CSAP to the states before the SPF SIG.) The SIG's accomplishments helped change North Carolina's prevention system. First, state and local prevention stakeholders developed a statewide strategic prevention plan that set the platform for its current infrastructure. Second, the state began the process of ensuring that its prevention providers were well-trained professionals. Third, the state promoted the adoption of evidence-based prevention strategies by providers. Finally, the state collaborated with its

The SIG's accomplishments helped change North Carolina's prevention system.

SIG providers to collect process and outcome data on SIG program participants. These data have served as a strong underpinning to the state's current SPF SIG planning effort.

North Carolina received its SPF SIG in the fall of 2005. Since that time, the state agency, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, has mobilized to follow the five SPF steps. Commensurate with the national SPF goals, the North Carolina SPF SIG is using the five-step process to accomplish three primary goals:

- Build prevention capacity and infrastructure at the state and community levels.
- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking.
- Reduce alcohol-related crashes and fatalities in communities.

At the present time, North Carolina has completed its state-level needs assessment, strategic plan, and funding allocation plan. We anticipate that mobilization and capacity building will take place throughout the project and that all new state prevention planning and targeting of resources will be based on this approach.

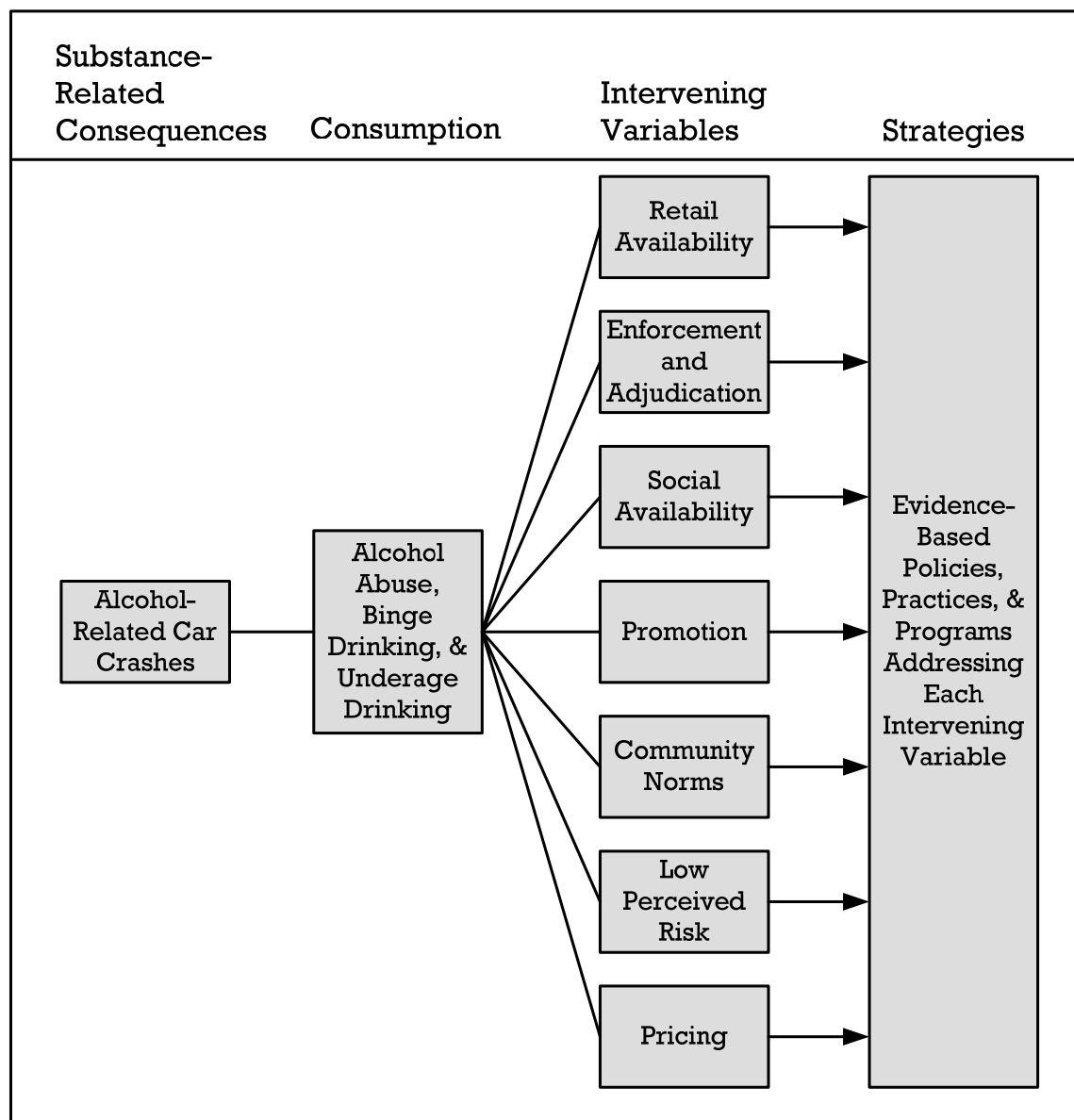
North Carolina's needs assessment identified the targeted problem as alcohol-related crashes and fatalities (the What)

North Carolina's needs assessment identified the targeted problem as alcohol-related crashes and fatalities (the What) and identified 19 counties as North Carolina SPF SIG community awardees. As a awardee, your first step will be to complete a comprehensive needs assessment for your community.

1.3 OUTCOMES-BASED PREVENTION MODEL

The tasks that you will undertake in the remaining chapters follow the outcomes-based prevention model (see Figure 1-2) and recent research detailing the intervening variables affecting alcohol-related driving.

Awardees should complete the tasks that follow to detail the problems and factors contributing to alcohol-related crashes/fatalities in their community. This will lead to focused mobilization and capacity building, as well as aid in the prioritization of evidence-based strategies within the community's strategic plan.

Figure 1-2. Outcomes-Based Prevention Model

The work that follows involves gathering data to illuminate both the problem(s) and the factors that contribute to alcohol-related crashes/fatalities in your community. Some of the most relevant data for your county have been provided in this book, but awardee communities will need to complete this workbook as thoroughly as possible and gather additional data where needed.

The tasks that follow are broken into six main sections.

1. **Community Assessment: Exploring *what*** (What does the problem of alcohol-related crashes/fatalities look like in

*Intervening Variables:
Exploring **why** alcohol-
related crashes/fatalities
are occurring in your
community (What are the
factors causing alcohol-
related crashes/fatalities
in your community?)*

your community?), **who** (What are the demographic characteristics of those involved in alcohol-related crashes/fatalities?), **where** (Where are the “hot spots” for alcohol-related crashes/fatalities in your community?), and **when** (When do alcohol-related crashes/fatalities occur?).

2. Intervening Variables: Exploring **why** alcohol-related crashes/fatalities are occurring in your community (What are the factors causing alcohol-related crashes/fatalities in your community?)
3. Prioritization: What intervening variable(s) identified during the Community Assessment have the greatest effect on alcohol-related crashes/fatalities in your community?
4. Resource Allocation:* What is already being done in your community to address the factors contributing to the alcohol-related crash problem?
5. Final Question: Based on the Prioritization and Resource Allocation sections, what casual factor(s) will your community’s intervention focus on?
6. Next Steps. These will include Identifying and Selecting Evidence-Based Strategies:* What prevention strategies can your community implement to address the targeted intervening variables and contributing factors chosen during the prioritization process?

*** These activities will occur later in Phase II of the needs assessment process.**

2

Conducting a Needs Assessment in Your Community

2.1 GETTING STARTED: SETTING UP A COMMUNITY ADVISORY PANEL (CAP)

The first step in conducting a Community Assessment is to establish a team of allies—a Community Advisory Panel (CAP)—that will help you collect the data and make decisions based on what is collected.

2.1.1 Roles and Responsibilities of LME

Each local management entity will act as the fiduciary agent for each county funded in the service area. In addition to its fiduciary role, LME will have the following needs assessment-related responsibilities:

- Establish County Advisory Panel (CAP)
- With CAP, identify the Needs Assessment Entity (NAE)
- With CAP, identify the Implementation Organization (IO)
- Execute contracts with NEA and IO.

2.1.2 Who Will Be on the Data Collection Team?

Your local management entity (LME) will be identifying a small group of advisors in order to provide general guidance to the CAP. This small group will help select an official needs assessor to organize and direct data collection activities.

To select team members, find individuals who have the background, motivation, and experience to conduct a community assessment. There is no particular number of members a team should have; however,

Table 2-1. CAP Allies Matrix

List the names of allies in your community, the organizations they represent, and the contributions they can make to complete this workbook.

Name	Organization	Contribution

more members can lighten the data collection load. If there is a military base in your county, you should try to include someone from the base. Use a table (such as Table 2-1) to help put the CAP together. Similarly, college and university personnel should be included where applicable.

After completing the table, you will need to contact the people that you identified to see if they are willing to serve on the CAP. Some committee members may serve in an advisory role while others will be actively involved with data collection.

2.2 TYPES OF DATA

There are generally two types of data—quantitative and qualitative.

2.2.1 QUANTITATIVE DATA

Quantitative data are defined as variables that you can count and that can be verified independently. These data are critical in identifying substance-related consequences and substance use issues. Usually, these facts are collected from **archival data or surveys**.

Examples of quantitative data

- The number of alcohol-related fatal crashes occurring in your community during the past year.
- The number of youths in your community who have been arrested for underage drinking or a drug-related charge during the past year.
- Arrests for DWI or alcohol violations on college/university campuses.

2.2.2 QUALITATIVE DATA

Qualitative data generally are defined as people's attitudes, opinions, or beliefs. Usually, this type of data cannot be verified independently, but can have great value in identifying and learning about intervening variables/ contributing factors. These opinions can be collected from **interviews, town hall meetings, focus groups, or open-ended survey questions**.

Example of qualitative data

- An interview with a law enforcement official to discuss law enforcement strategies used to combat drinking and driving or areas where several alcohol-related crashes have occurred.

- A focus group with community members to learn about their beliefs about the seriousness of drinking and driving in your community.
-

2.3 DATA COLLECTION METHODS

2.3.1 Collection of Existing Survey Results

Much of the data that will be used in this workbook will have been already publicly reported. When possible, you will be referred to a Web site or other public data source to find your community's information. In those cases where local-level data are not available, members of your group will supplement information through interviews, focus groups, and surveys and through Web-based searches. Instructions in each section will direct you and provide guidance on how to interpret the results from existing data sources.

We encourage you to use local surveys or other local data as sources of auxiliary information to aid in the decision-making process.

In addition to the existing data sources that are specifically outlined in this workbook, we encourage you to use local surveys or other local data as sources of auxiliary information to aid in the decision-making process. For instance, the Core Drug and Alcohol Survey is used by many universities and colleges to determine the extent of substance use and abuse on their campuses. Survey results for specific campuses can sometimes be found online. You can also contact a specific university or college directly to find out about their participation and about other surveys they may conduct that include information on substance use and/or consequences. Also, many community colleges may have results from the National College Health Assessment (NCHA). In addition, your community may have already gathered survey results from businesses, schools, or local law enforcement that will help in the needs assessment.

2.3.2 Interviews with Key Partners and Stakeholders

Interview Law Enforcement Officials

- 1. Sheriff*
 - 2. Police chief*
 - 3. Highway patrol*
-

You will also interview key partners and stakeholders in your community to help provide a better picture of their observations and concerns within your community regarding alcohol-related crashes/fatalities. One particular set of stakeholders that you will be asked to interview are the law enforcement officials (e.g., sheriff, police chief, highway patrol) in your community.

2.3.3 Town Hall Meeting

As part of the data collection, you can conduct town hall meeting to gather community views regarding what factors influence alcohol-related crashes/fatalities in your community. In particular, you will need to find out how the community thinks social availability, community norms, and low perceived risk affect the alcohol-related crashes/fatalities in your community. You should aim to include a cross section of community members that are representative of the demographics of your community. For example, participants from different racial and ethnic categories should be included. Participants should also range in age. In addition, members of already-existing community groups working on the issue of alcohol-related crashes/fatalities should be included.

2.3.4 Collection of Original Data

Collect measures that are easily gathered.

In several areas of this workbook, you will be asked to gather information using specified designs. This data collection will include counting the number of events sponsored by alcohol companies or distributors or reviewing newspapers and local publications for alcohol advertisements. The point of this data collection is to gather information directly from your community by observation or library research. In all cases, the original data collected will include measures that are gathered easily.

2.4 DATA COLLECTION PROCESS AND TIMELINE DEVELOPMENT

It is critical to approach the data collection phase of the Community Needs Assessment in a methodical manner. Using a table like the one below (Table 2-2) will help you keep track of the data you are collecting and what each team member is doing. It also will help you pace your work to ensure that everything is completed on time.

A final copy of the Community Needs Assessment report should be submitted electronically to Paula Jones at pjones@rti.org.

Table 2-2. Suggested Timeline for Completing Workbook Tasks

Task	Suggested Completion Date	Responsible Team Member(s)
Complete allies matrix and assemble CAP	September 14, 2007	
Review data in Chapter 3 and complete “who” and “where” work	September 28, 2007	
Decide on target area (county or community within the county)	September 28, 2007	
Complete intervening variable data collection and analysis	November 15, 2007	
Complete prioritization chapter	November 15, 2007	
Begin writing needs assessment report	November 15, 2007	
Send draft report to CPR	December 14, 2007	
Final report due to Paula Jones at RTI	December 30, 2007	

Note: Decisions about **who** and **where** to focus attention for answering the needs assessment question of **why**, are not necessarily the same as answering who and where your county will target its interventions. For instance, it may be that a majority of crashes occur in “Big Town” by “Largest Racial Group” in “Largest Age Range” and that the data provided by RTI make this clear in the first month, but that the further data collection about the Why uncovers that most of these issues concern people who live and consume alcohol in very particular places that are located throughout the county and that age, race, and sex are not the most important ways to define who is most likely to engage in these behaviors. Thus, it makes sense to reconsider and refine the Who and Where answers throughout the process and look beyond the simple number of crashes.

2.5 NEXT STEPS

A simple way of thinking about a needs assessment is that its purpose is to answer the five “W” questions:

- What
- Who
- Where
- When
- Why

Because we have already established the what (alcohol-related crashes/fatalities), your needs assessment will focus on learning who is involved most often in alcohol-related crashes/fatalities, where they occur, when they occur, and why they occur. Chapter 3 will help you answer who, where, and when. Chapter 4 will walk you through gathering data to find out why they occur.

3

Identifying the Who, Where, and When

3.1 OVERVIEW OF THE COUNTY SELECTION PROCESS

Nineteen counties were selected based on a combined single index of high need.

As part of the SPF-SIG needs assessment process, a number of data sources were reviewed and analyzed. North Carolina's Needs Assessment identified the targeted focus area of alcohol-related crashes and fatalities. Based on the prioritization of key data items, the following 19 counties were selected (region was not used in selecting counties):

- North Central Region
 - Franklin
 - Stokes
 - Surry
 - Vance
- South Central Region
 - Columbus
 - Hoke
 - Richmond
 - Robeson
- Eastern Region
 - Brunswick
 - Dare
 - Duplin
 - Gates
 - Onslow

- Sampson
- Western Region
 - Alexander
 - Cherokee
 - Jackson
 - McDowell
 - Watauga

This chapter presents data on each of the counties listed above to help recipients better understand the issues of alcohol-related crashes and fatalities in their counties. Specifically, the data will help establish who is involved in these types of incidents, where these incidents occur, and when they occur in your county.

3.2 IDENTIFYING AND UNDERSTANDING THE WHO

The tables and figures presented will assist you in determining who your selected strategies should target.

The data presented in this chapter are intended to guide your discussion regarding the populations in your community most affected by alcohol-related crashes and fatalities. The tables and figures presented will assist you in determining who your selected strategies should initially target (e.g., white males age 18 to 25, Hispanic males age 35 to 44). They also will help you decide how to weight or value these results. For example, is it more important to focus on the groups with the highest number of alcohol-related crashes and fatalities or is it more important to focus on groups with higher rates of alcohol-related crashes and fatalities as a function of population size? To assist you we have included a set of questions to focus on. Please answer the following questions after you have completed Tables 3-1 and 3-2.

1. What male subgroups are affected most by alcohol-related crashes/fatalities?

- a. Based on Figure 3-1, which age group(s) contributed to elevated reports of alcohol-related crashes and fatalities?
- b. Within the evaluated age category, determine which group or groups account for the highest percentage of crashes.

2. What female subgroups are affected most by alcohol-related crashes/fatalities?

- a. Based on Figure 3-2, which age group(s) contributed to elevated reports of alcohol-related crashes and fatalities?
- b. Within the evaluated age category, determine which group or groups account for the highest percentage of crashes.

Figure 3-1. Male Subgroup Most Affected by Alcohol-Related Crashes/Fatalities

Mark the boxes that correspond to the populations that initially appear to have the highest risk. You may select more than one.

Race/Ethnicity	12 to 15	16 to 20	21 to 25	26 to 34	35 to 44	45 to 54	55+
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No special population identified	<input type="checkbox"/>						

Figure 3-2. Female Subgroups Most Affected by Alcohol-Related Crashes/Fatalities

Mark the boxes that correspond to the populations that initially appear to have the highest risk. You may select more than one.

Race/Ethnicity	12 to 15	16 to 20	21 to 25	26 to 34	35 to 44	45 to 54	55+
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No special population identified	<input type="checkbox"/>						

In the pages that follow, we provide alcohol-related data specific to your county. Table 3-1 provides an index of counties.

Table 3-1. County-Specific Data Tables

County	Page Number
Alexander County Data	3-5
Brunswick County Data	3-9
Cherokee County Data	3-13
Columbus County Data	3-17
Dare County Data	3-21
Duplin County Data	3-25
Franklin County Data	3-29
Gates County Data	3-33
Hoke County Data	3-37
Jackson County Data	3-41
McDowell County Data	3-45
Onslow County Data	3-49
Richmond County Data	3-53
Robeson County Data	3-57
Sampson County Data	3-61
Stokes County Data	3-65
Surry County Data	3-69
Vance County Data	3-73
Watauga County Data	3-77

Alexander County**All Alcohol-Related Crashes/Fatalities, 2002–2006**

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	53	38	46	43	38
Number of DWI cases ^{2,3}	218	264	218	228	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

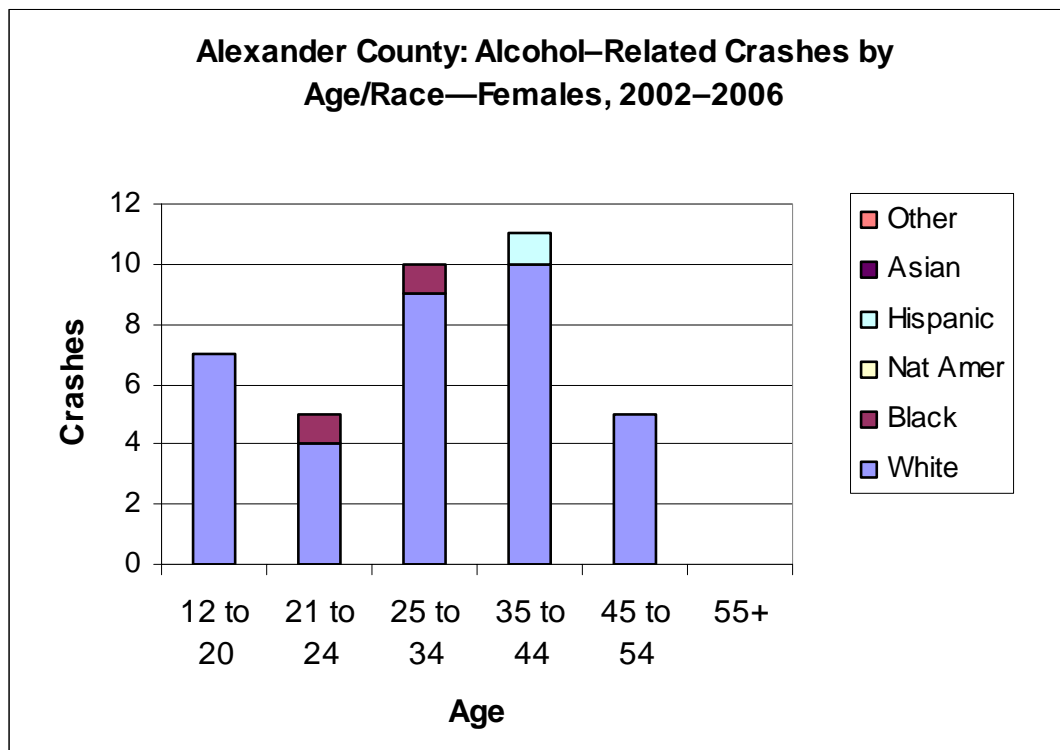
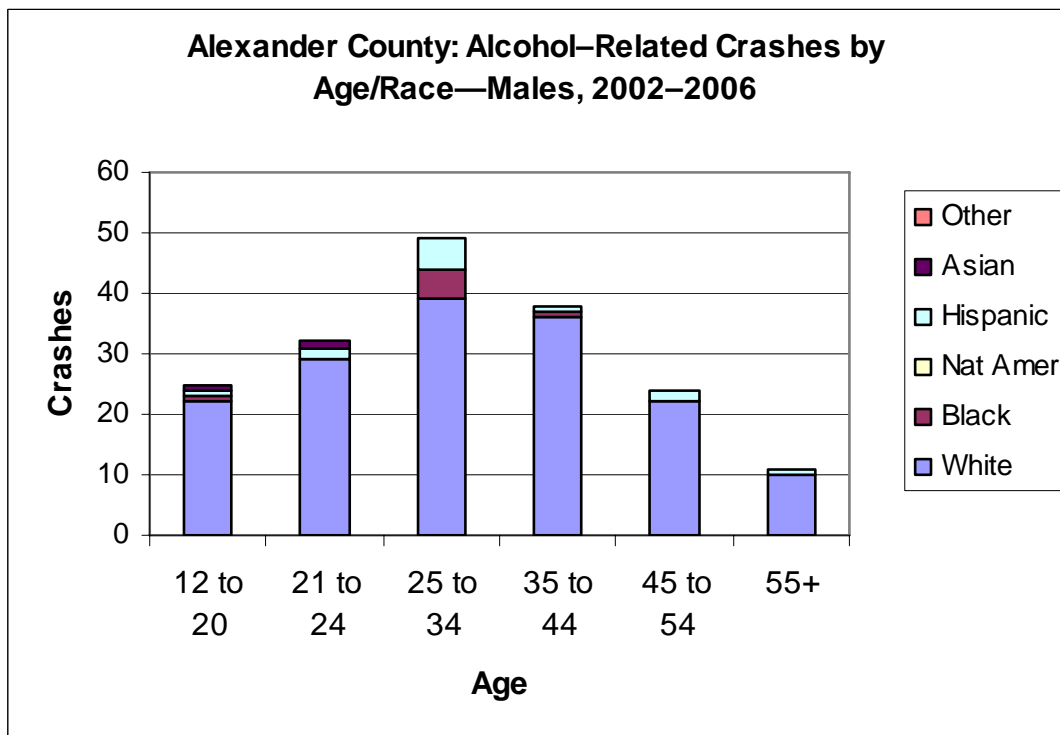
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

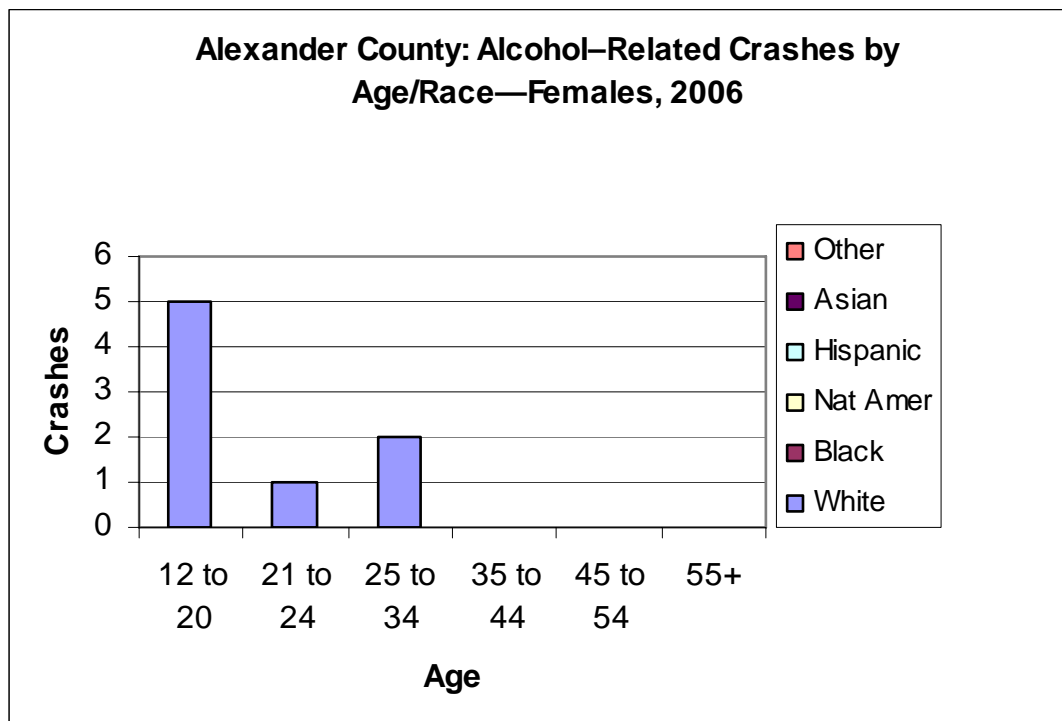
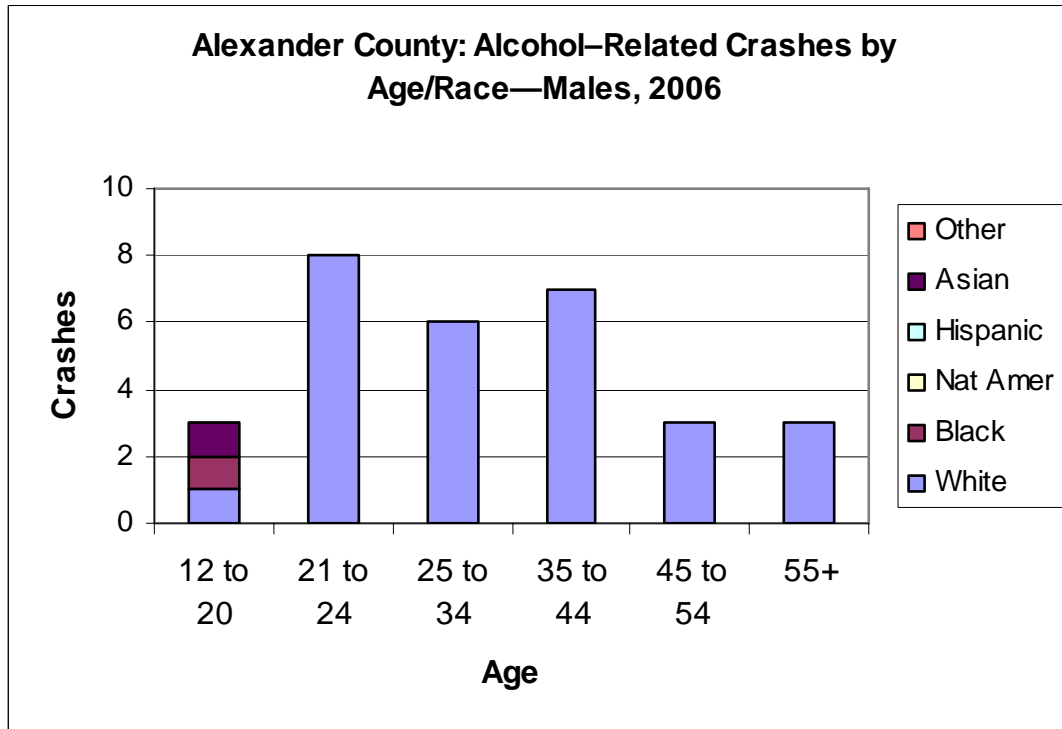
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	158	35	28	8
Black	7	2	1	0
Native American	0	0	0	0
Hispanic	12	1	0	0
Asian	2	0	1	0
Other	0	0	0	0

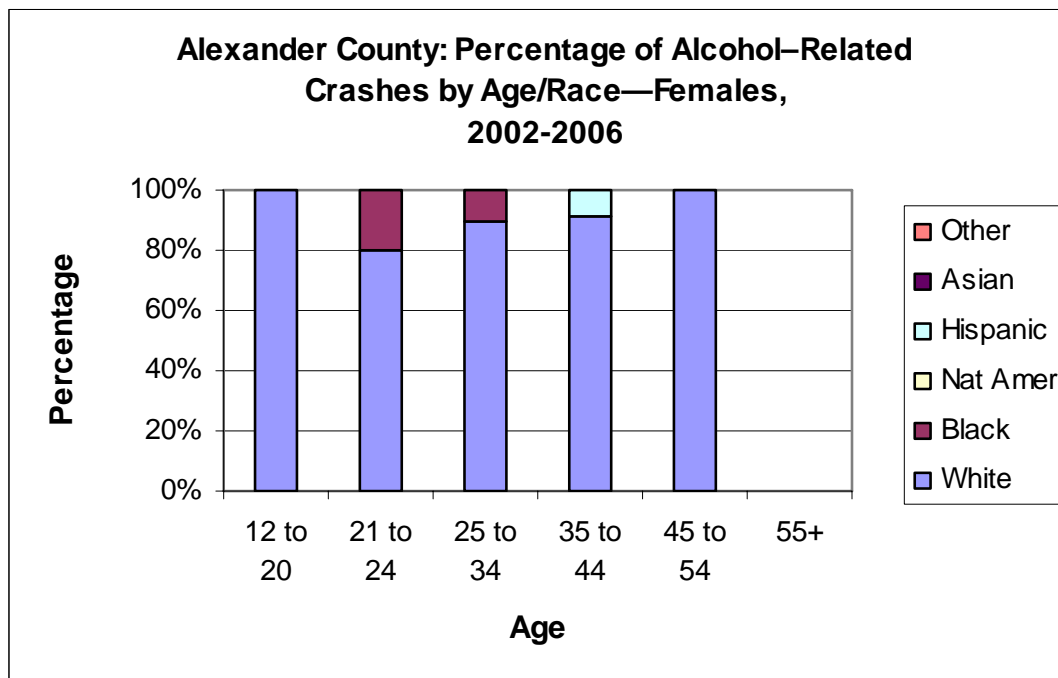
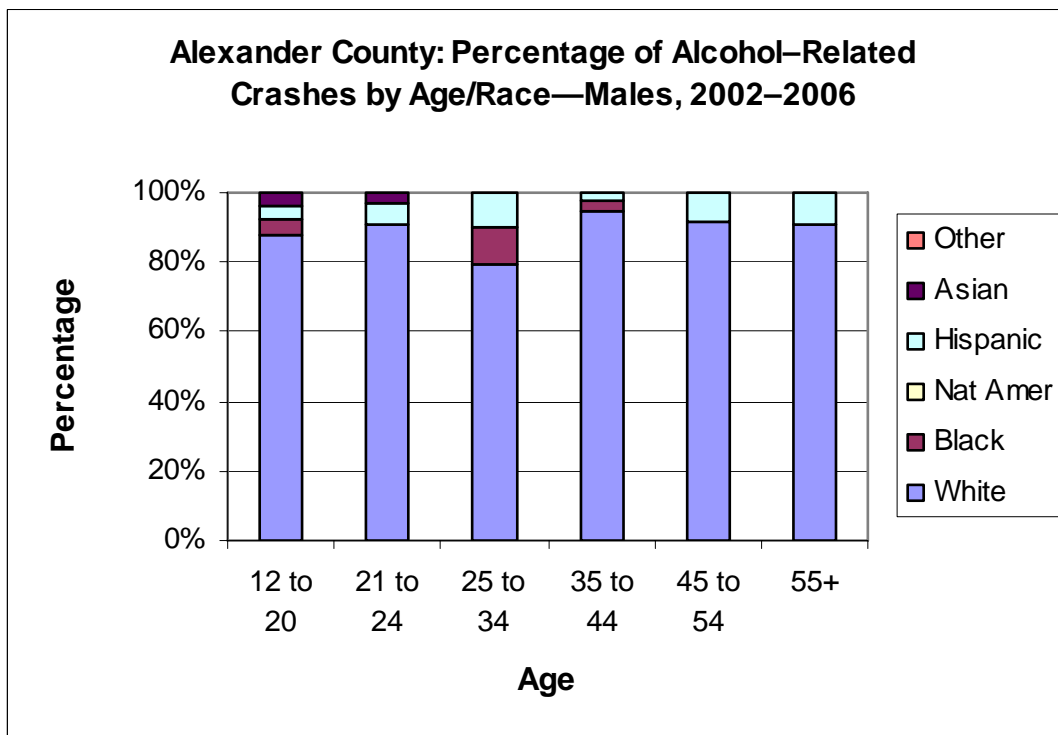
Alexander County



Alexander County



Alexander County



Brunswick County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	155	116	80	150	146
Number of DWI cases ^{2,3}	889	926	1,101	1,052	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

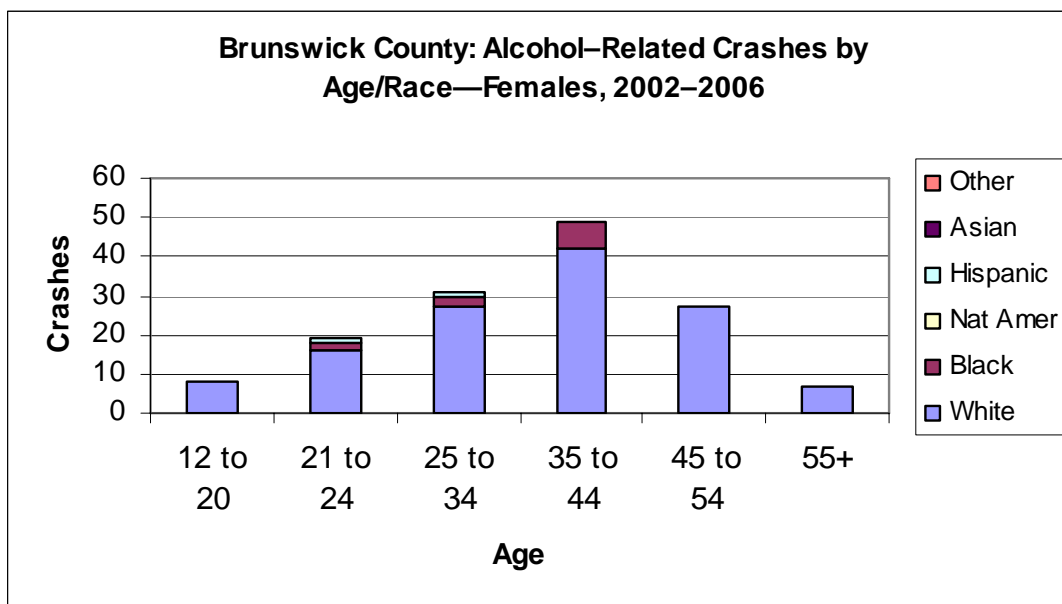
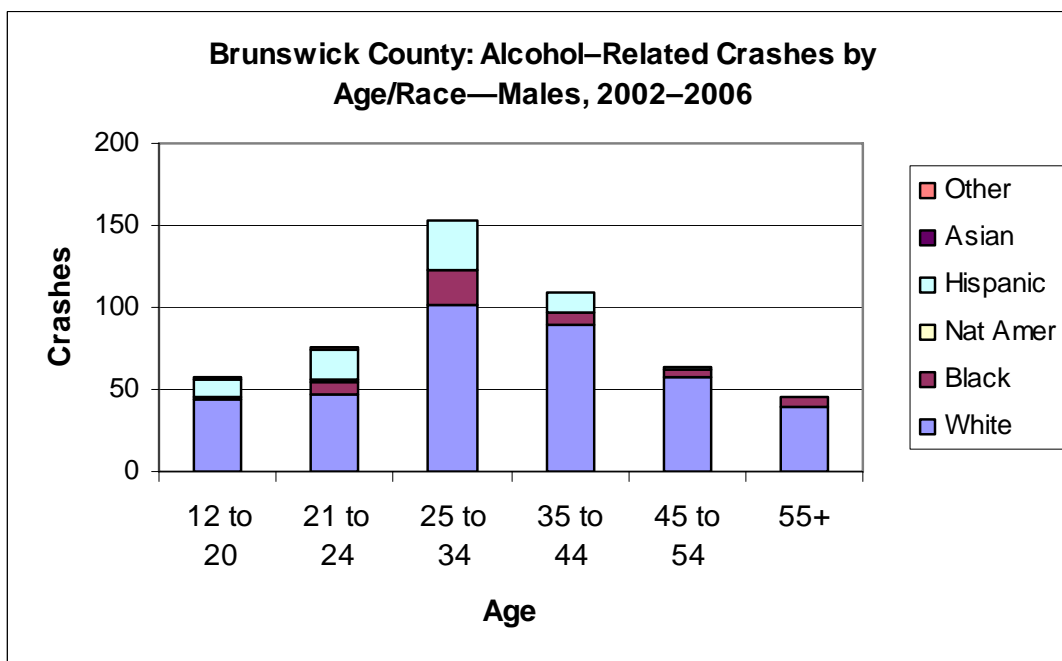
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

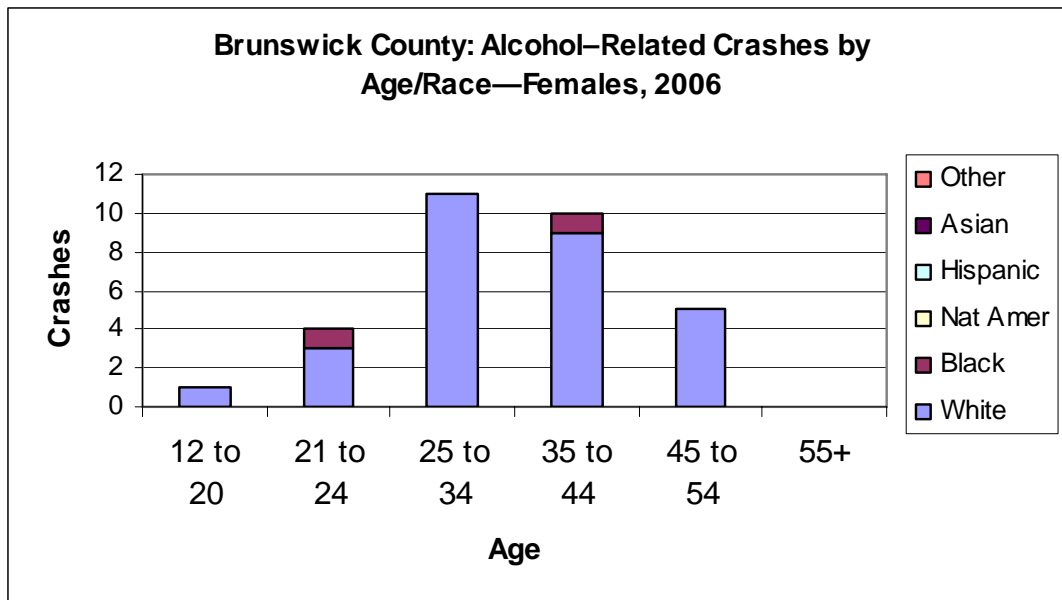
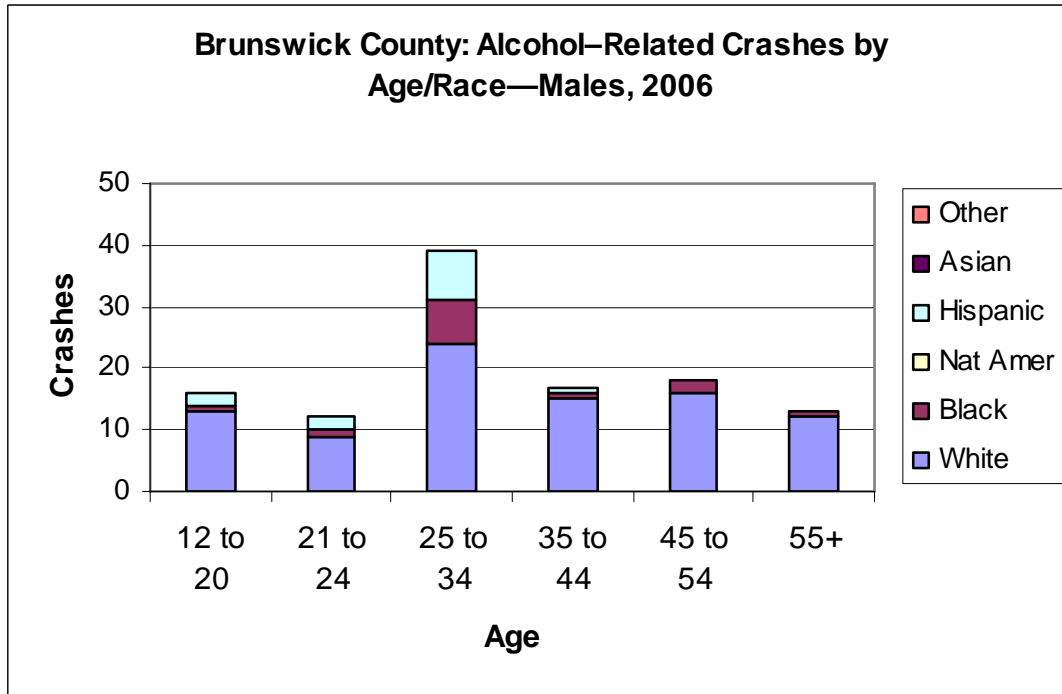
All Alcohol-Related Crashes/Fatalities by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	381	127	89	29
Black	48	12	13	2
Native American	1	0	0	0
Hispanic	73	2	13	0
Asian	0	0	0	0
Other	2	0	0	0

Brunswick County

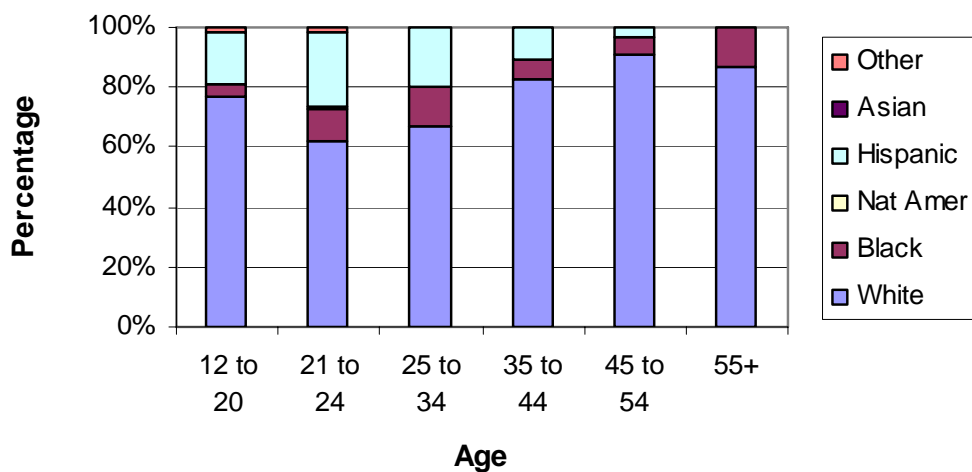


Brunswick County

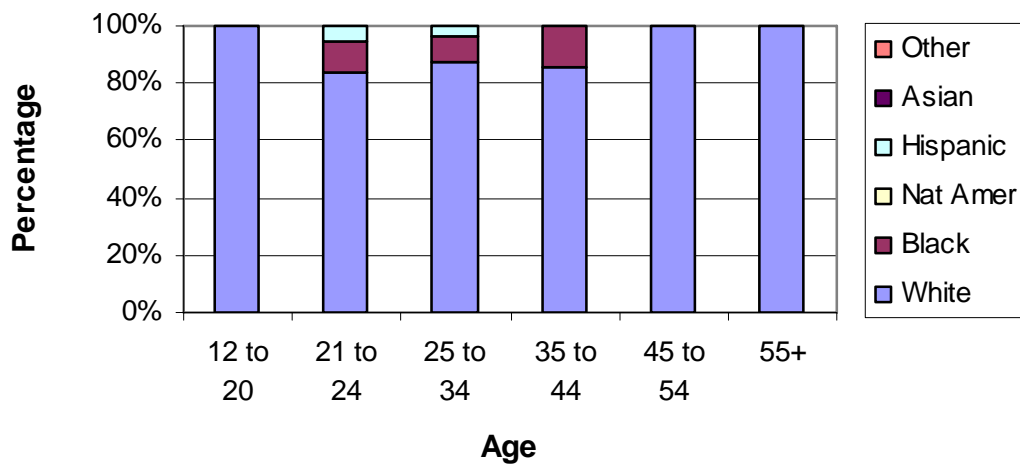


Brunswick County

Brunswick County: Percentage of Alcohol-Related Crashes by Age/Race—Males (2002–2006)



Brunswick County: Percentage of Alcohol-Related Crashes by Age/Race—Females, 2002–2006



Cherokee County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	43	29	31	30	27
Number of DWI cases ^{2,3}	231	208	211	220	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

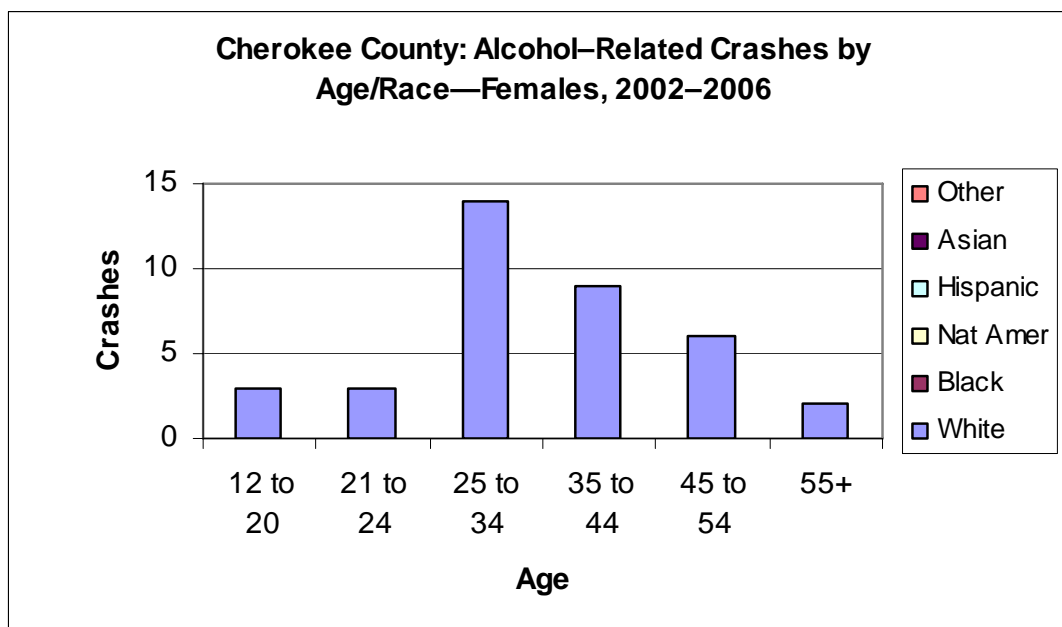
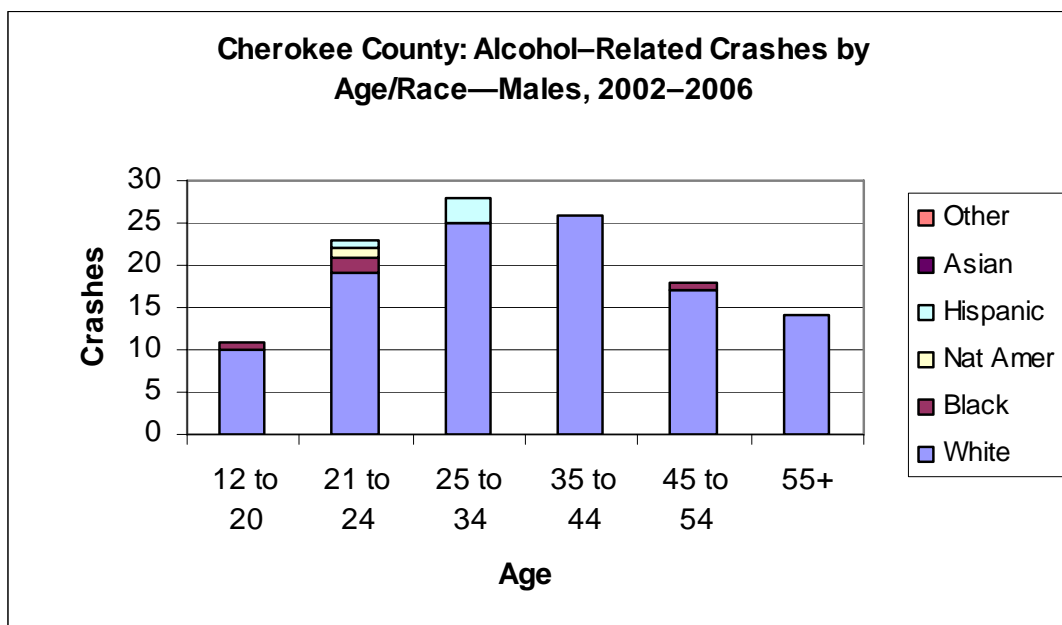
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

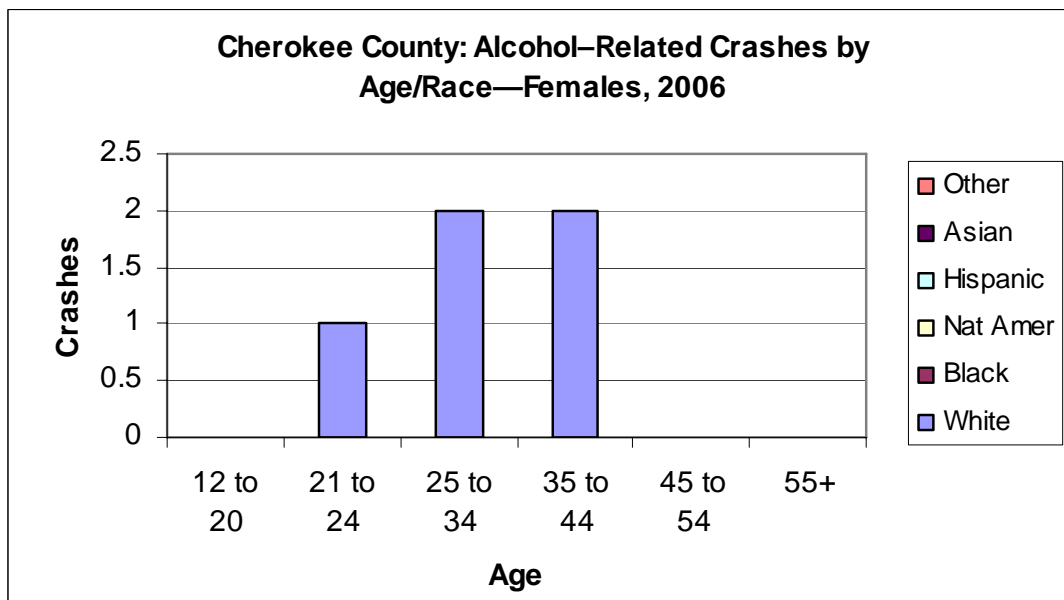
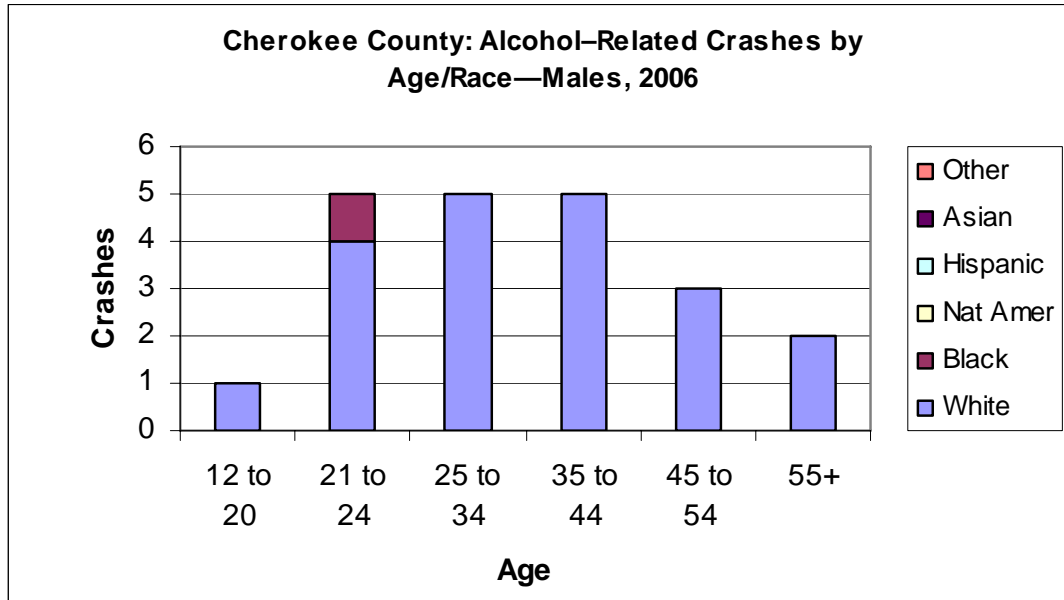
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	111	37	20	5
Black	4	0	1	0
Native American	1	0	0	0
Hispanic	4	0	1	0
Asian	0	0	0	0
Other	0	0	0	0

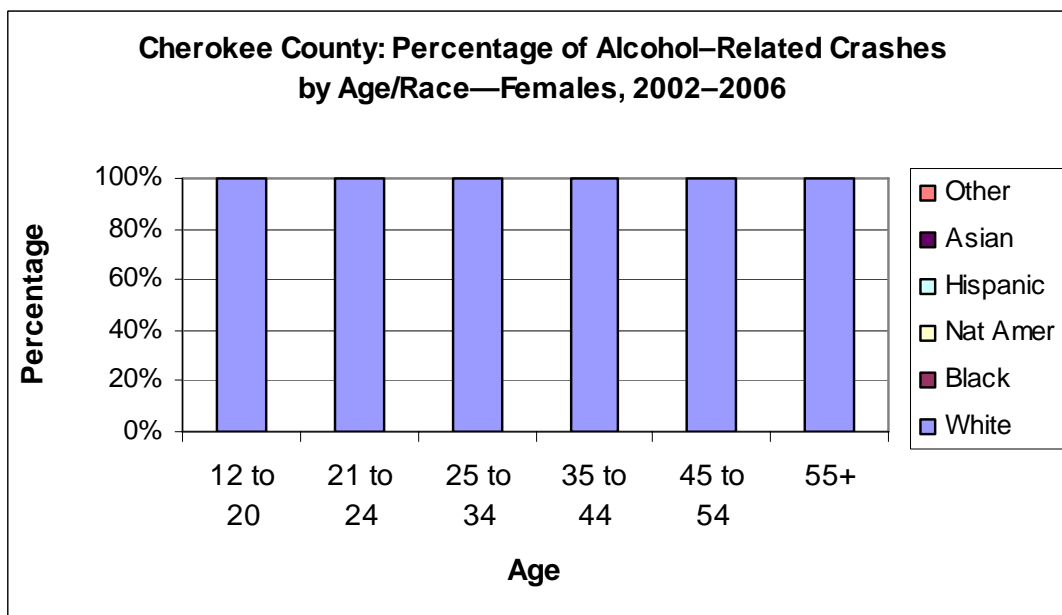
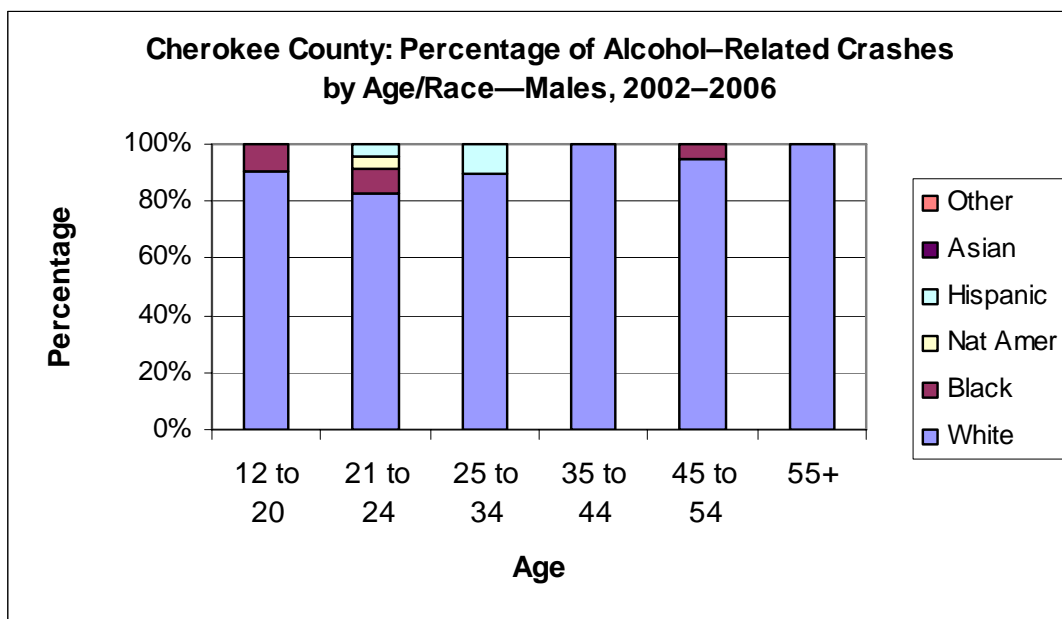
Cherokee County



Cherokee County



Cherokee County



Columbus County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	79	92	111	101	82
Number of DWI cases ^{2,3}	611	544	535	436	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

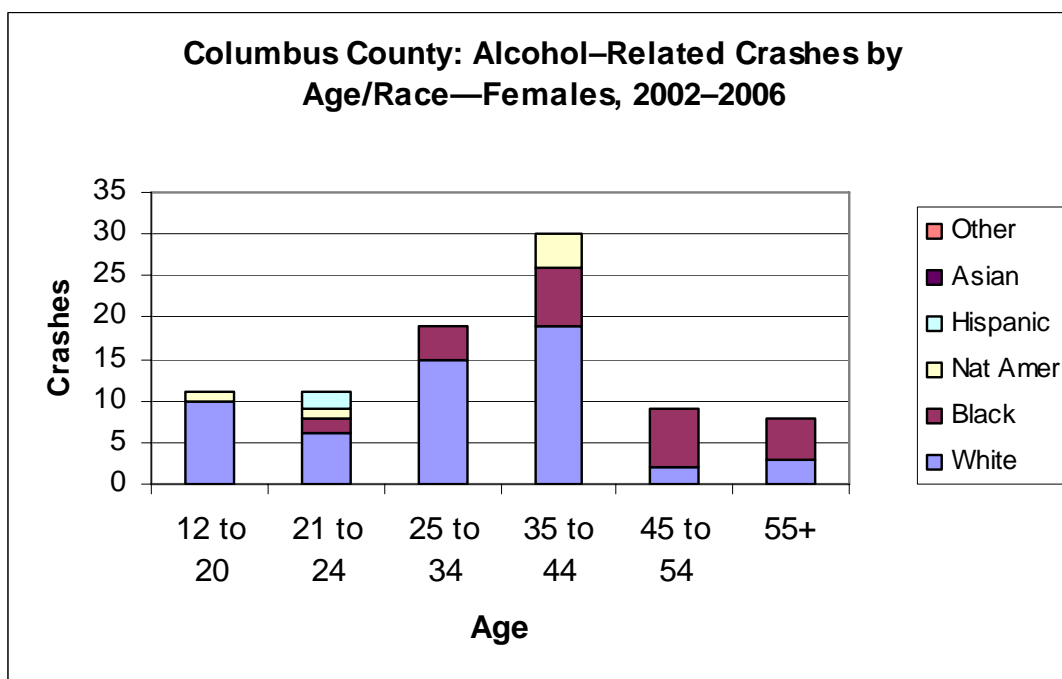
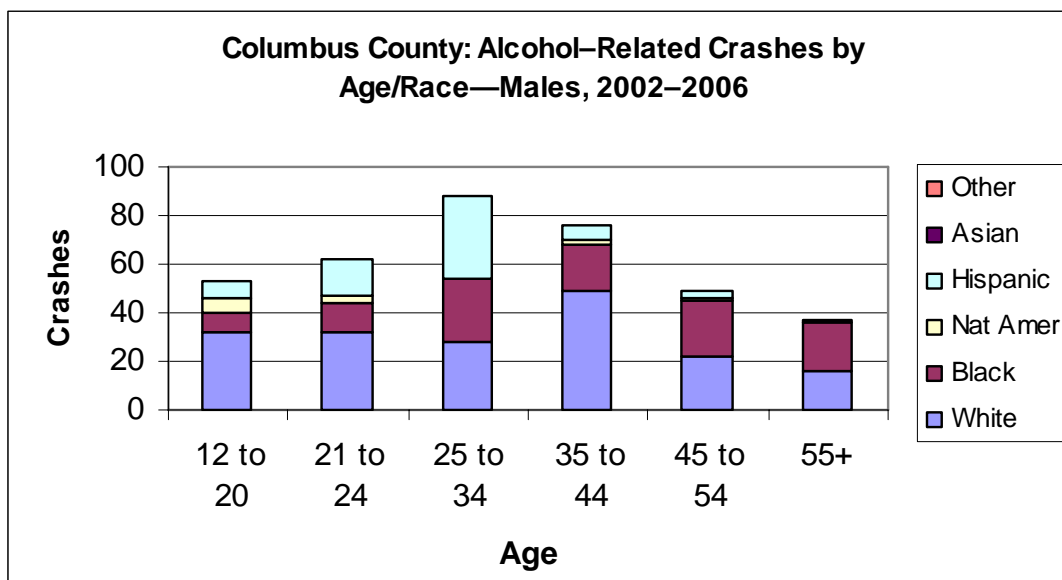
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

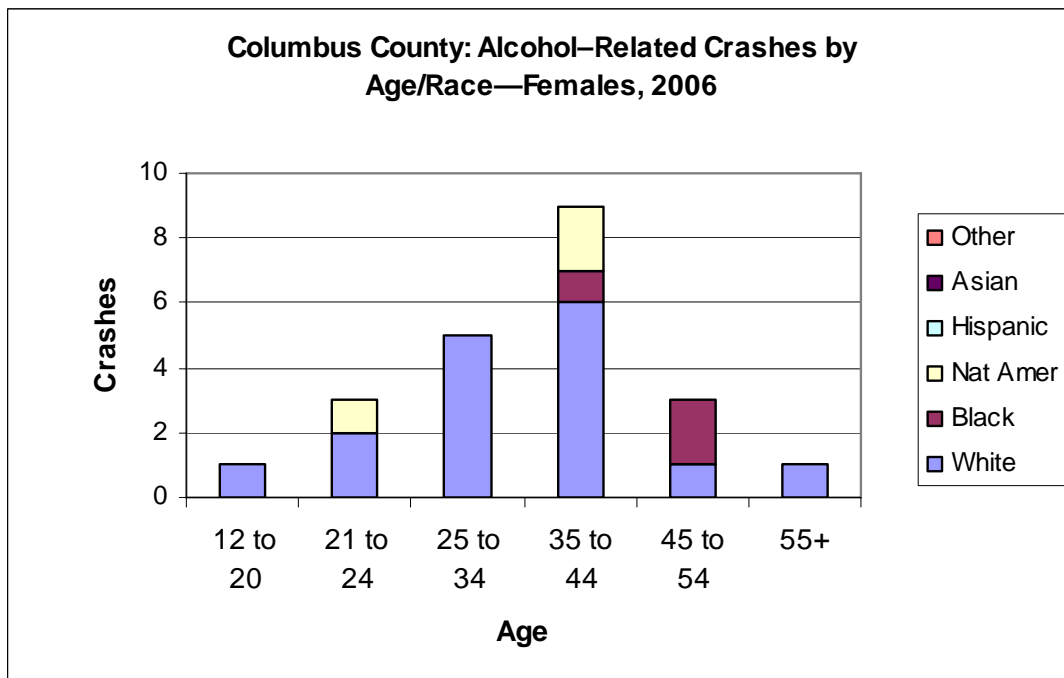
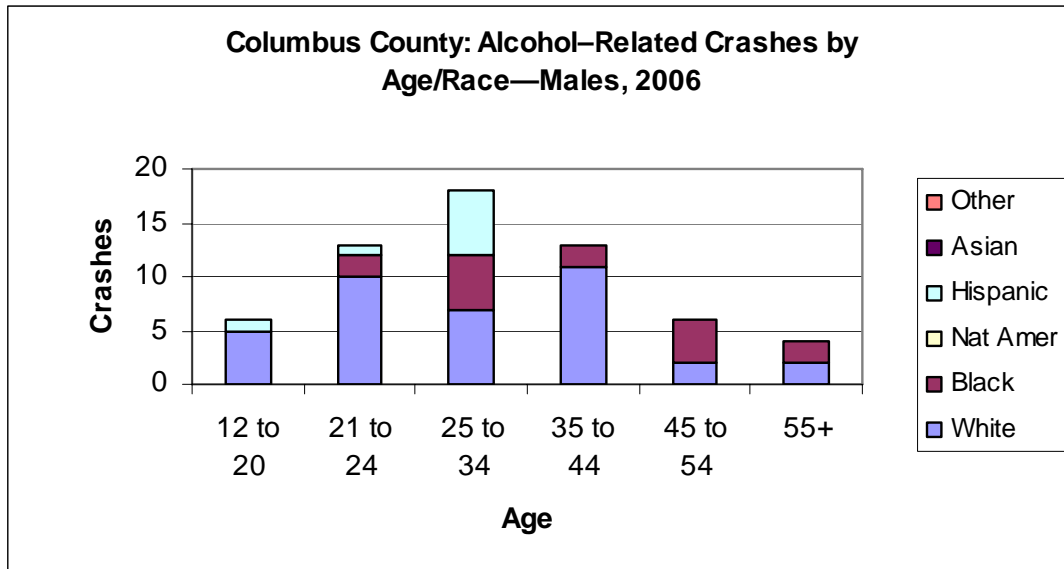
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	179	55	37	16
Black	108	25	15	3
Native American	13	6	0	3
Hispanic	65	2	8	0
Asian	0	0	0	0
Other	0	0	0	0

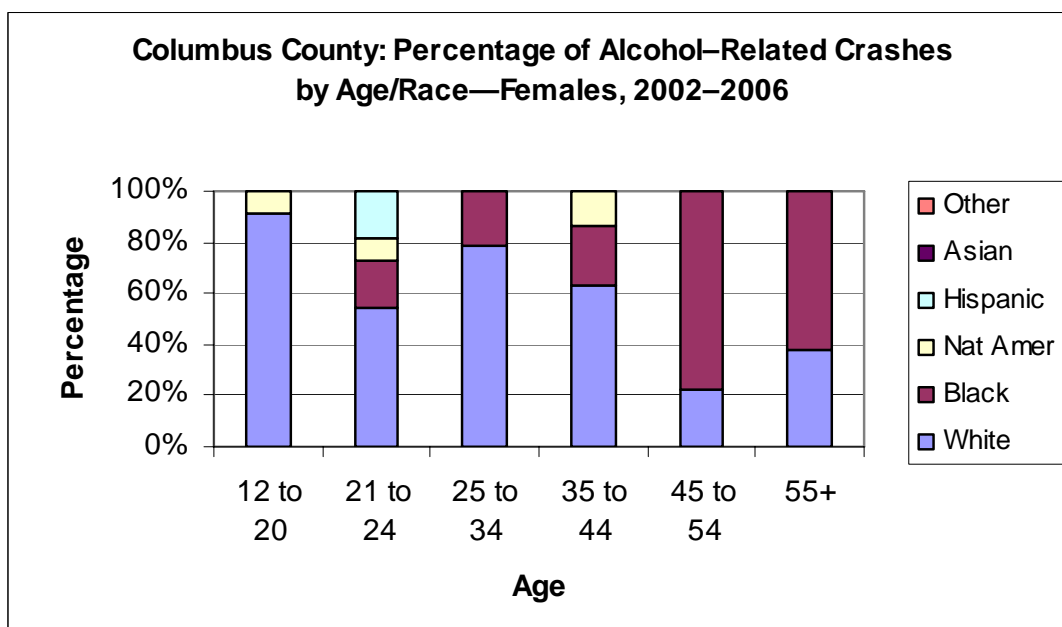
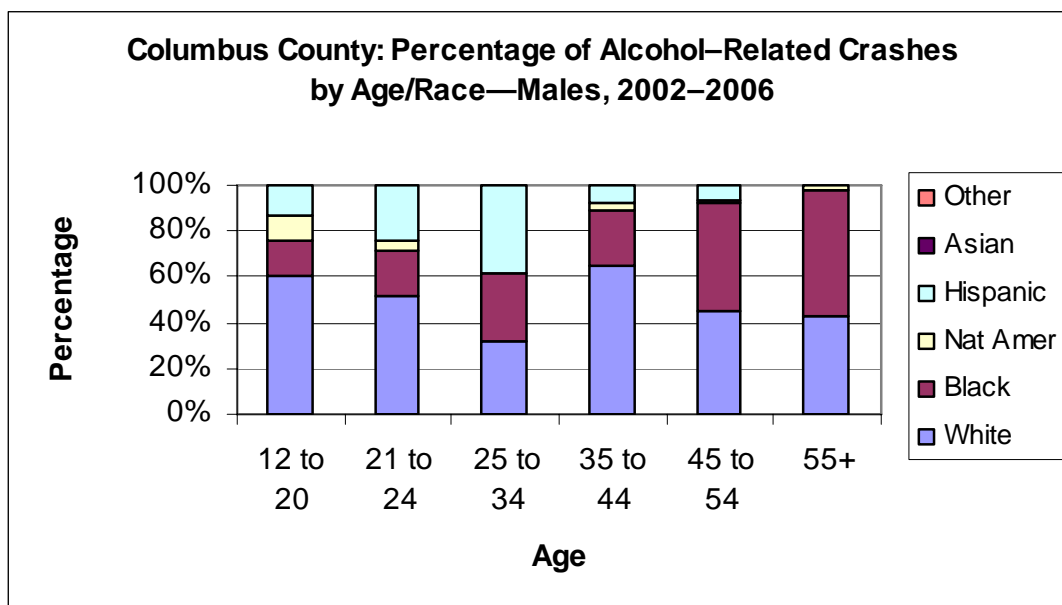
Columbus County



Columbus County



Columbus County



Dare County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	63	61	86	62	55
Number of DWI cases ^{2,3}	1,100	1,176	1,087	997	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

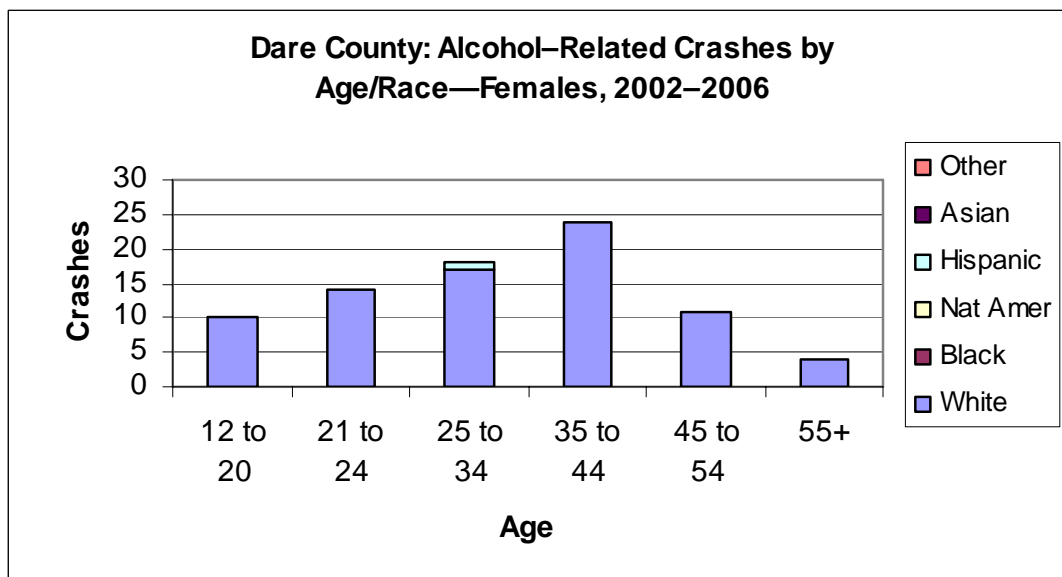
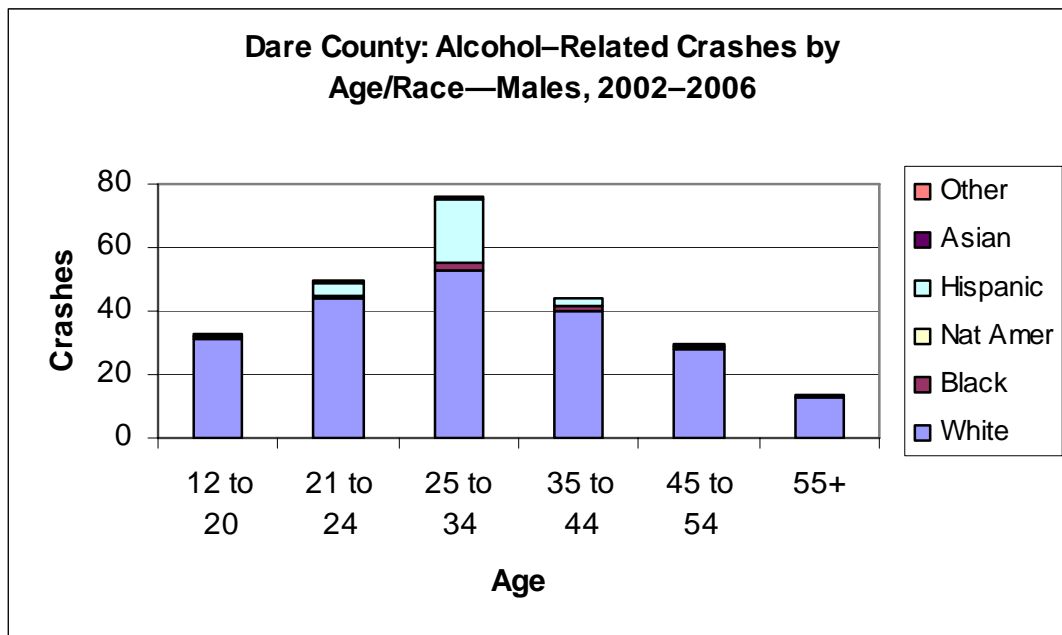
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

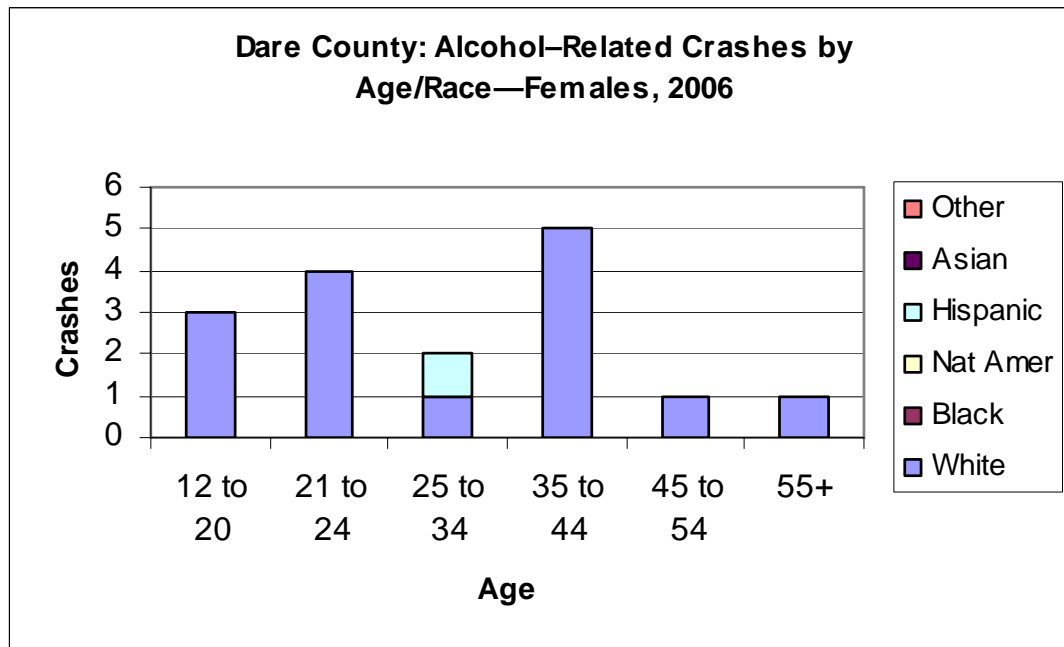
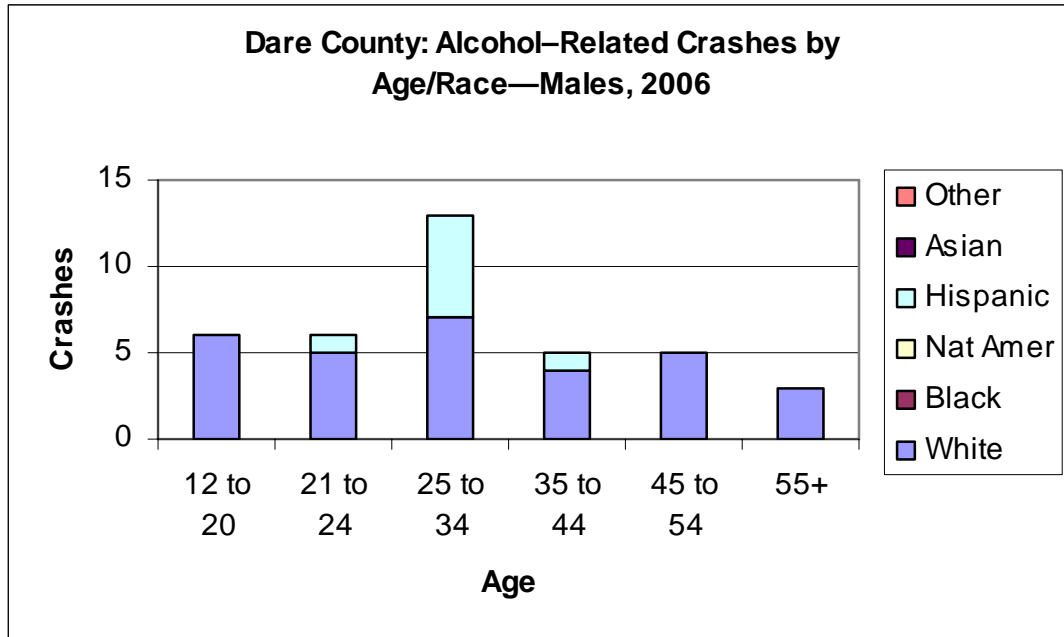
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	209	80	30	15
Black	7	0	0	0
Native American	0	0	0	0
Hispanic	29	1	8	1
Asian	0	0	0	0
Other	2	0	1	0

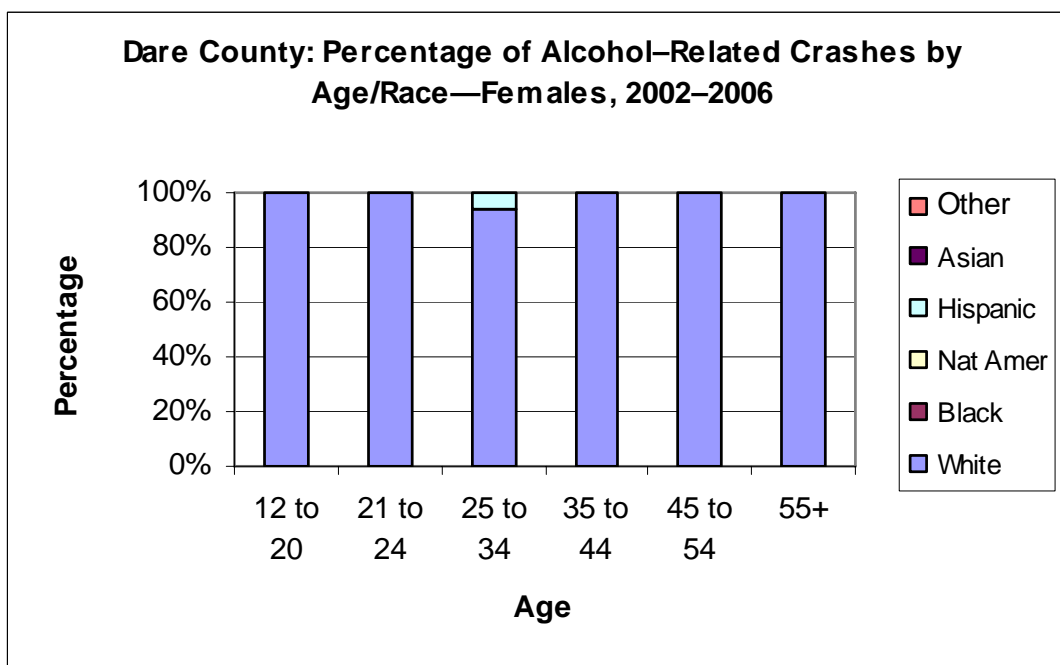
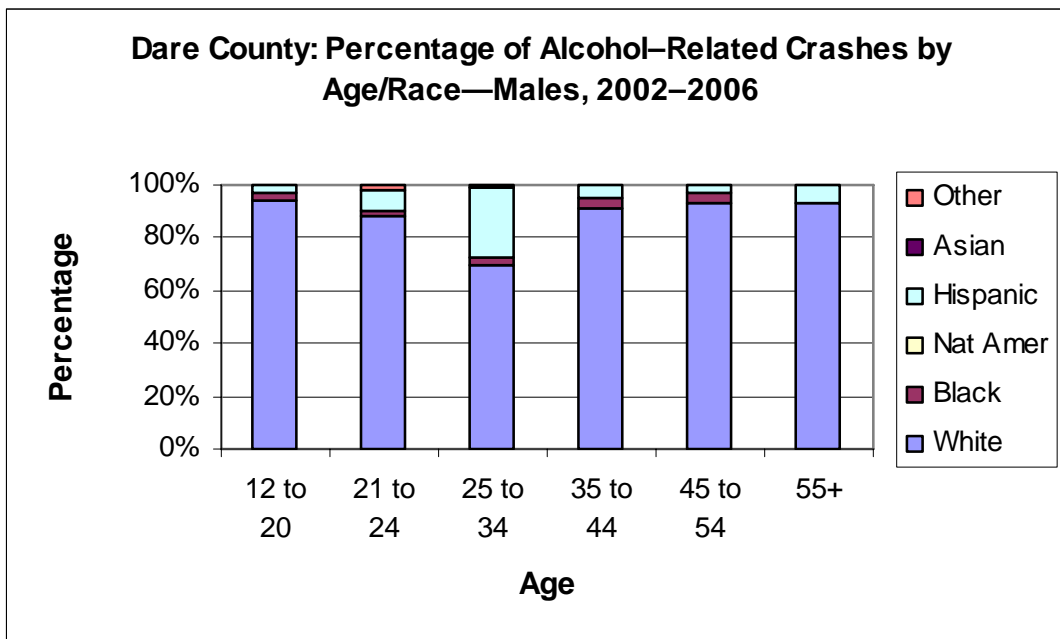
Dare County



Dare County



Dare County



Duplin County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	123	94	102	93	66
Number of DWI cases ^{2,3}	875	861	895	806	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

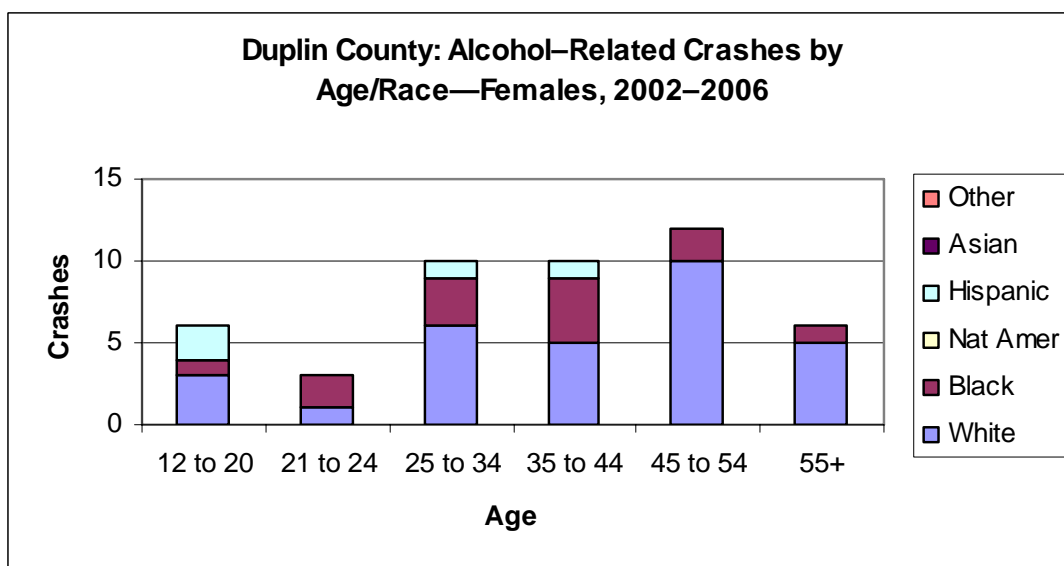
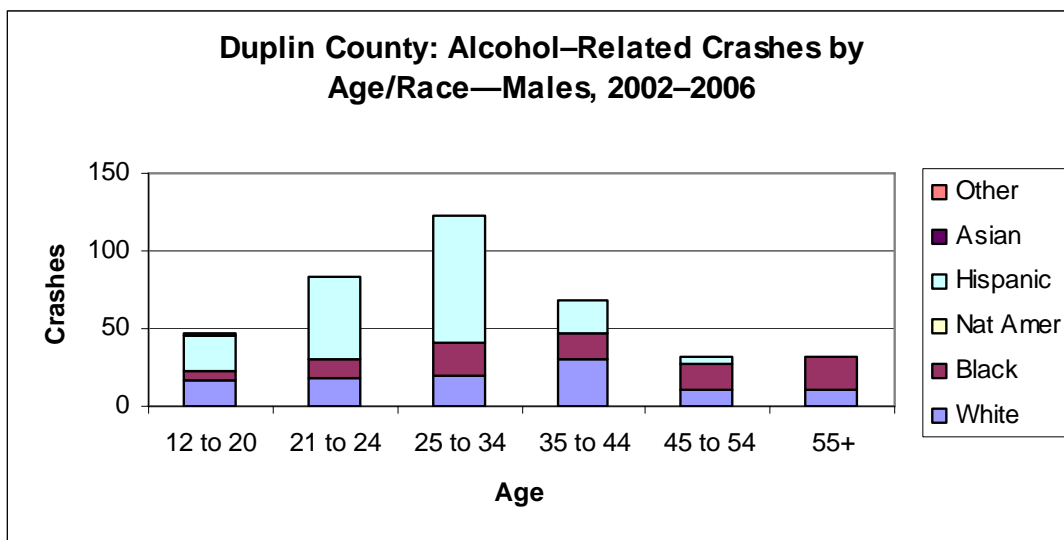
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

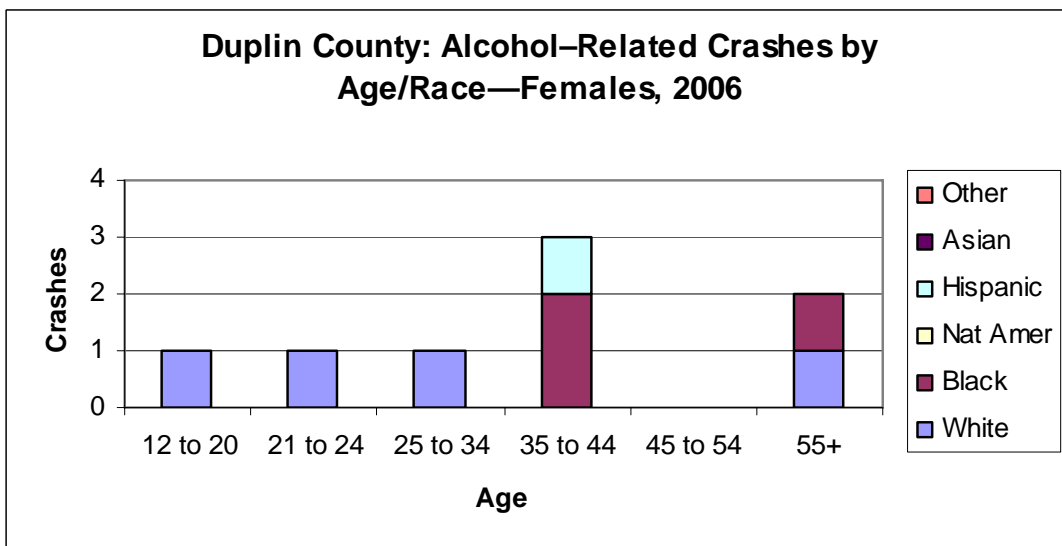
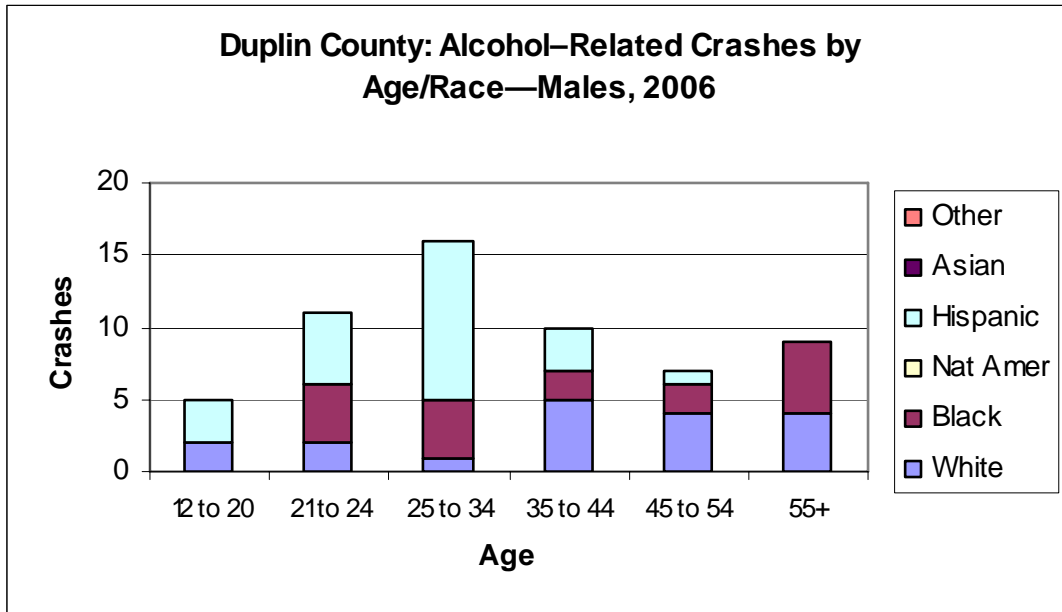
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	107	30	18	4
Black	92	13	17	3
Native American	0	0	0	0
Hispanic	185	4	23	1
Asian	0	0	0	0
Other	2	0	0	0

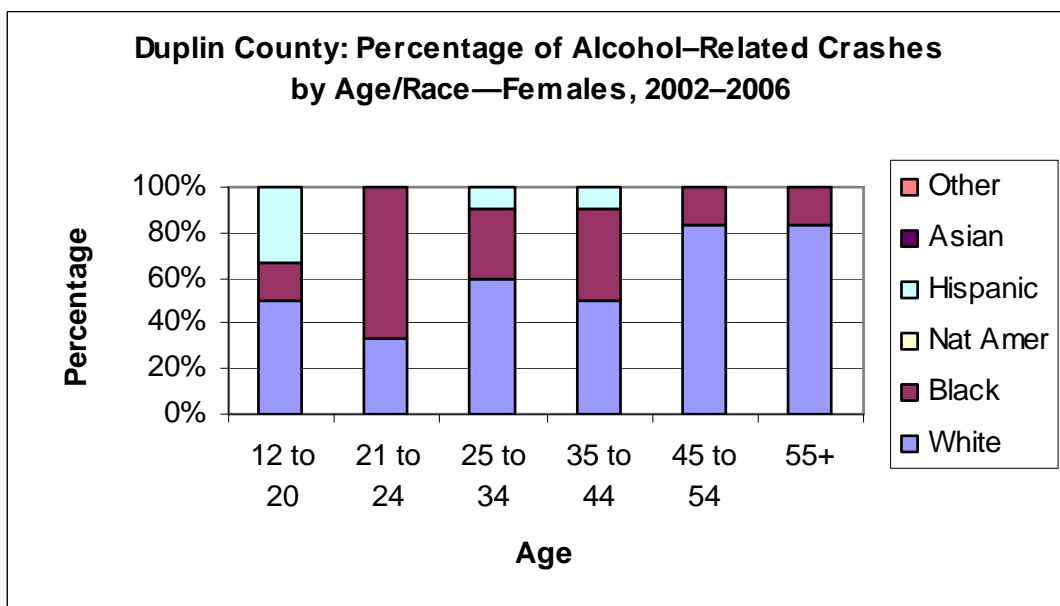
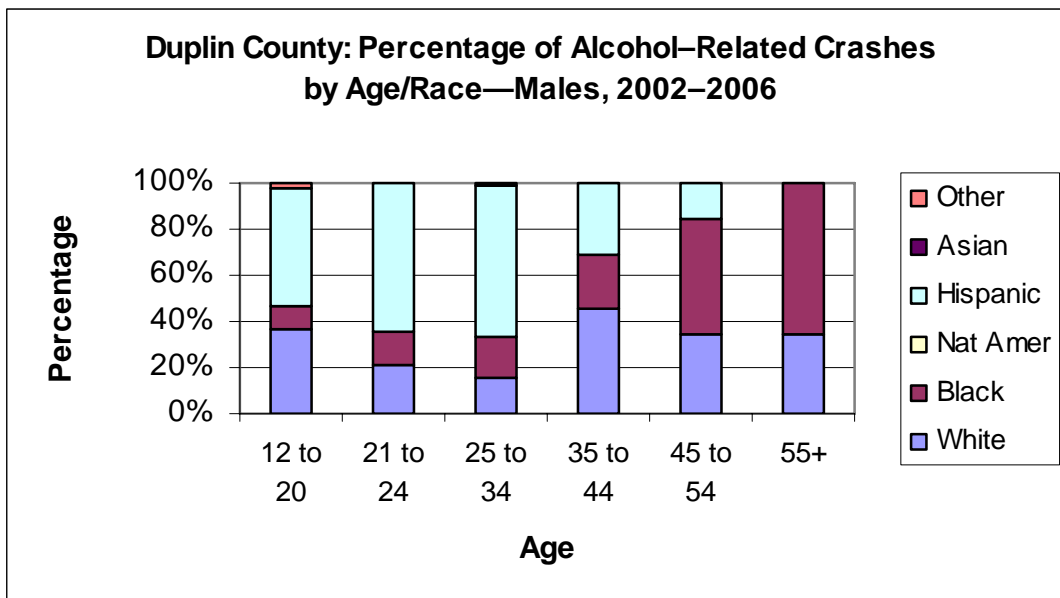
Duplin County



Duplin County



Duplin County



Franklin County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	80	79	71	73	74
Number of DWI cases ^{2,3}	432	486	526	397	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

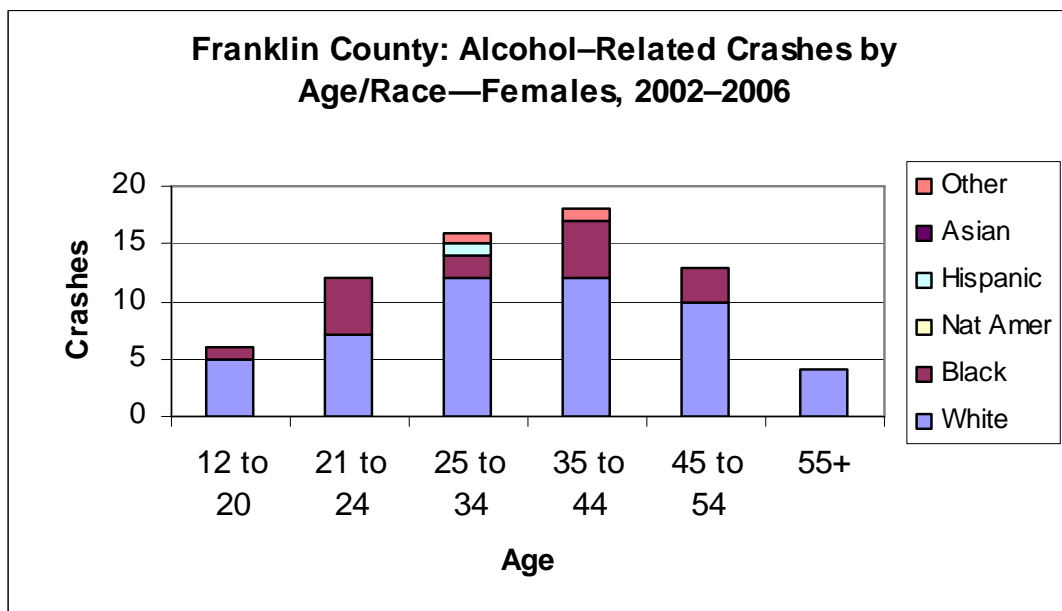
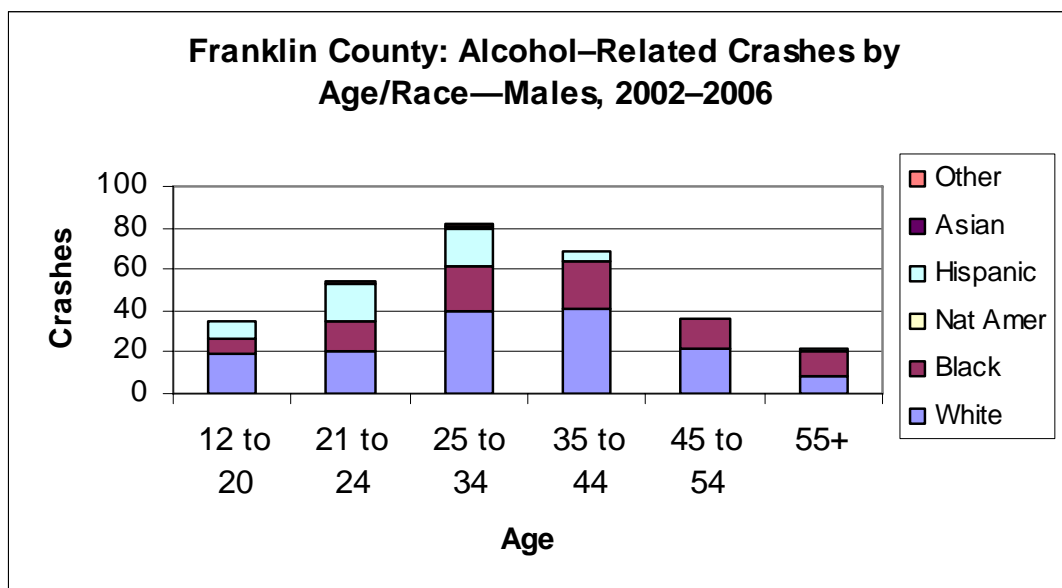
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

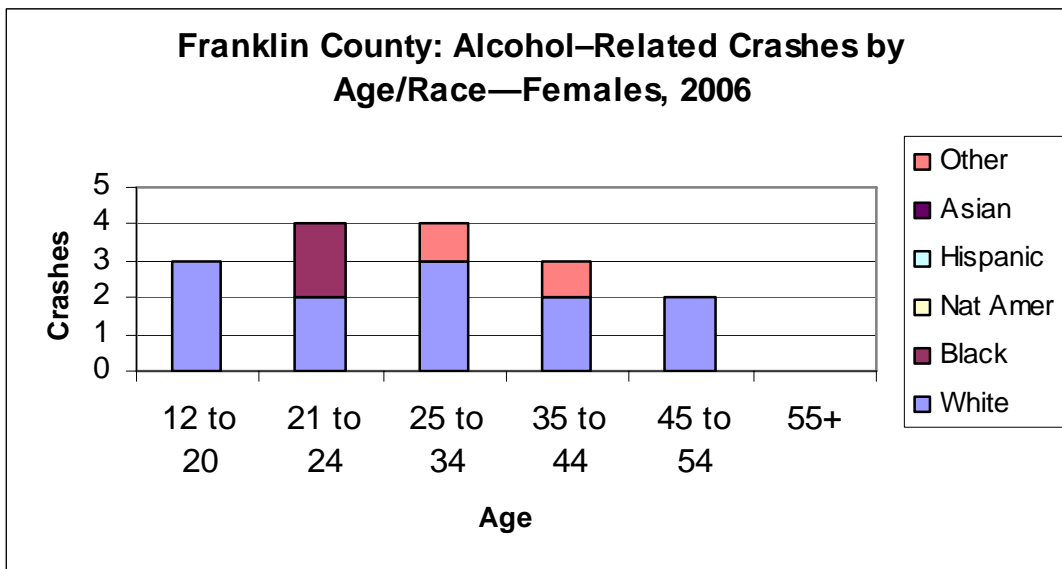
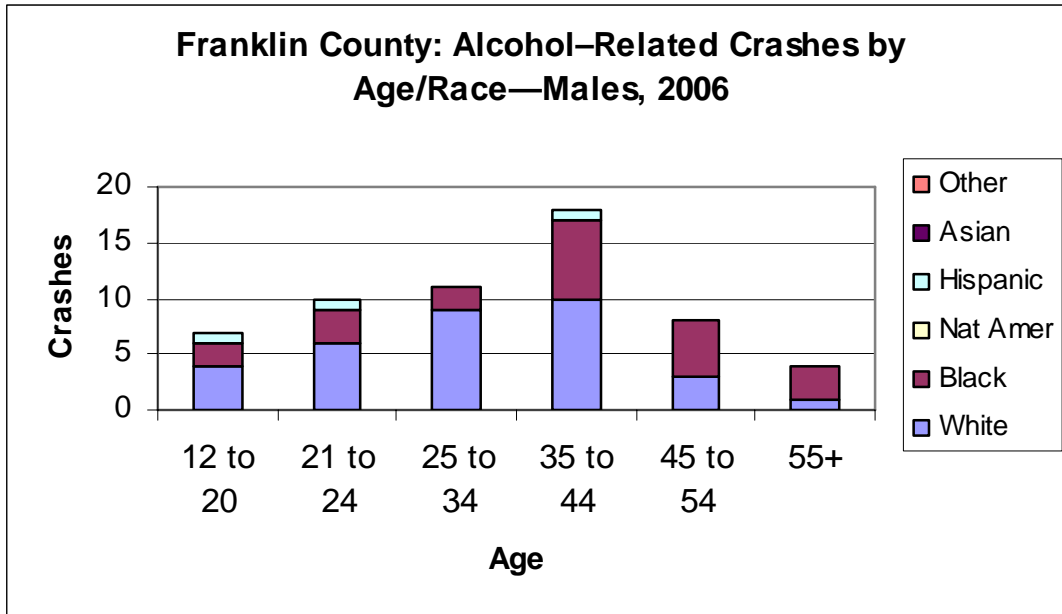
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	151	50	33	12
Black	92	16	22	2
Native American	0	0	0	0
Hispanic	52	1	3	0
Asian	1	0	0	0
Other	2	2	0	2

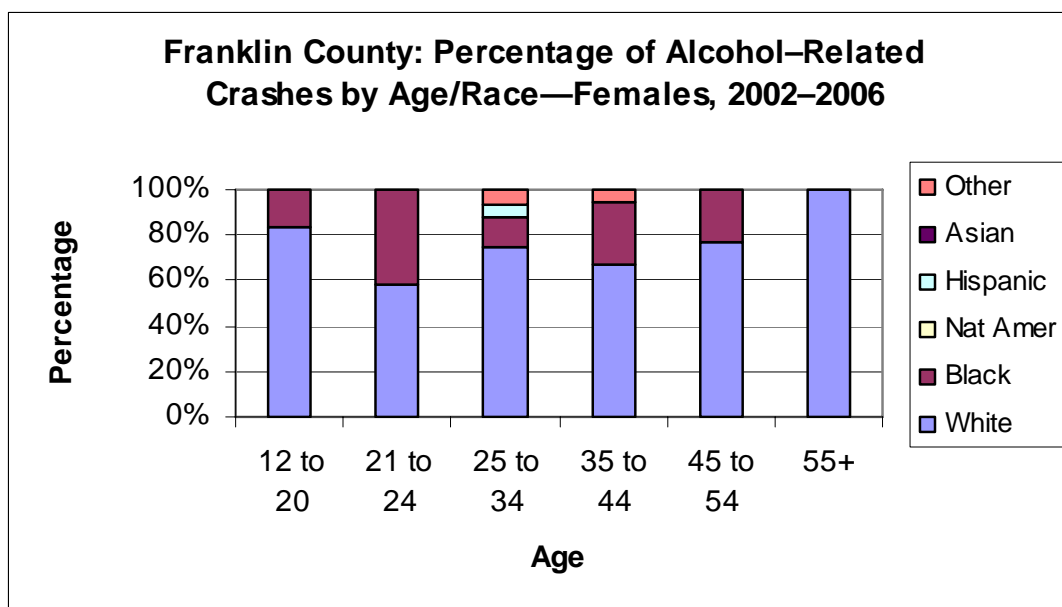
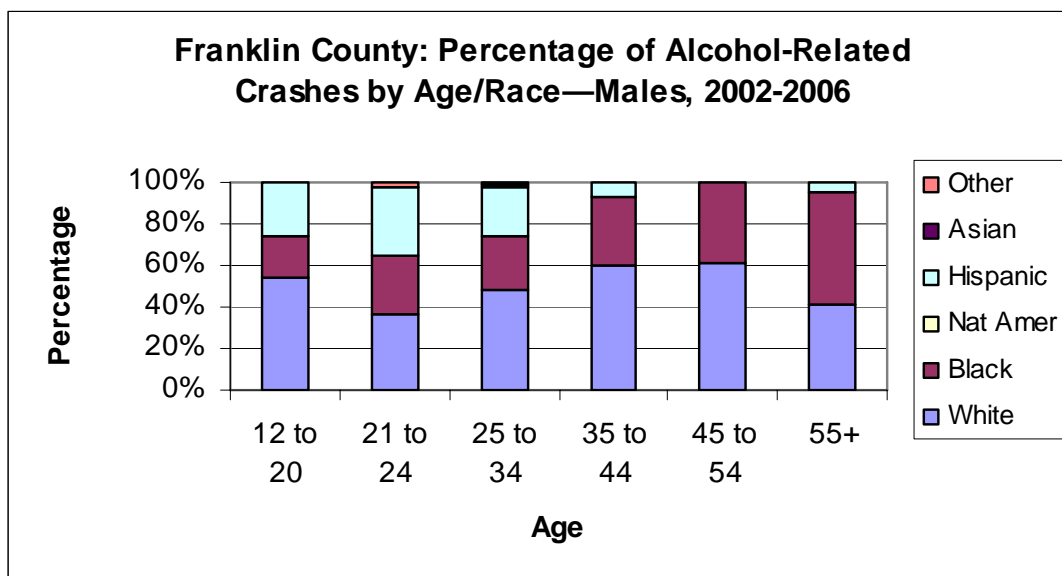
Franklin County



Franklin County



Franklin County



Gates County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	29	18	10	21	12
Number of DWI cases ^{2,3}	131	93	92	94	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

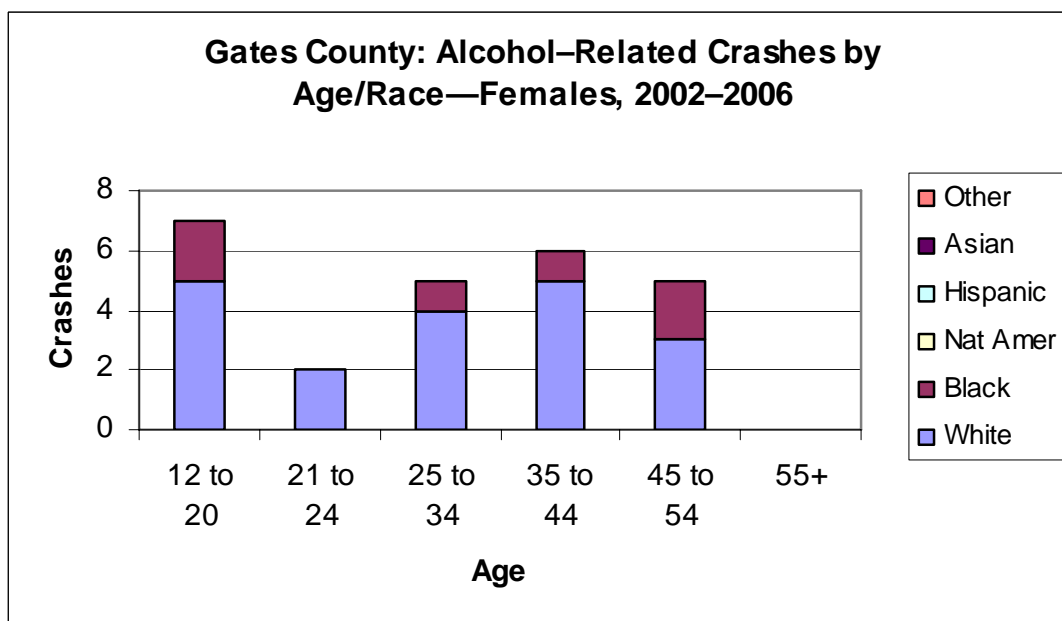
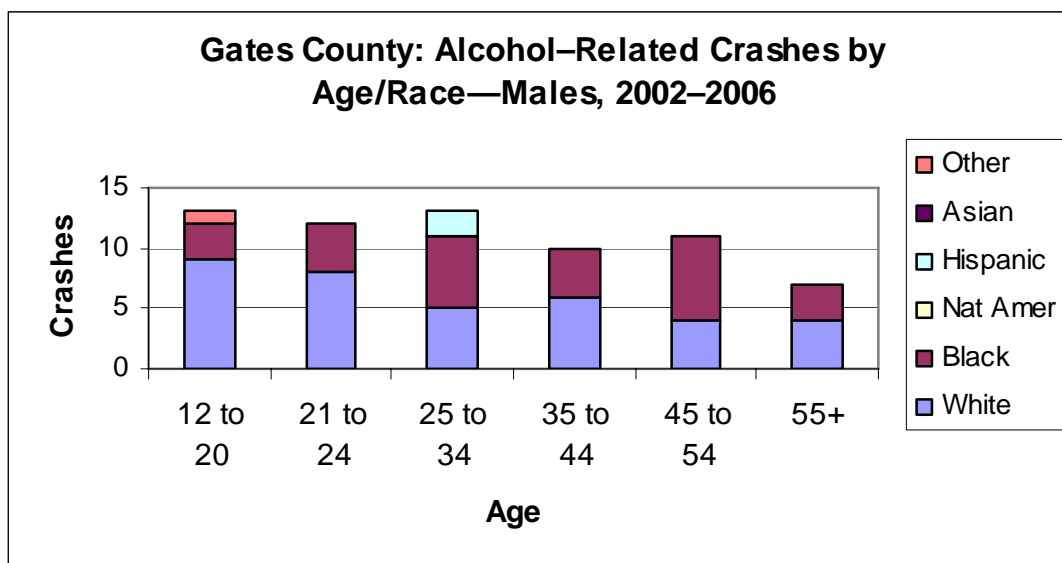
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

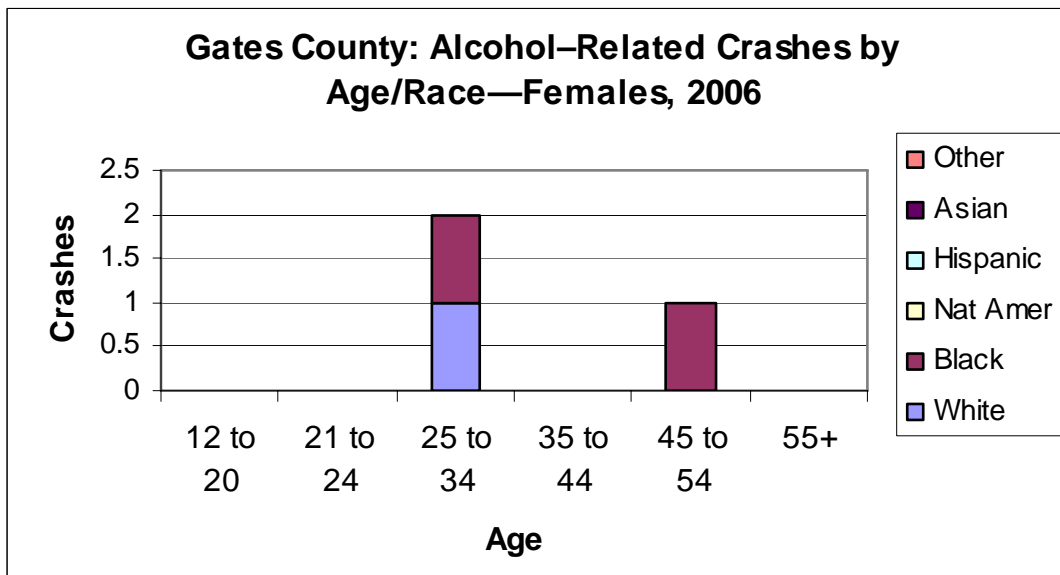
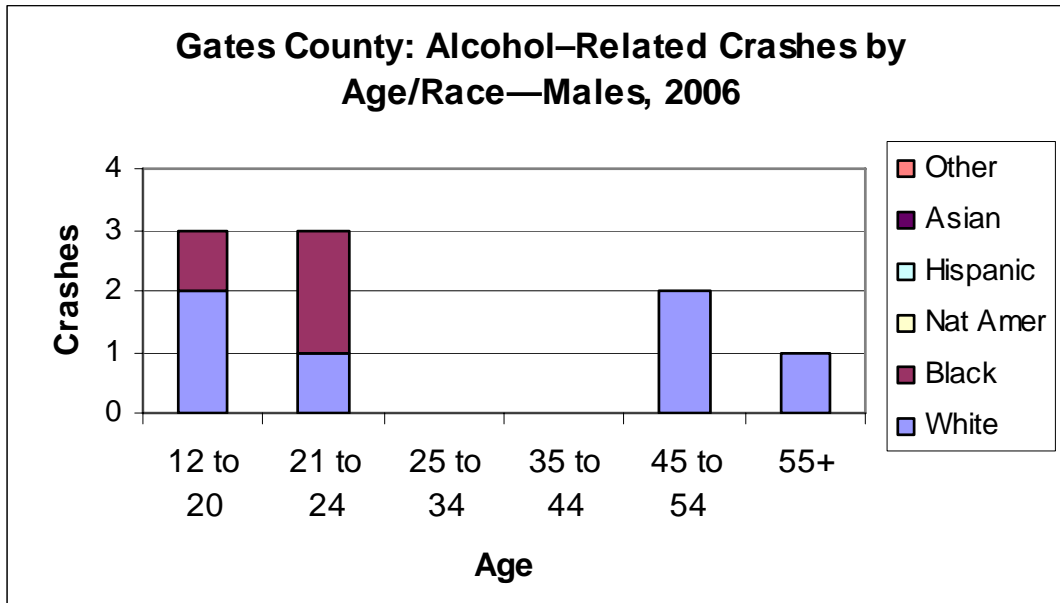
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	36	19	6	1
Black	27	6	3	2
Native American	0	0	0	0
Hispanic	2	0	0	0
Asian	0	0	0	0
Other	1	0	0	0

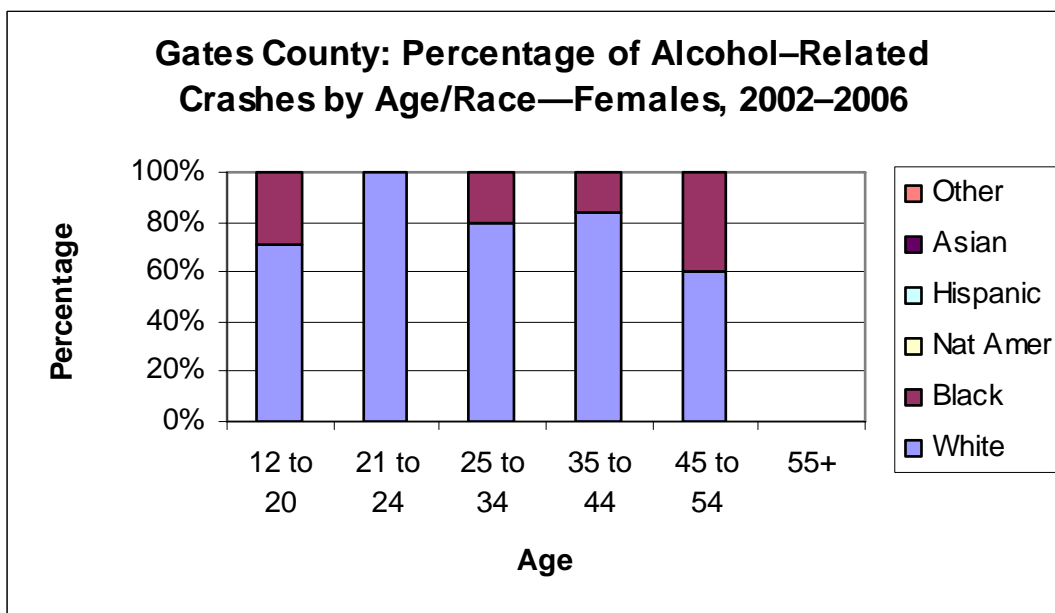
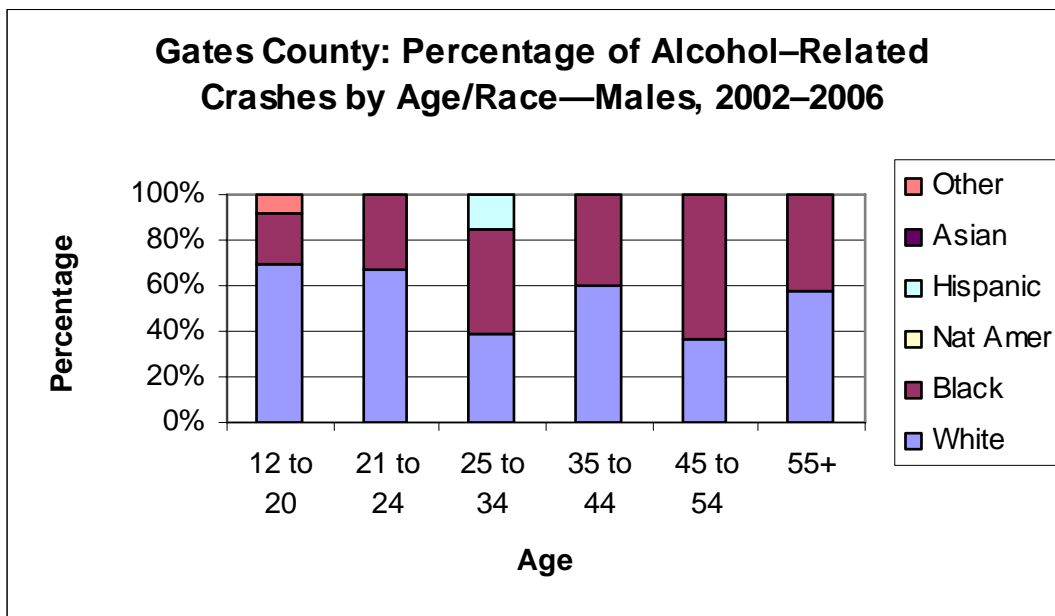
Gates County



Gates County



Gates County



Hoke County**All Alcohol-Related Crashes/Fatalities, 2002–2006**

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	47	43	69	59	59
Number of DWI cases ^{2,3}	437	460	392	327	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

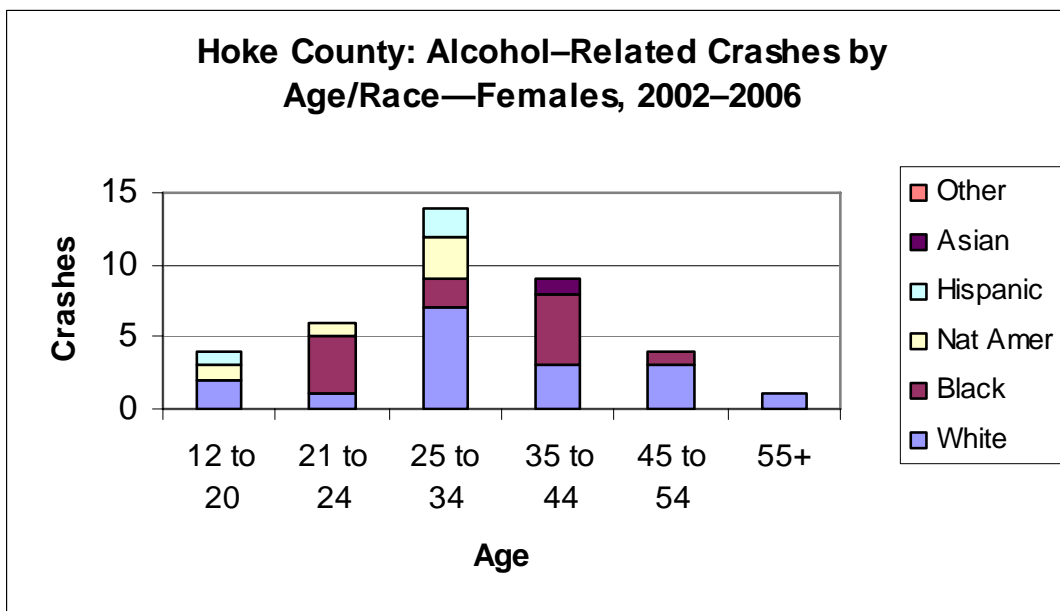
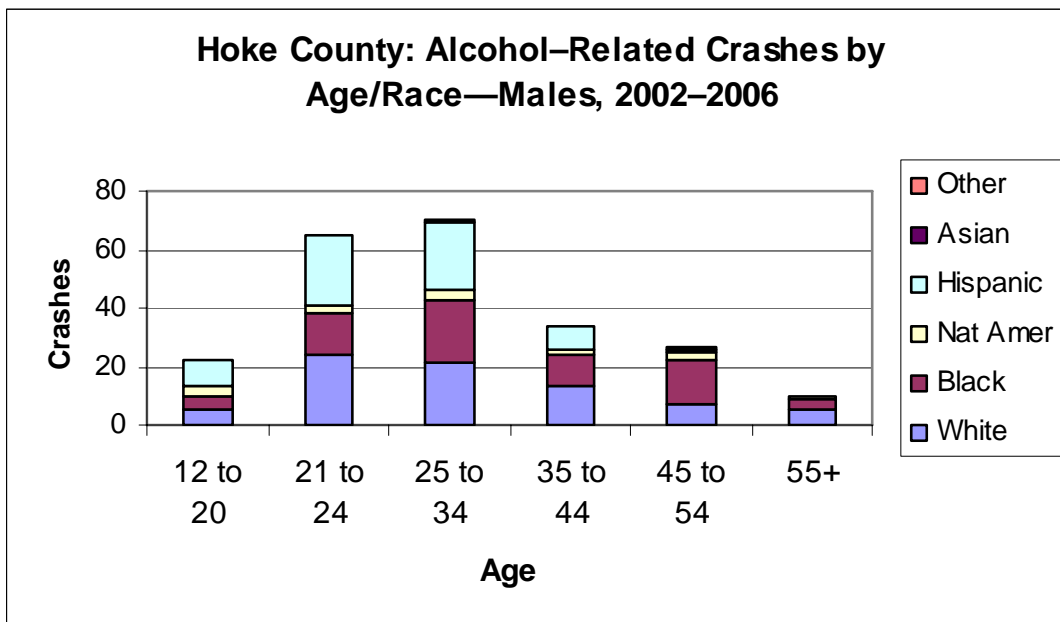
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

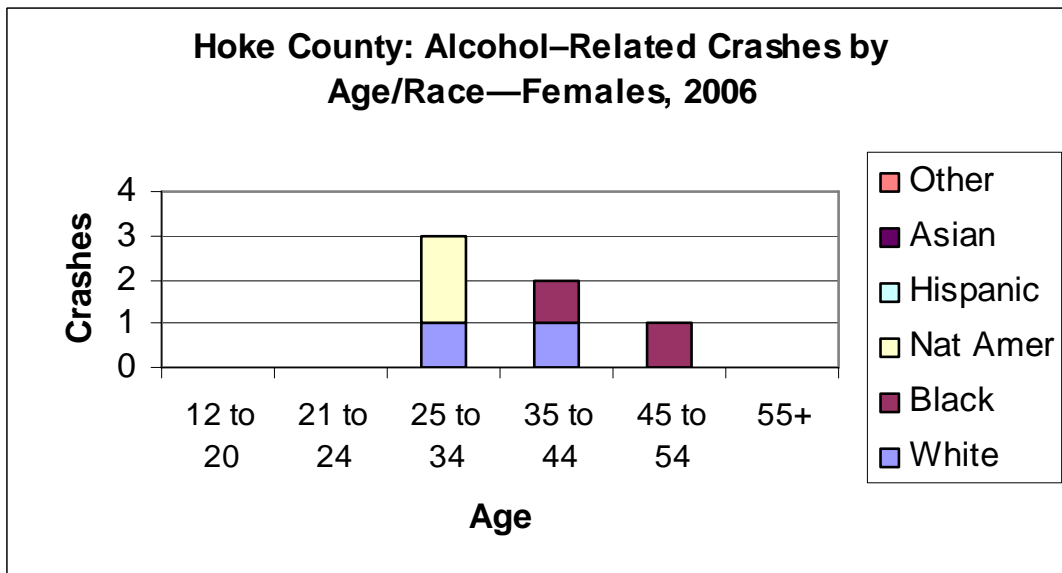
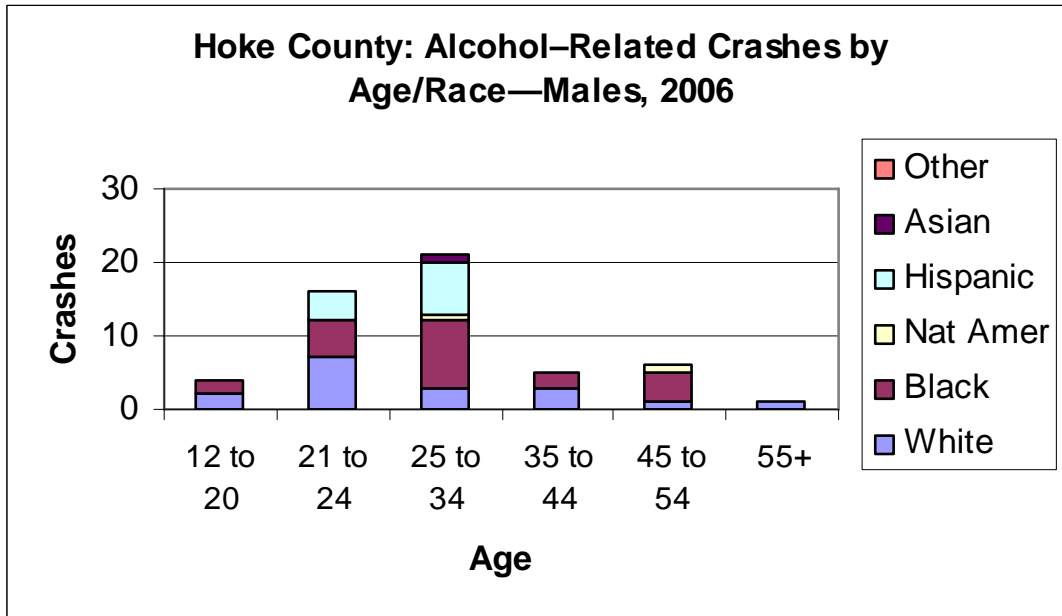
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	75	17	17	2
Black	71	12	22	2
Native American	15	5	2	2
Hispanic	65	3	11	0
Asian	1	1	1	0
Other	1	0	0	0

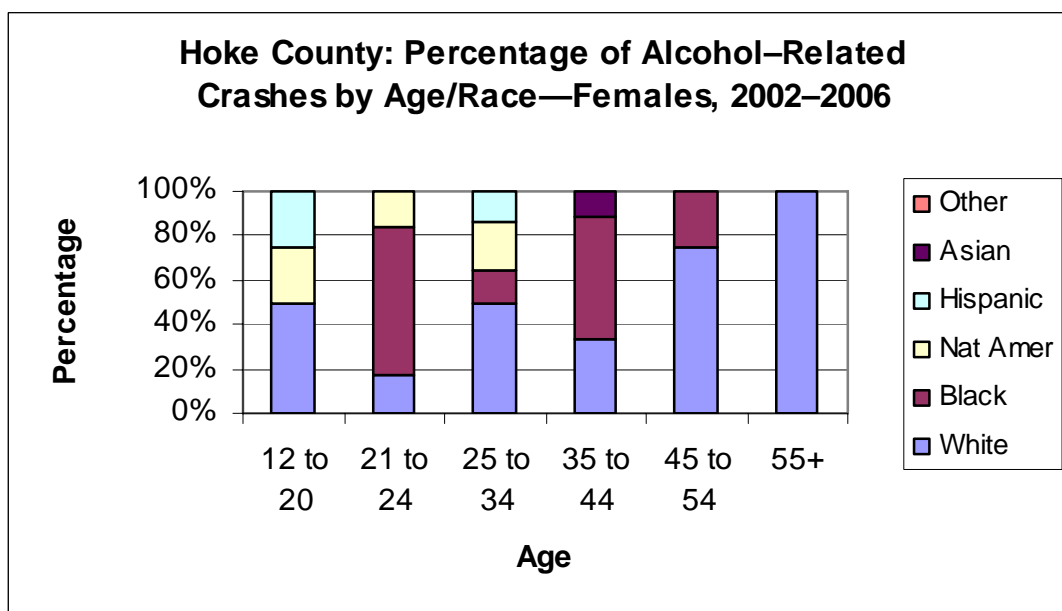
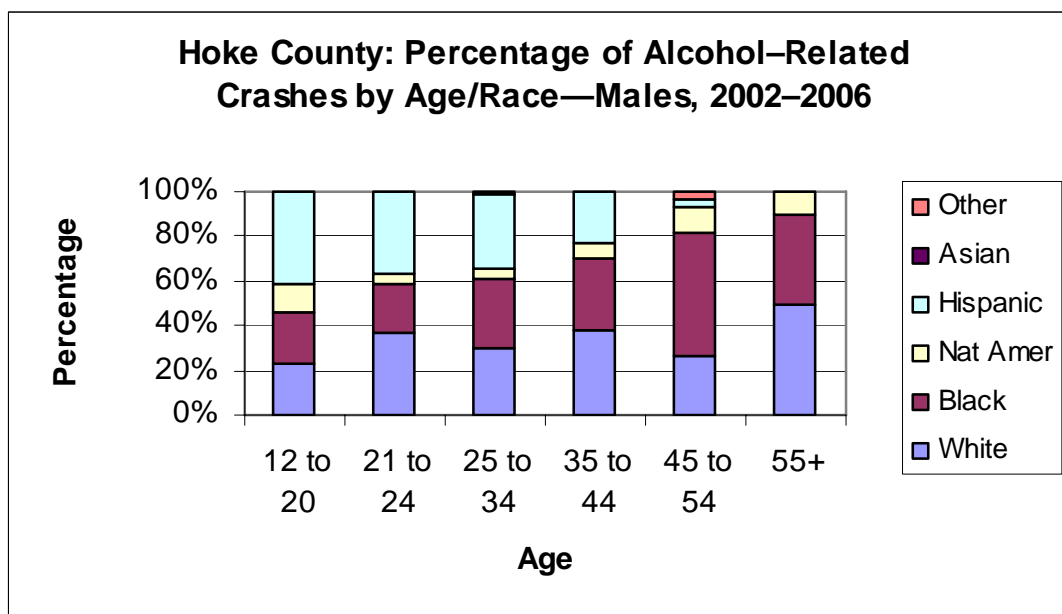
Hoke County



Hoke County



Hoke County



Jackson County**All Alcohol-Related Crashes/Fatalities, 2002–2006**

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	51	59	66	64	53
Number of DWI cases ^{2,3}	336	336	359	359	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

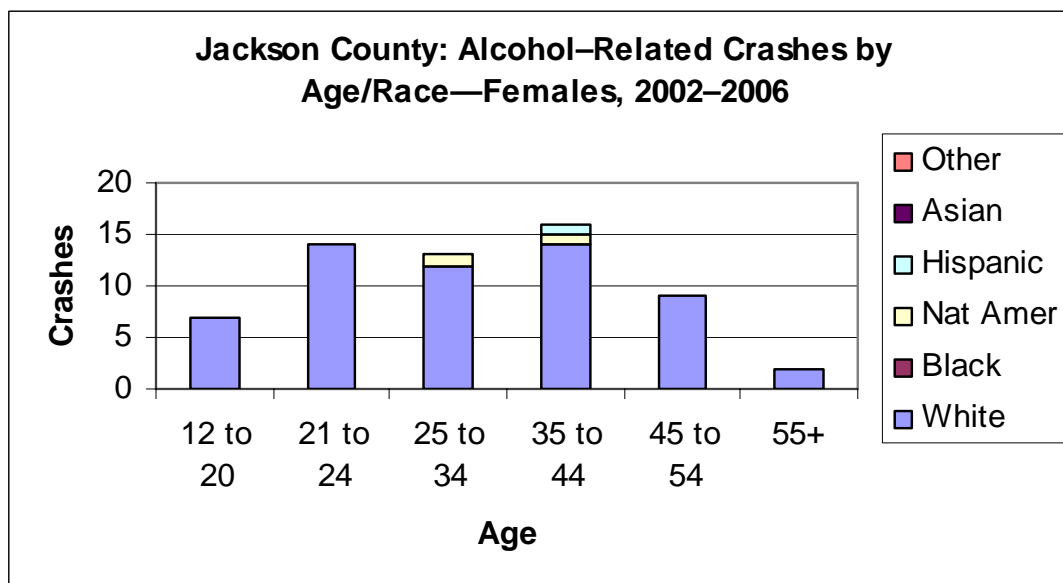
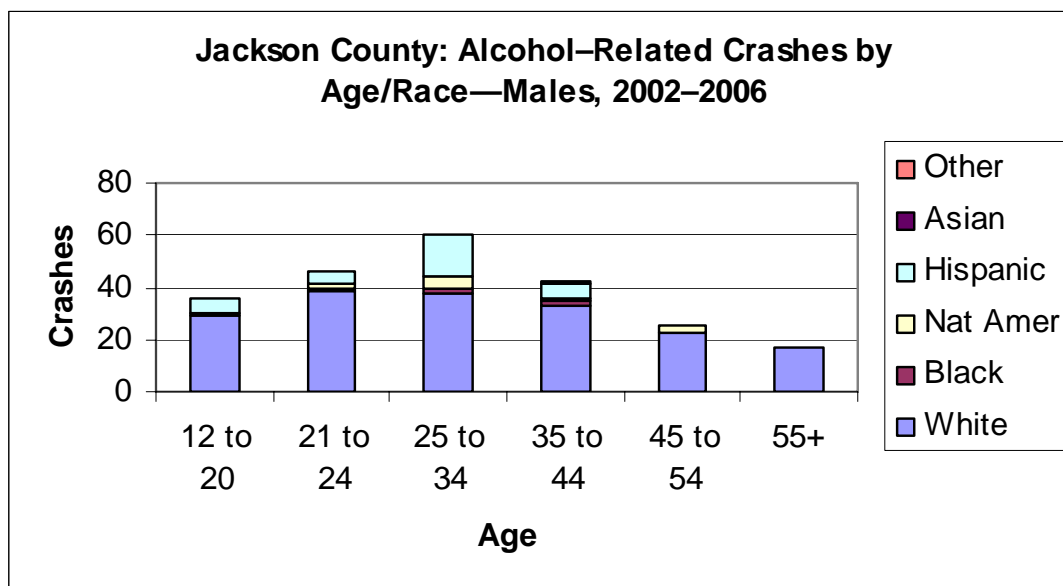
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

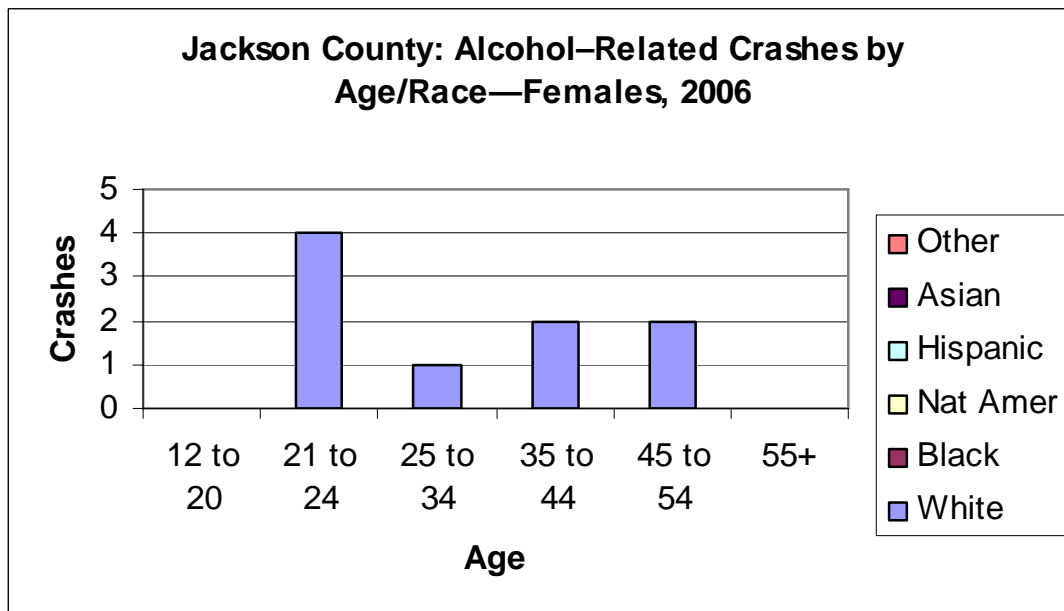
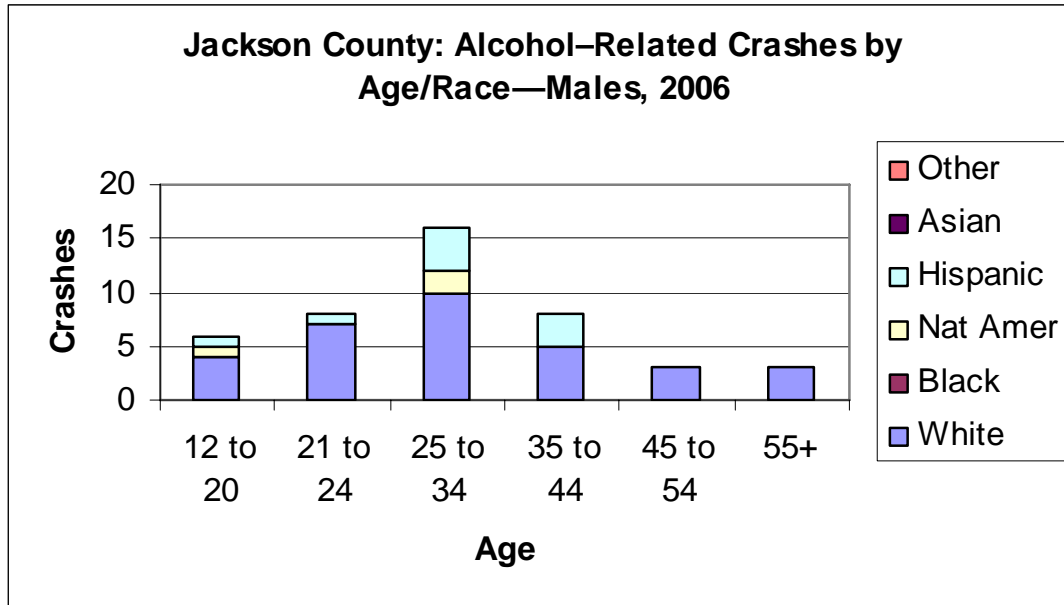
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	179	58	32	9
Black	5	0	0	0
Native American	9	2	3	0
Hispanic	32	1	9	0
Asian	1	0	0	0
Other	1	0	0	0

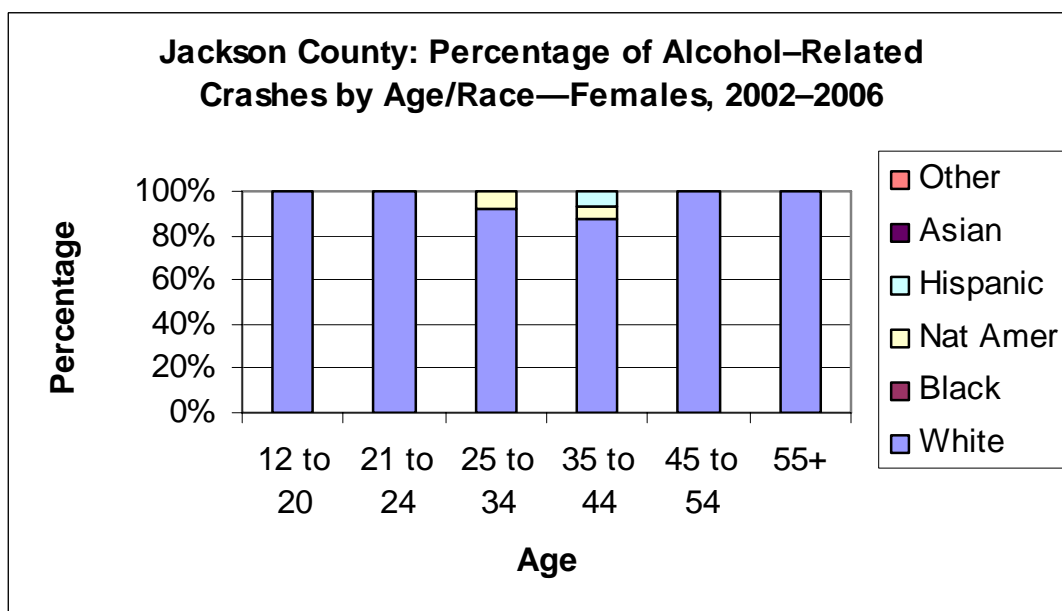
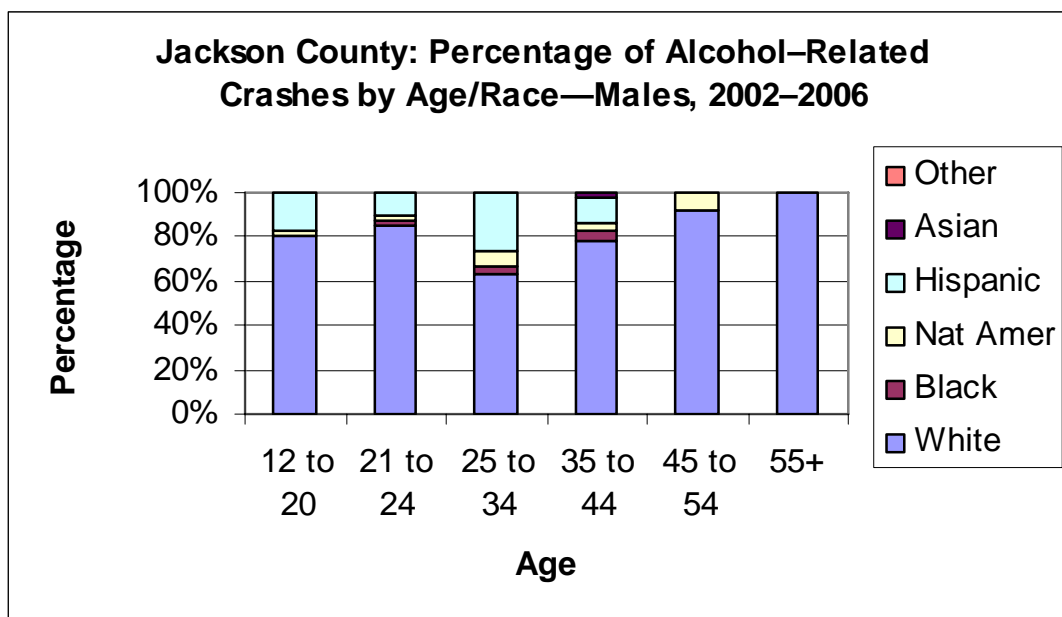
Jackson County



Jackson County



Jackson County



McDowell County**All Alcohol-Related Crashes/Fatalities, 2002–2006**

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes ¹	63	53	56	49	53
Number of DWI Cases ^{2,3}	275	302	257	304	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

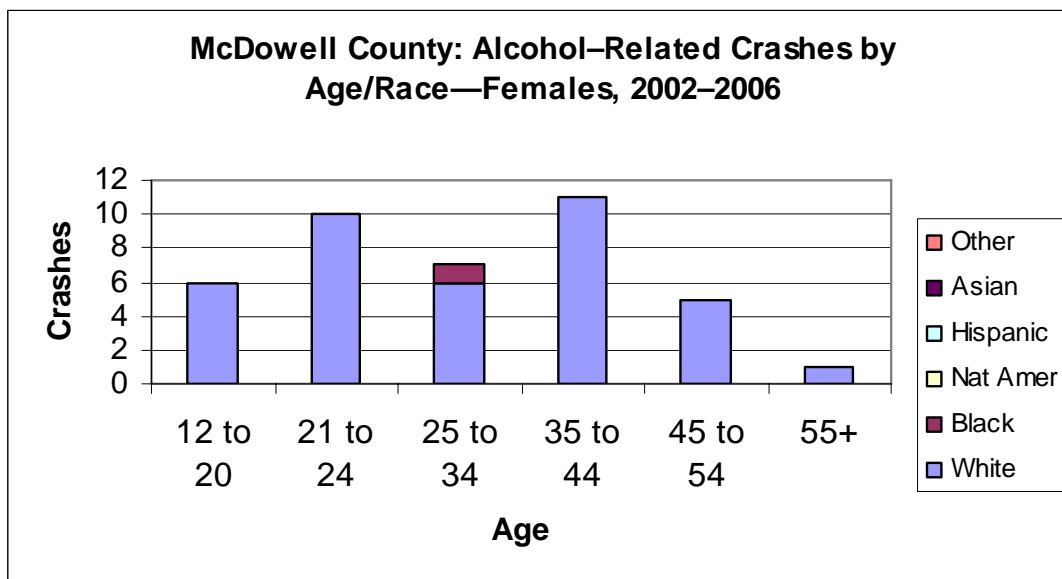
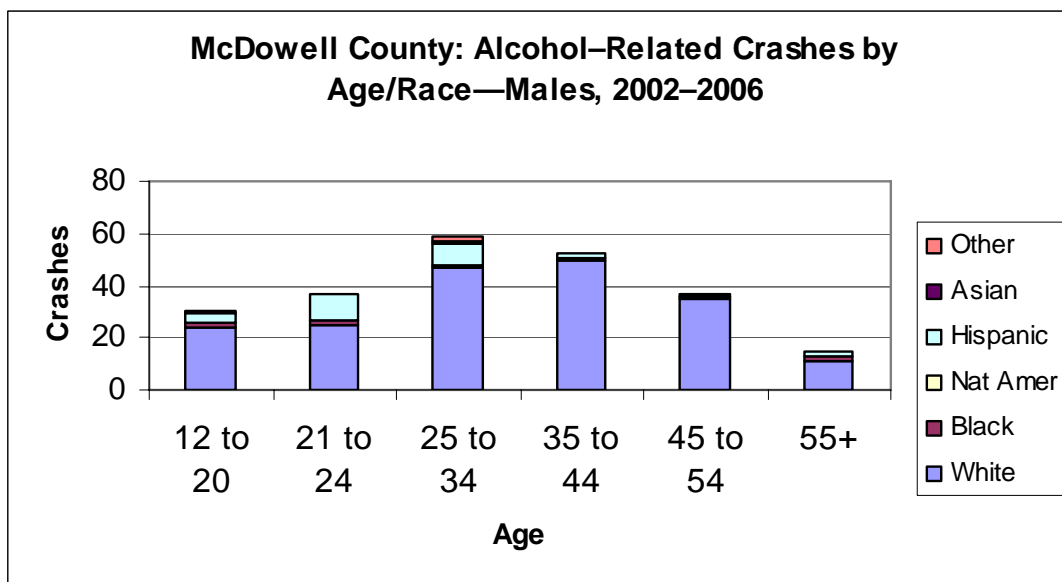
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

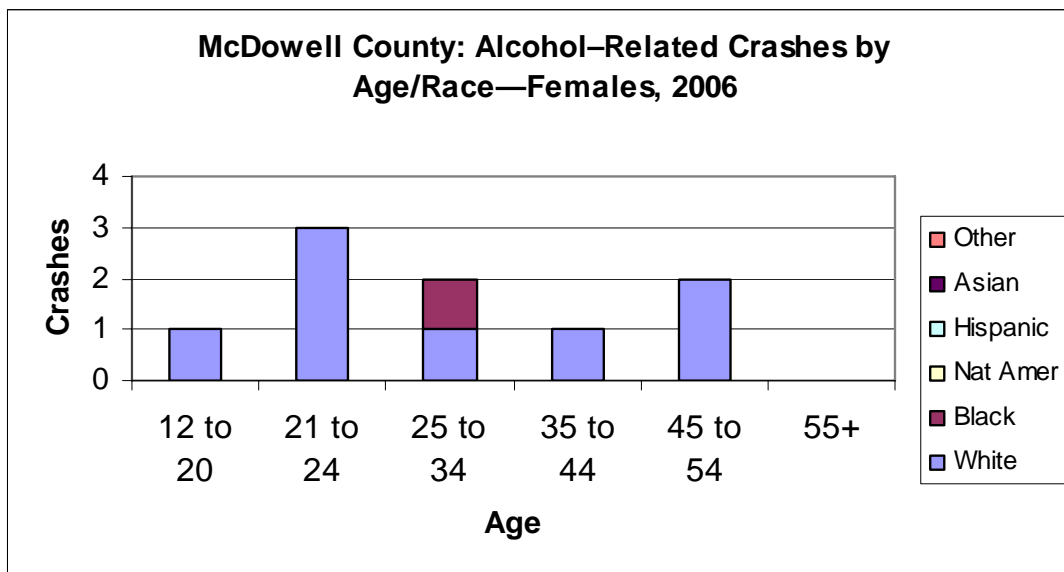
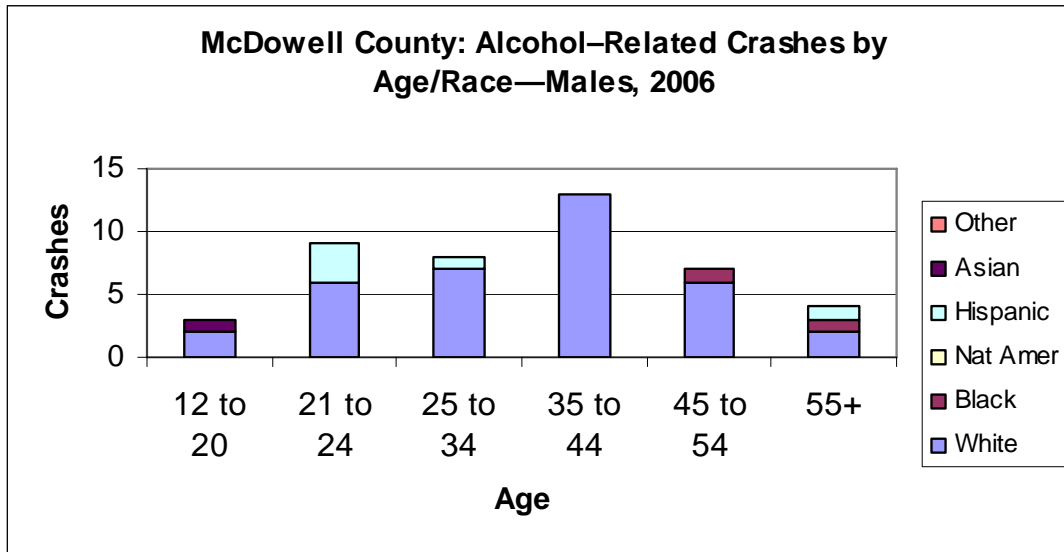
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	192	39	36	8
Black	9	1	2	1
Native American	0	0	0	0
Hispanic	25	0	5	0
Asian	2	0	1	0
Other	2	0	0	0

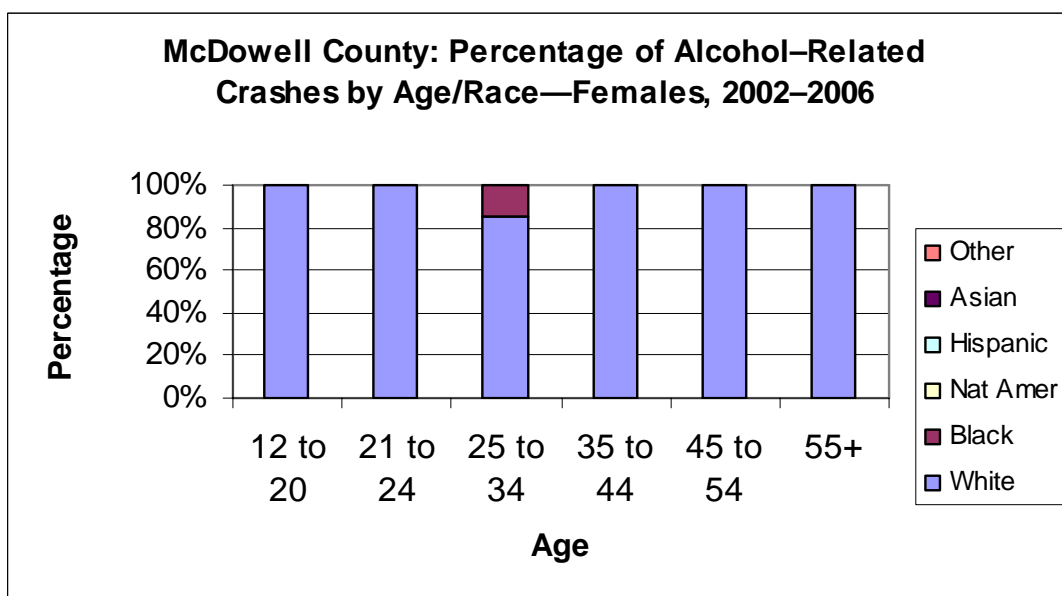
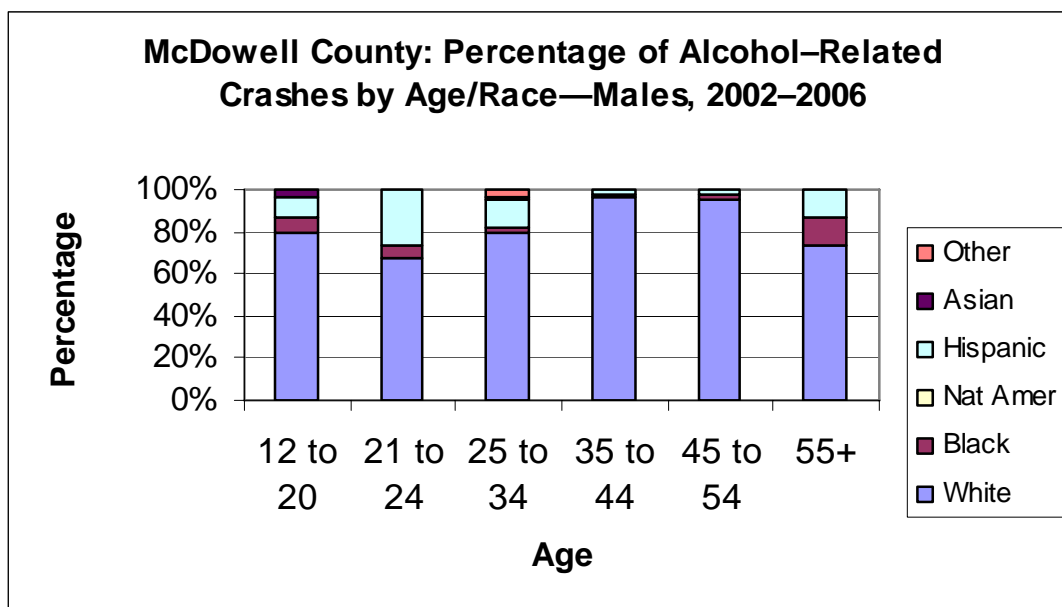
McDowell County



McDowell County



McDowell County



Onslow County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	227	228	231	262	234
Number of DWI cases ^{2,3}	1,674	1,635	1,371	1,216	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

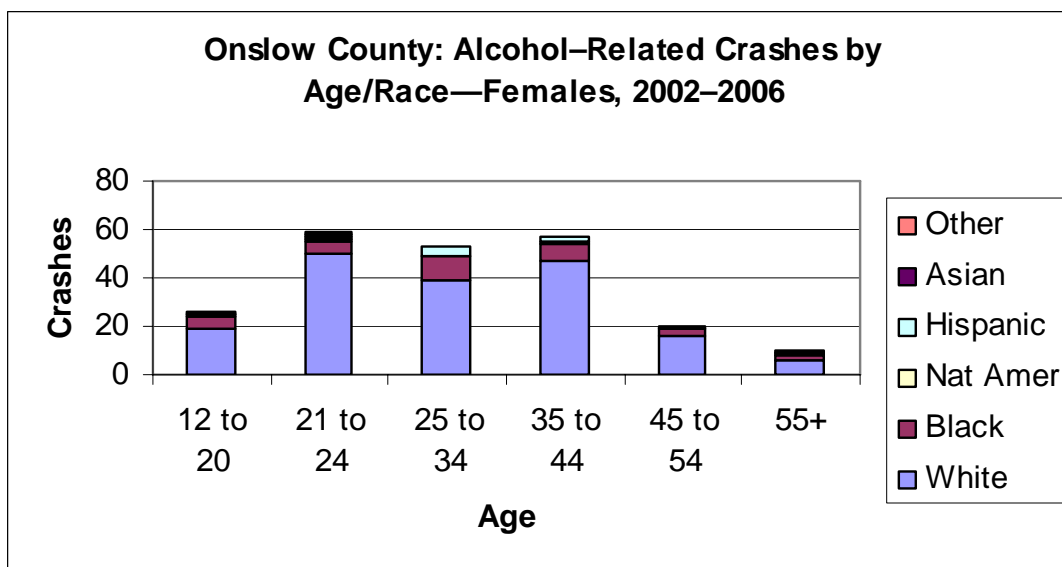
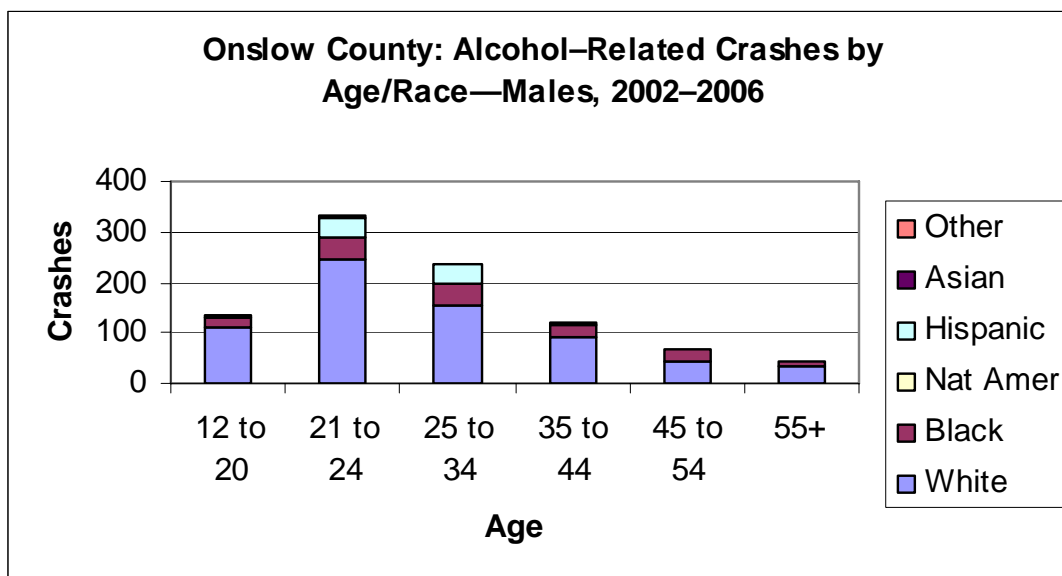
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

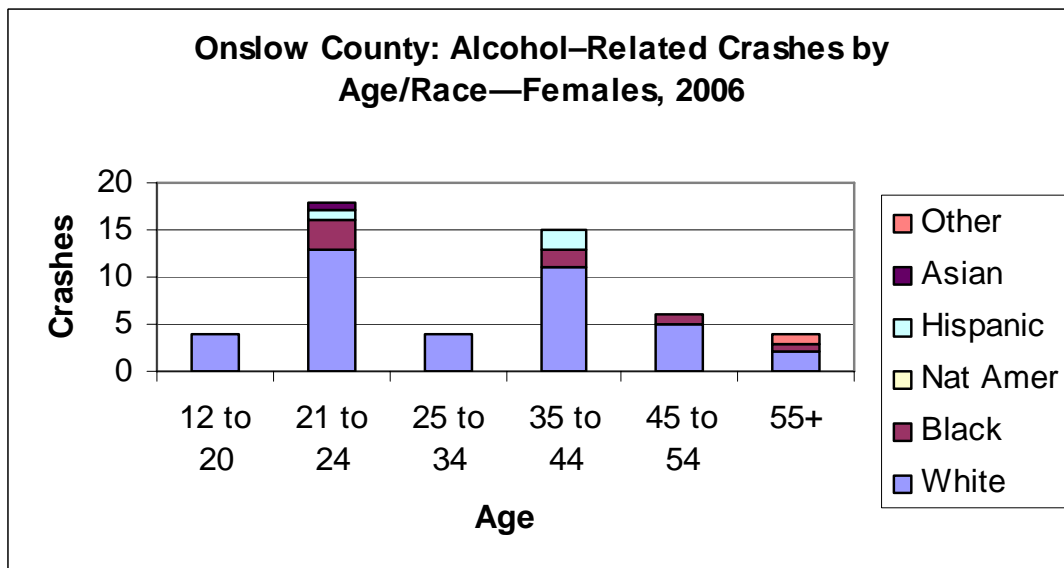
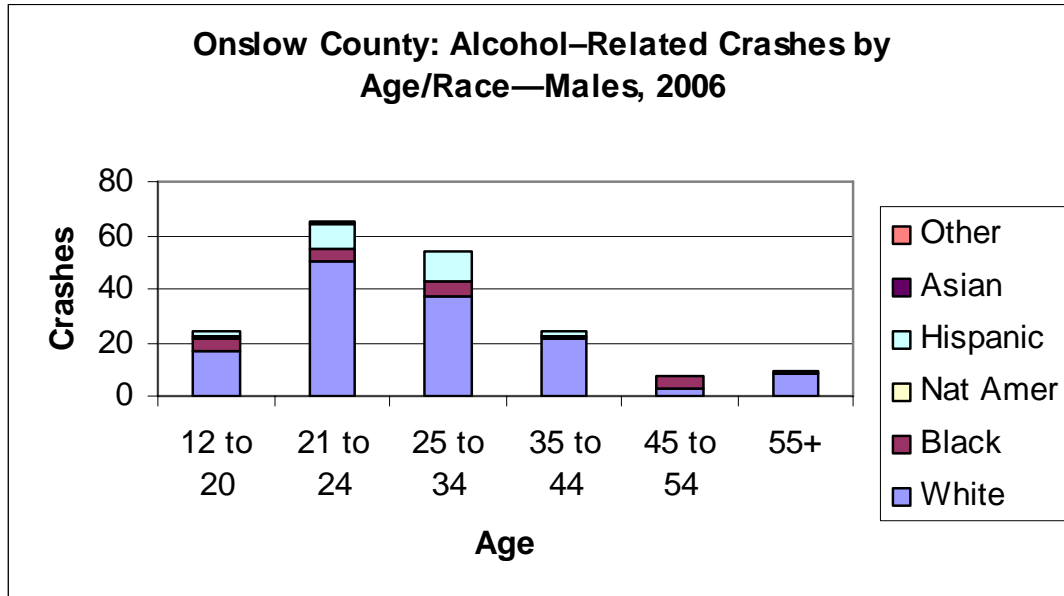
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	684	177	136	39
Black	152	32	21	7
Native American	2	2	1	0
Hispanic	88	8	24	3
Asian	2	3	1	1
Other	10	3	0	1

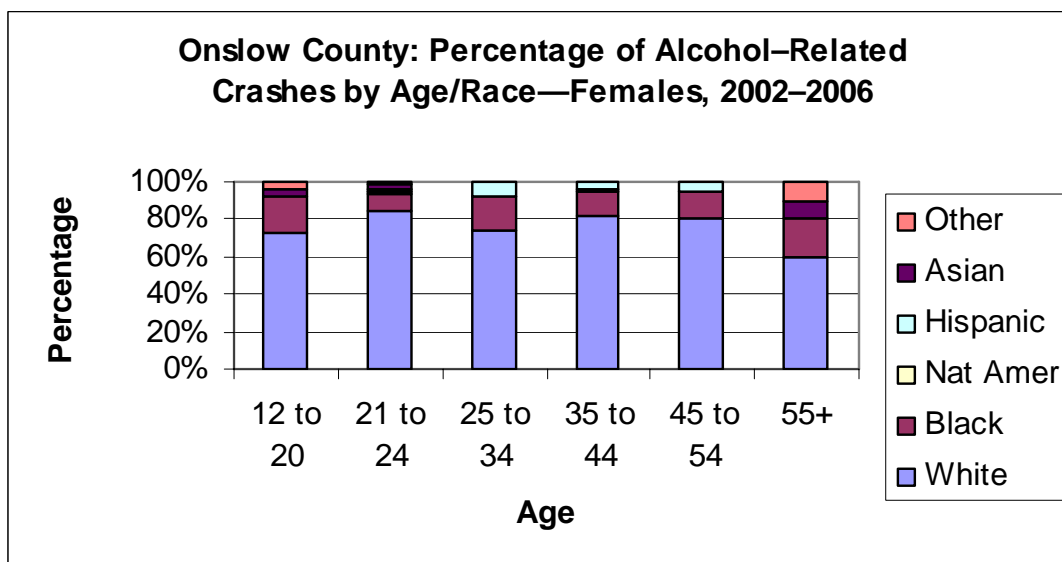
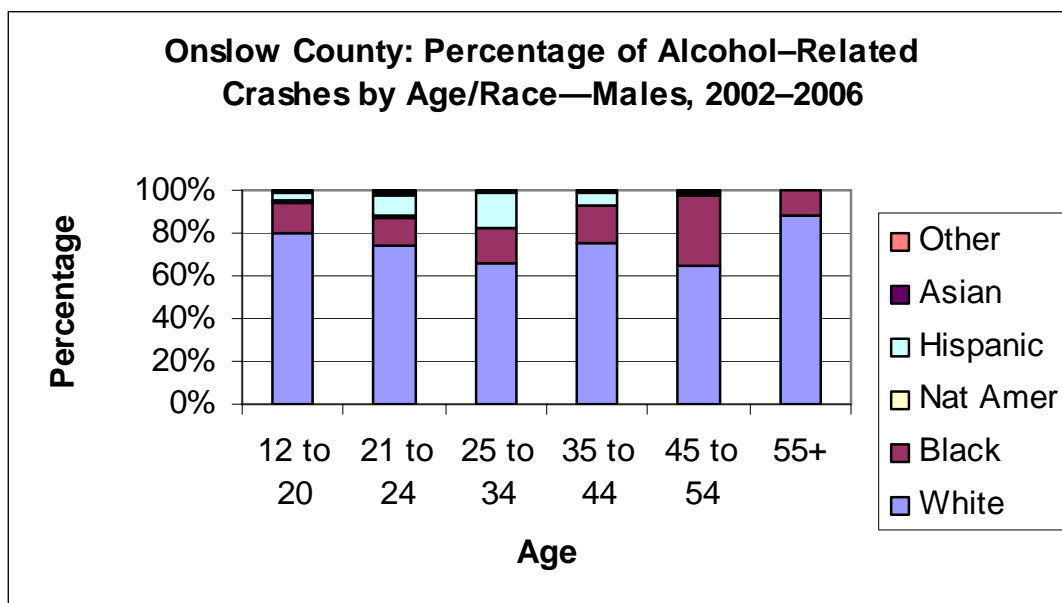
Onslow County



Onslow County



Onslow County



Richmond County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	92	60	60	52	51
Number of DWI cases ^{2,3}	684	583	643	536	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

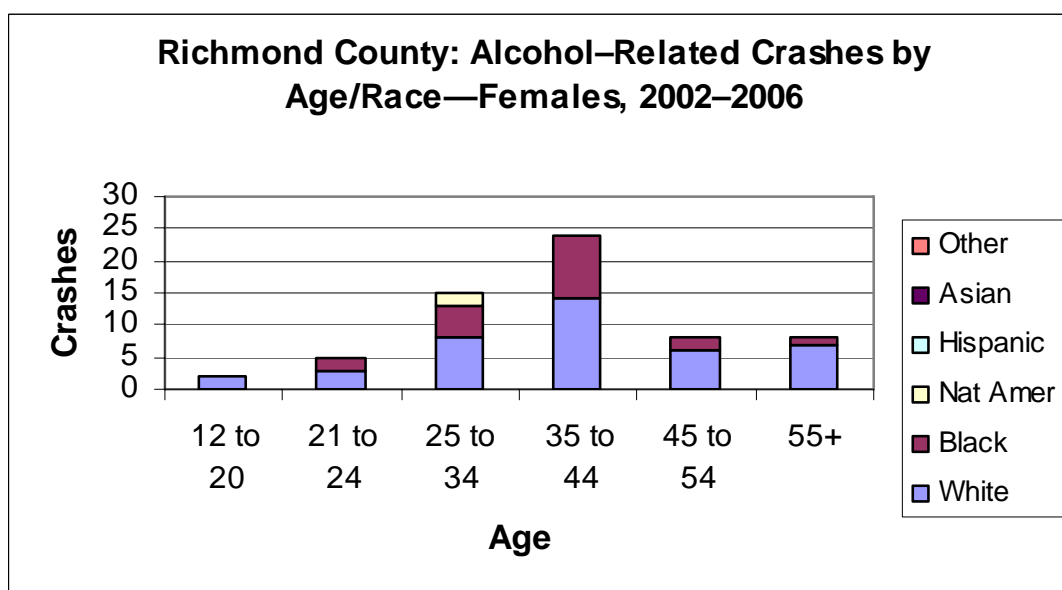
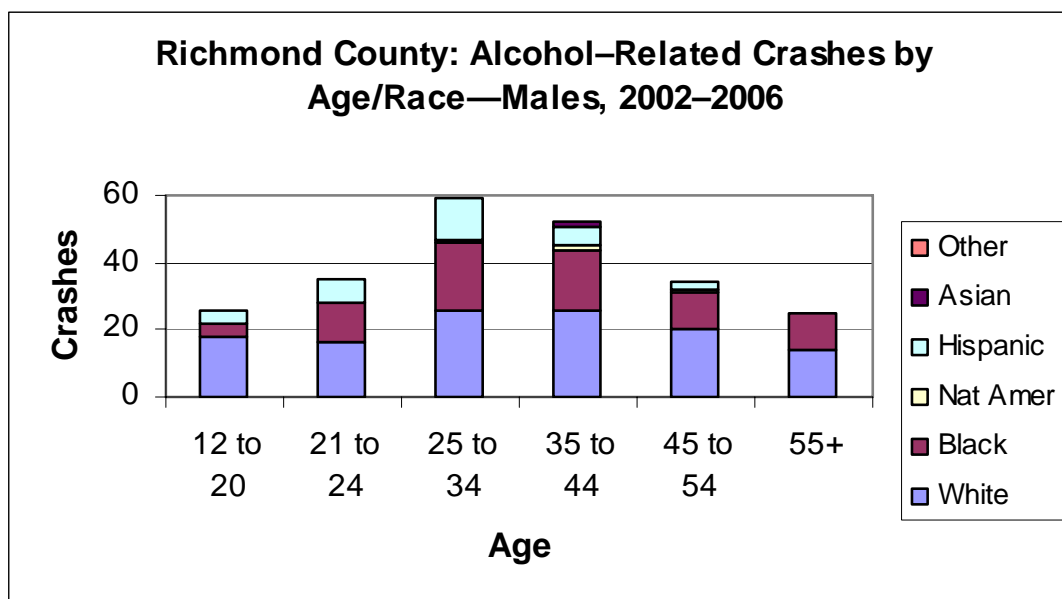
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

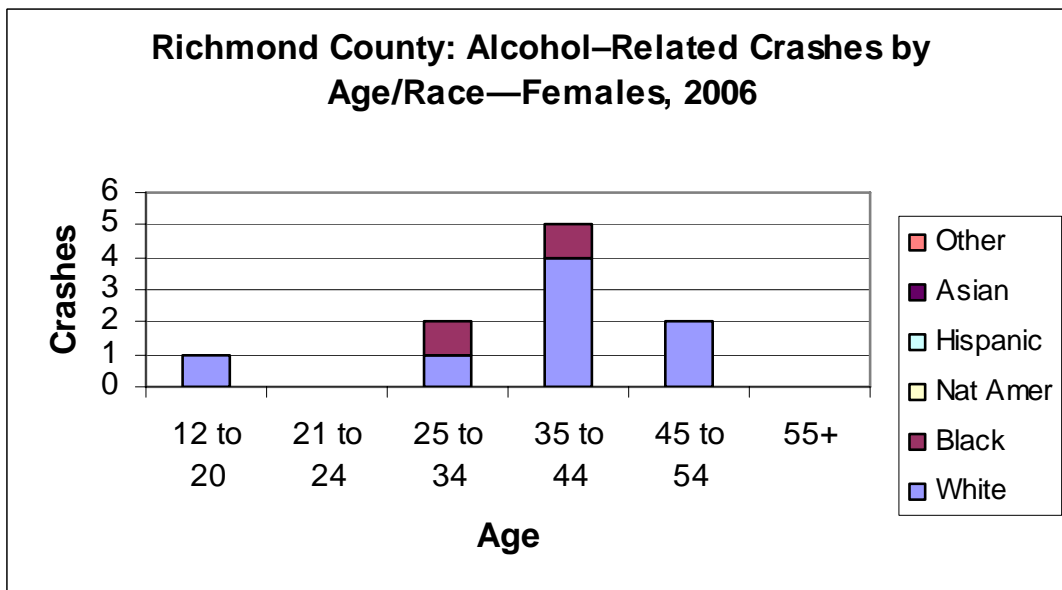
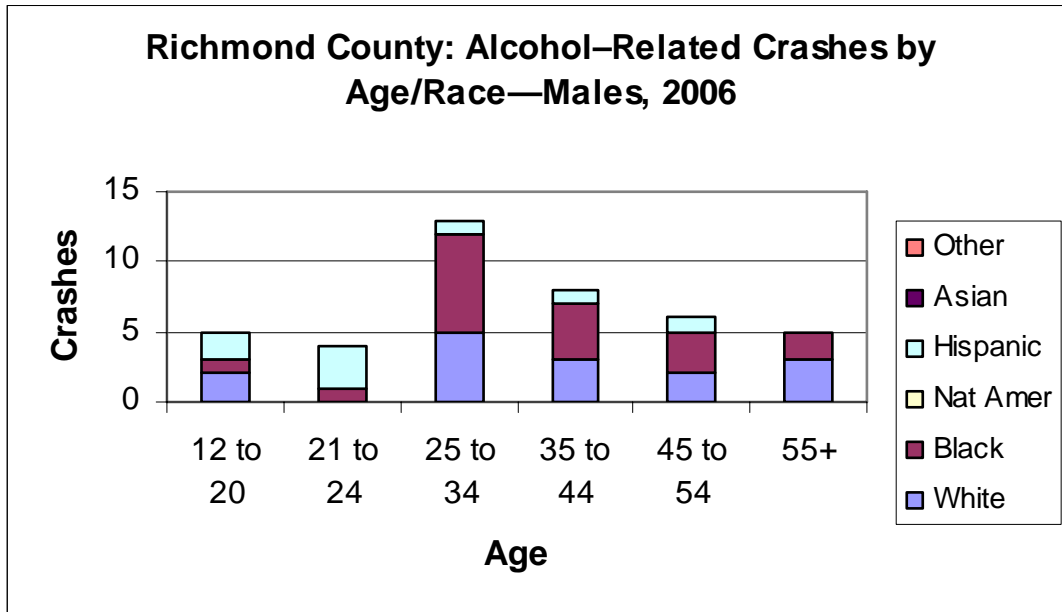
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	120	40	15	8
Black	76	20	18	2
Native American	3	2	0	0
Hispanic	31	0	8	0
Asian	1	0	0	0
Other	0	0	0	0

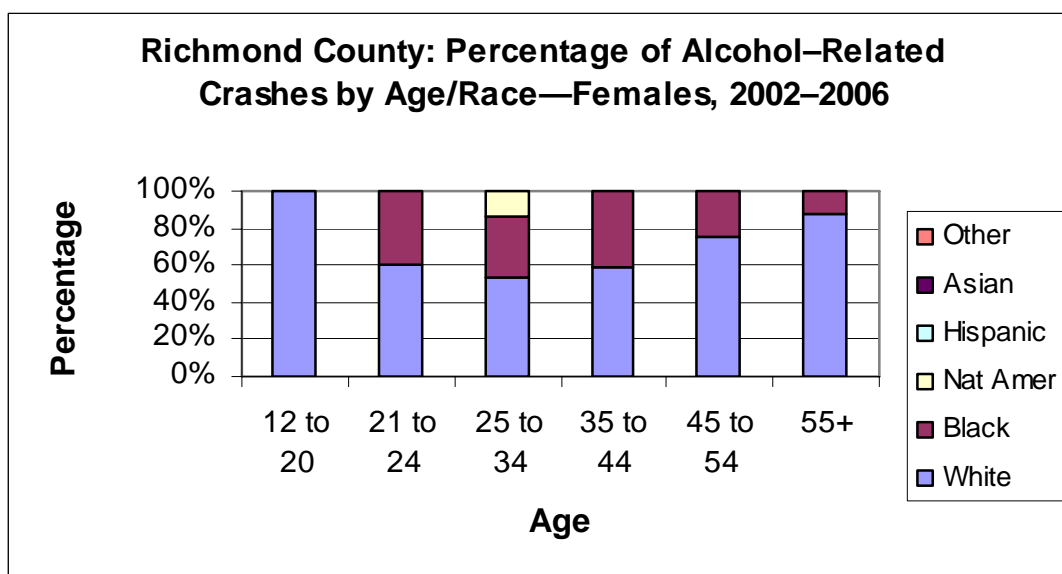
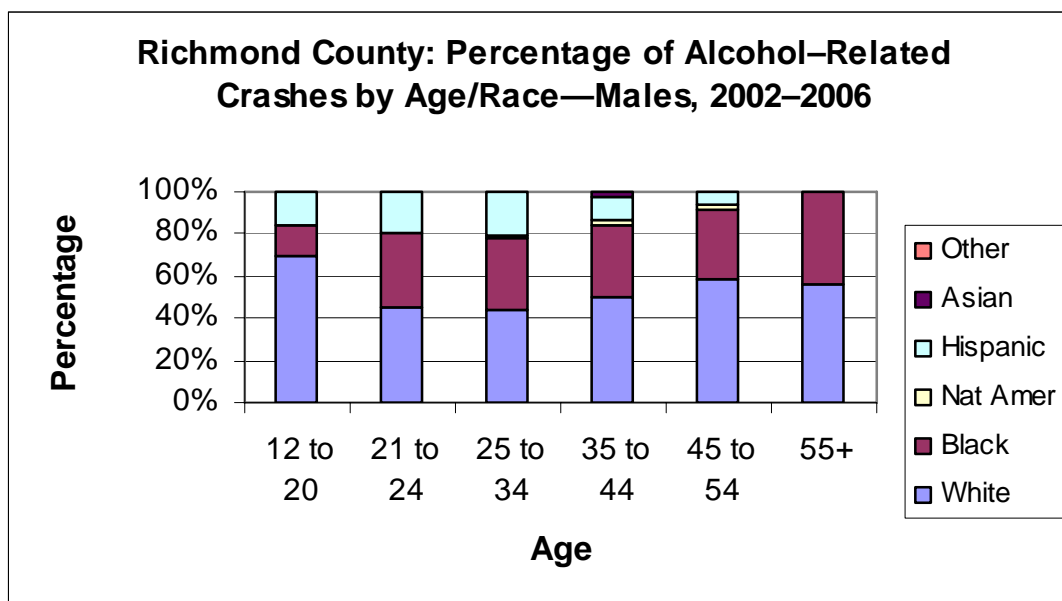
Richmond County



Richmond County



Richmond County



Robeson County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	235	186	213	223	201
Number of DWI cases ^{2,3}	1,588	1,552	1,610	1,392	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

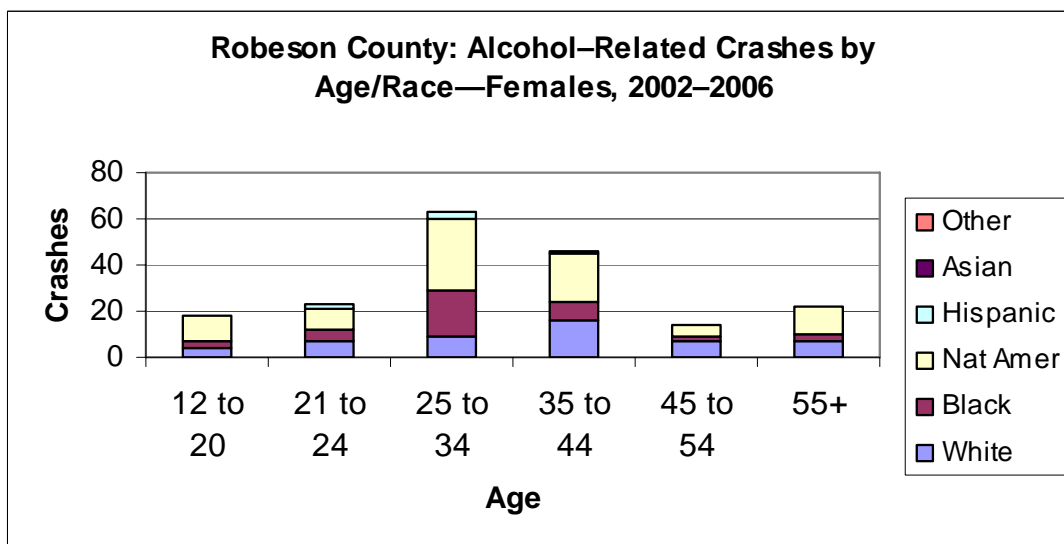
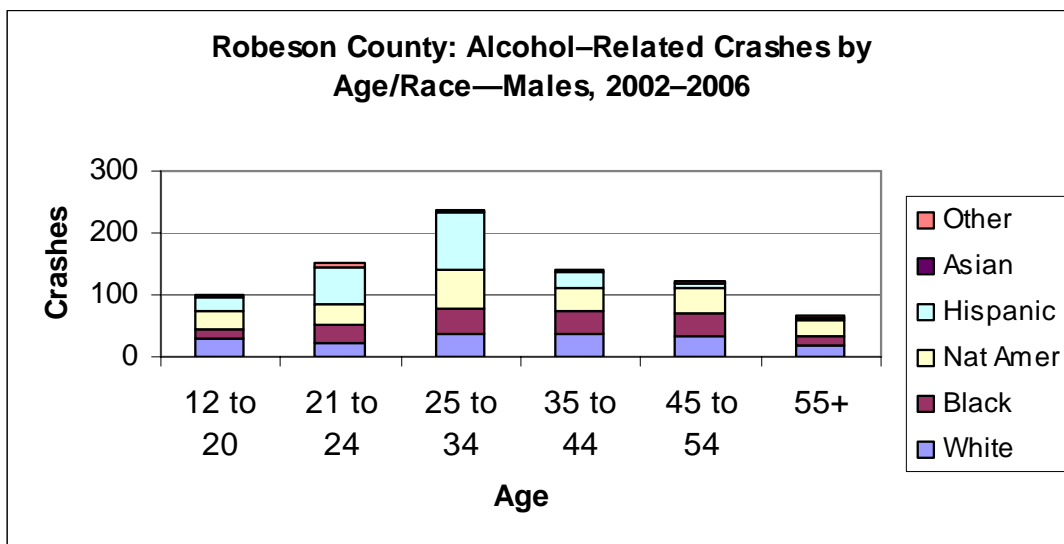
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

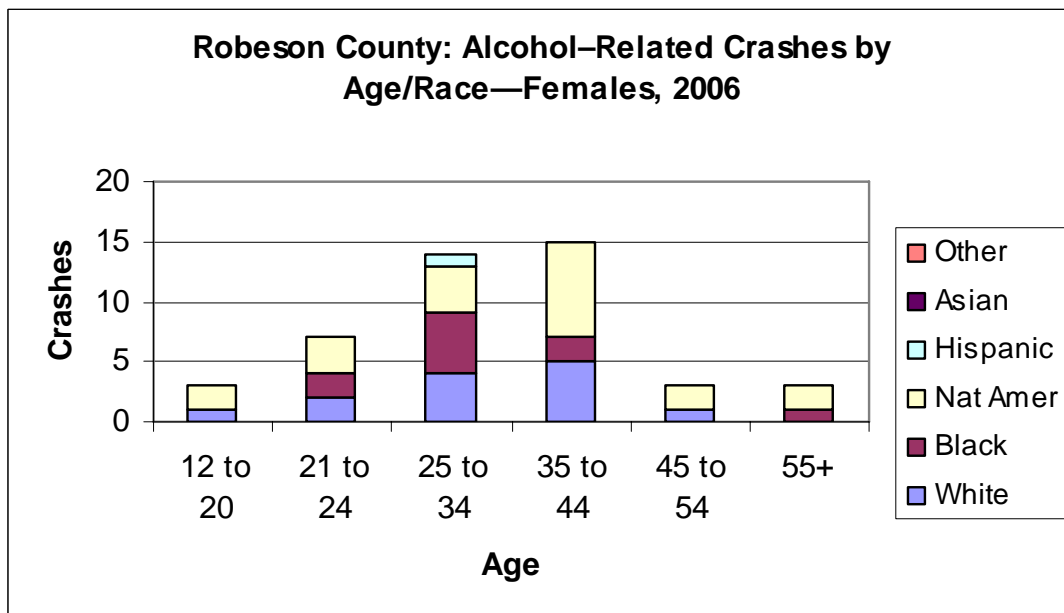
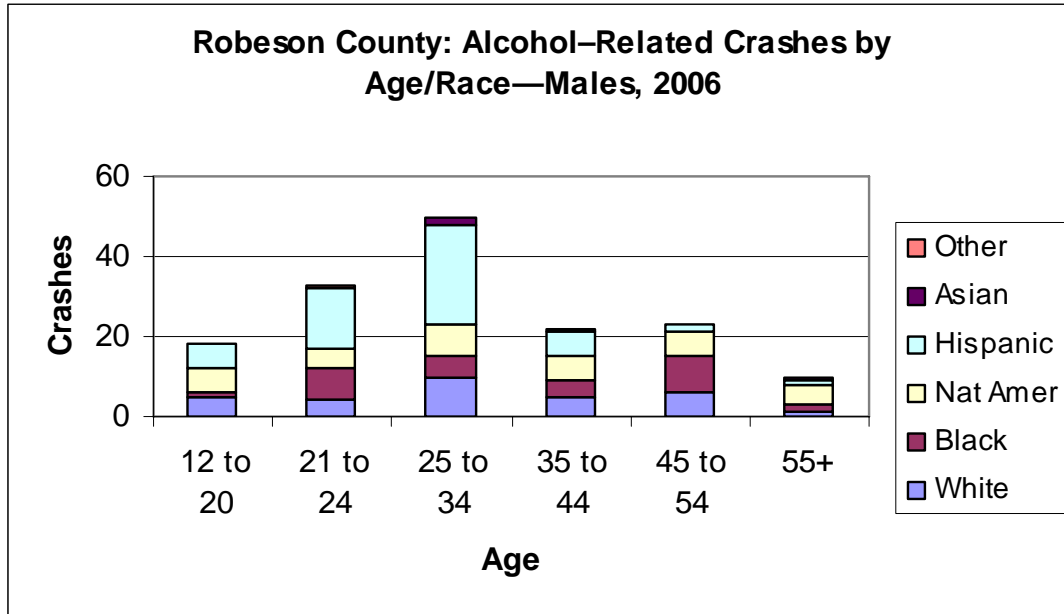
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	178	50	31	13
Black	172	41	29	10
Native American	233	89	36	21
Hispanic	212	5	55	1
Asian	5	0	3	0
Other	13	1	2	0

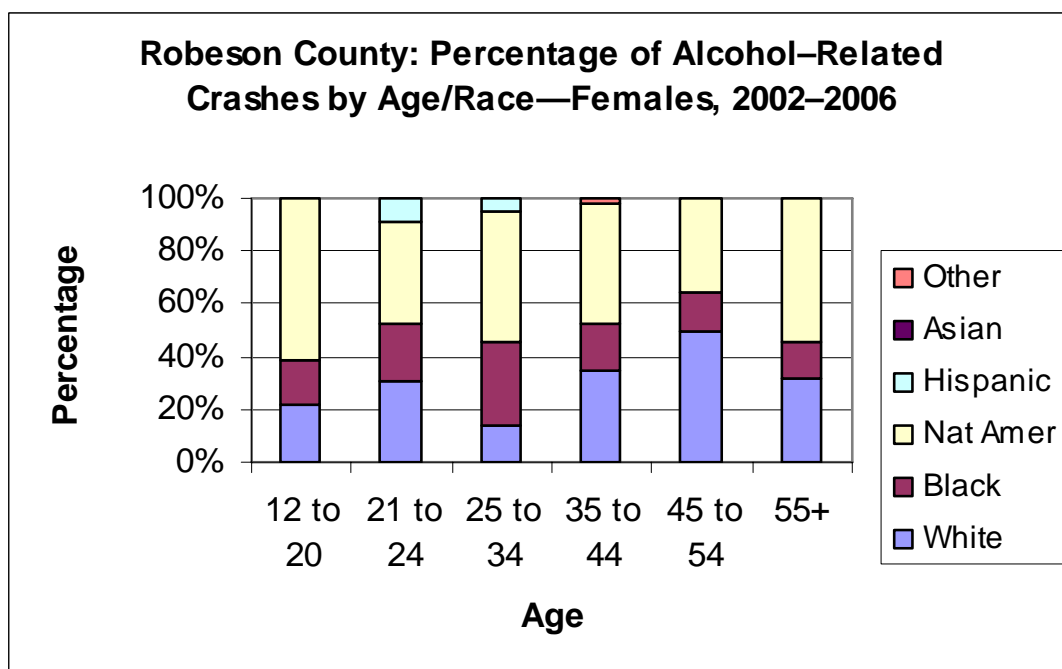
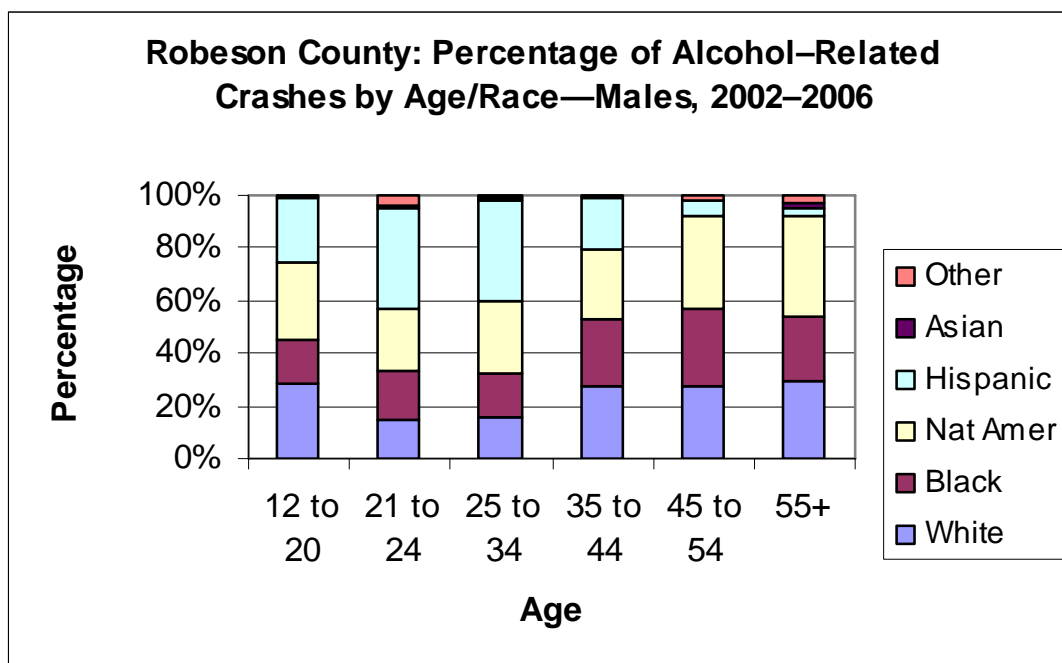
Robeson County



Robeson County



Robeson County



Sampson County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	121	122	104	116	94
Number of DWI cases ^{2,3}	1,008	844	867	768	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

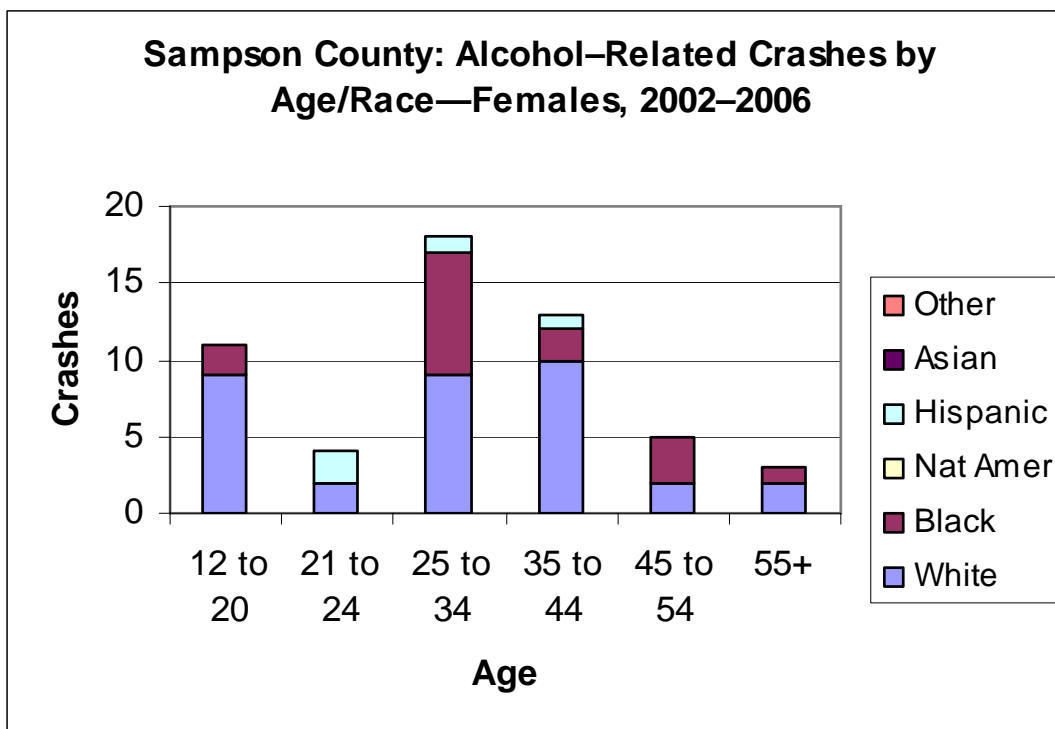
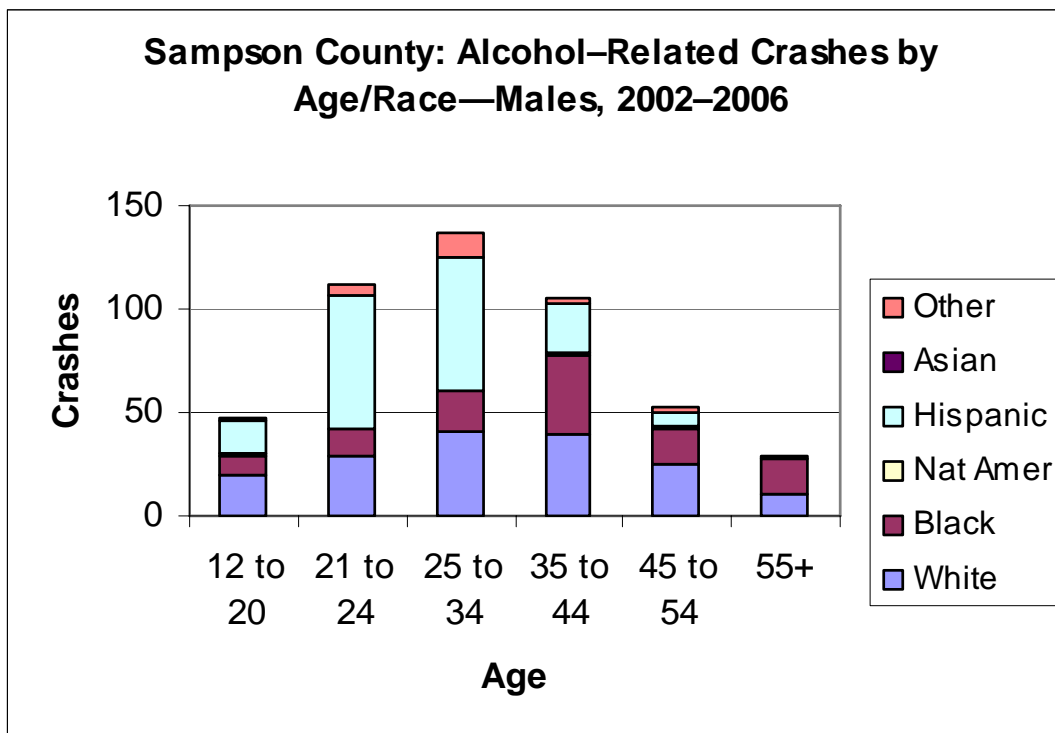
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

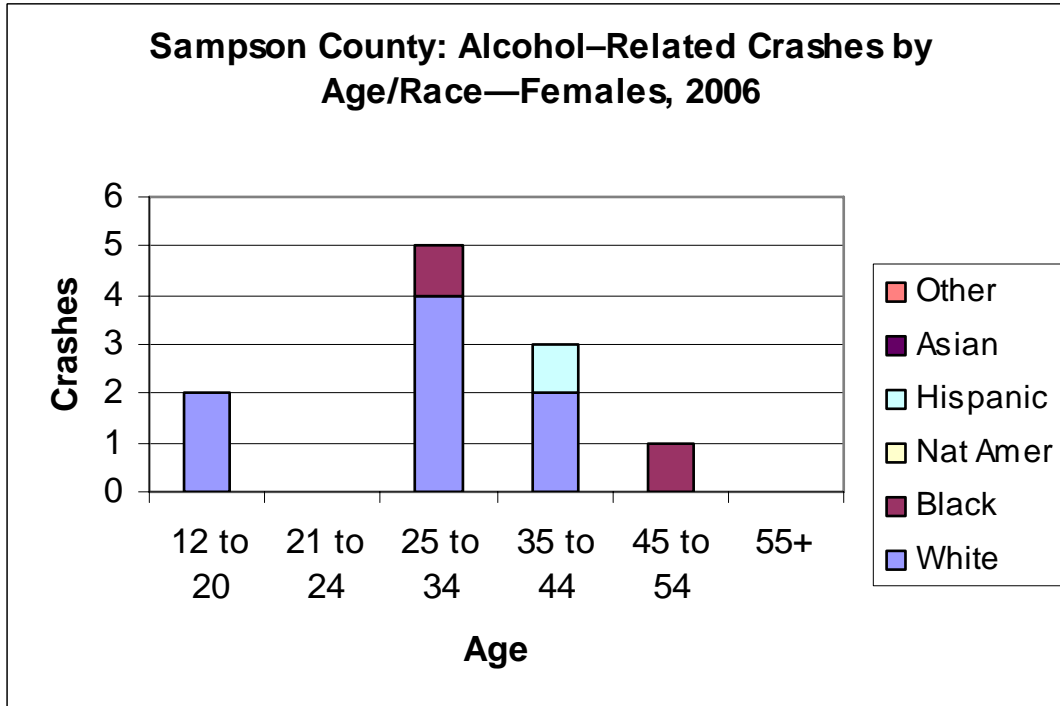
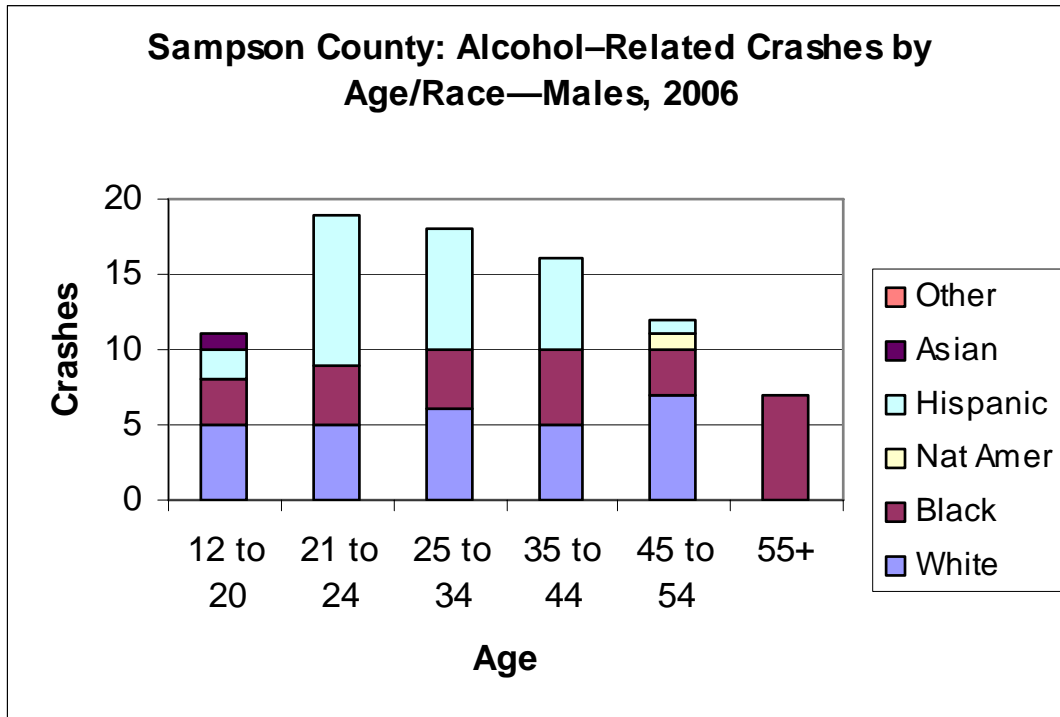
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	166	34	28	8
Black	113	16	26	2
Native American	3	0	1	0
Hispanic	177	4	27	1
Asian	1	0	1	0
Other	22	0	0	0

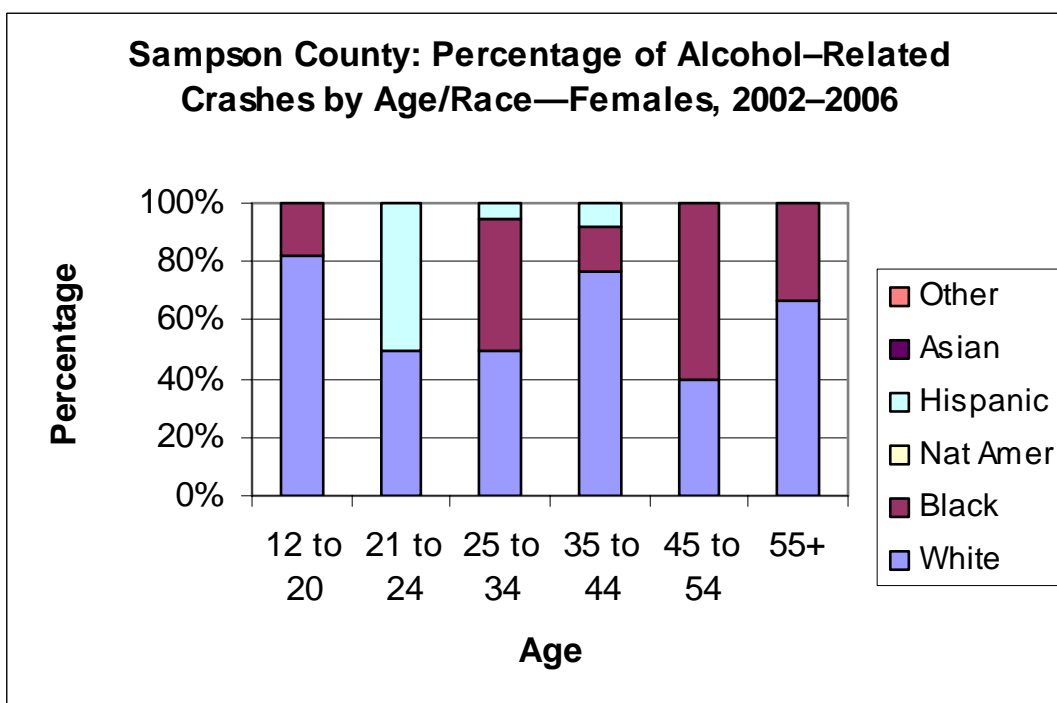
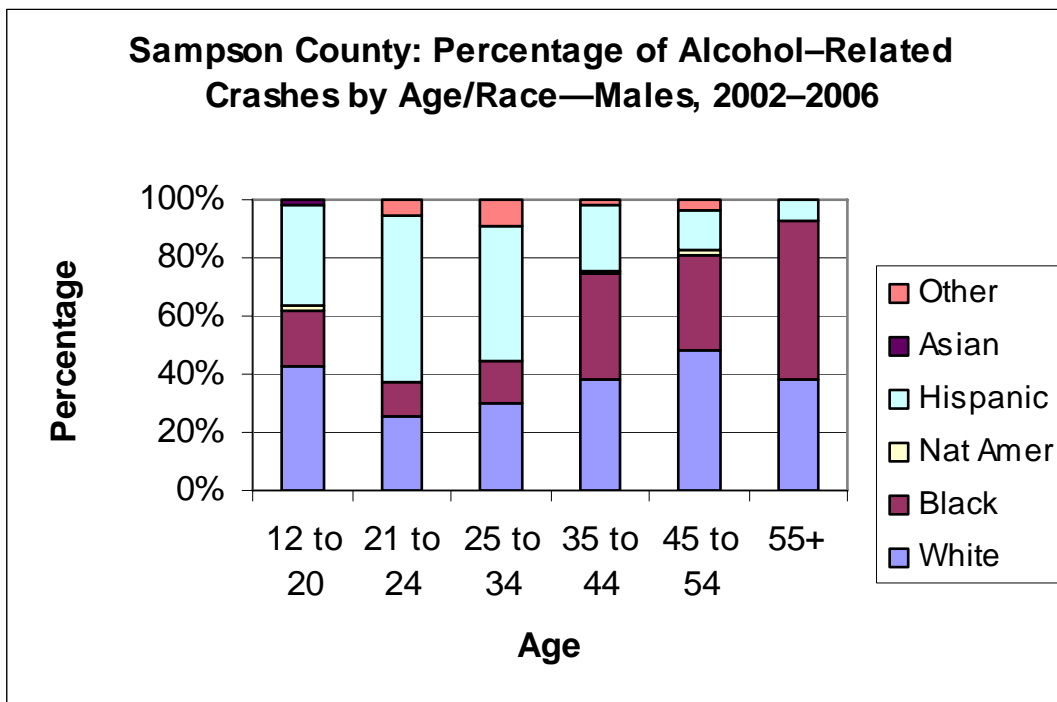
Sampson County



Sampson County



Sampson County



Stokes County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	60	65	69	66	66
Number of DWI cases ^{2,3}	402	365	373	366	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

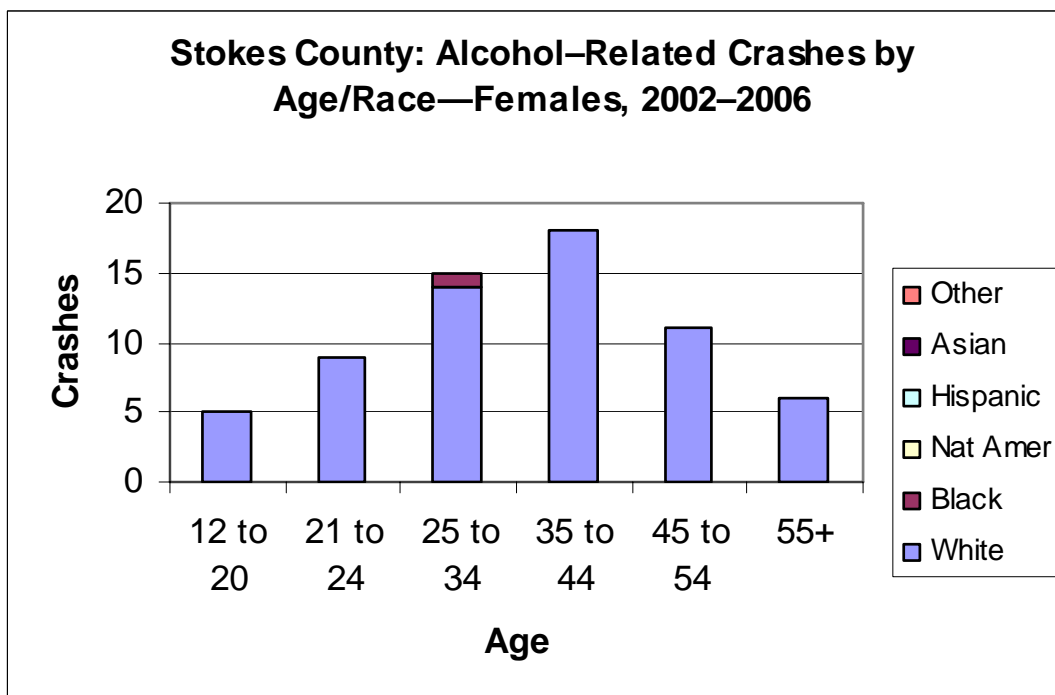
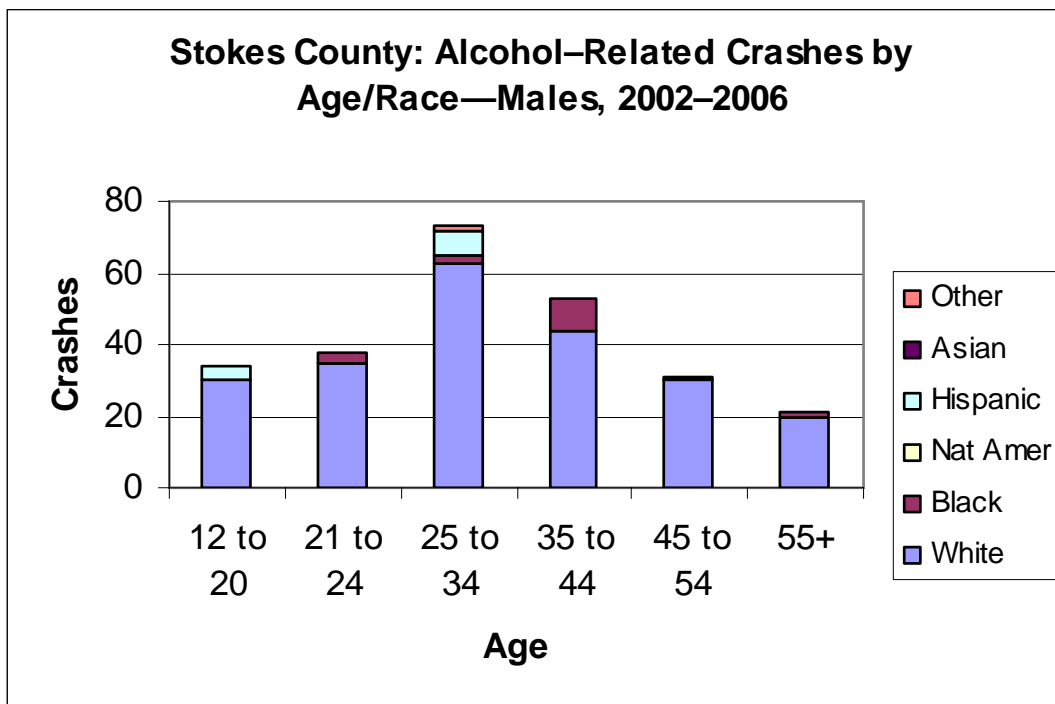
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

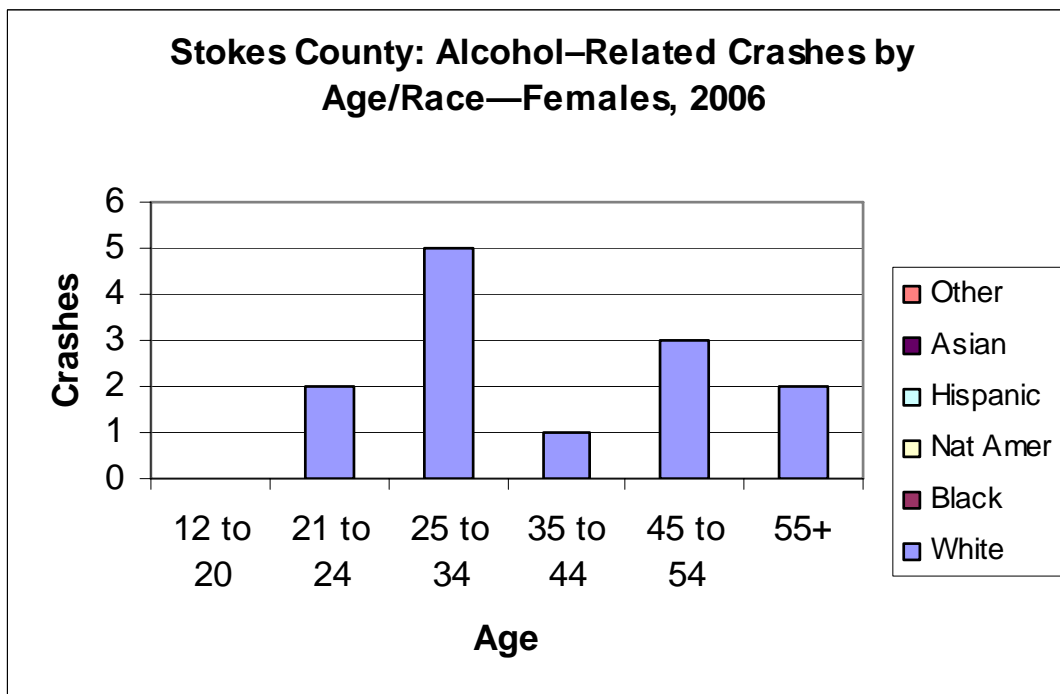
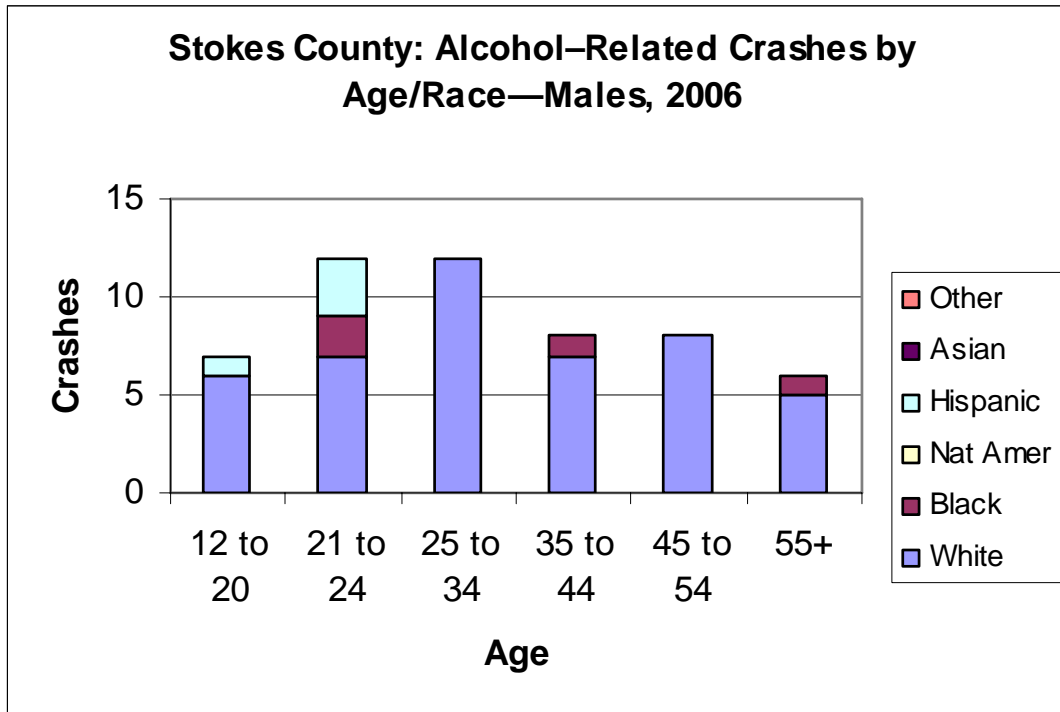
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	222	63	45	13
Black	16	1	4	0
Native American	0	0	0	0
Hispanic	11	0	4	0
Asian	0	0	0	0
Other	1	0	0	0

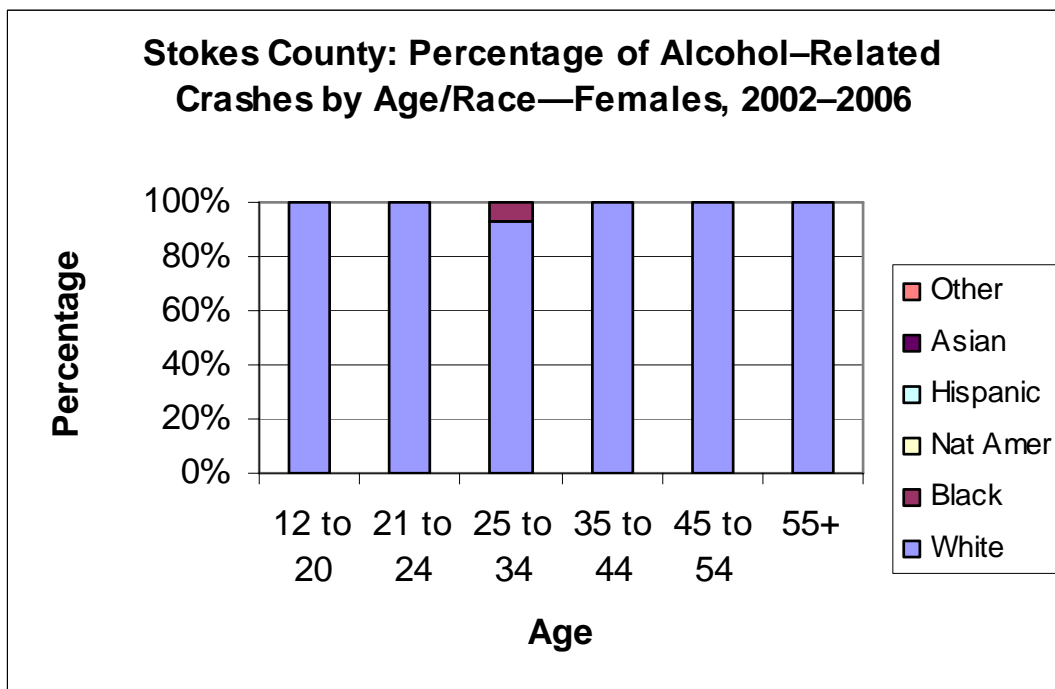
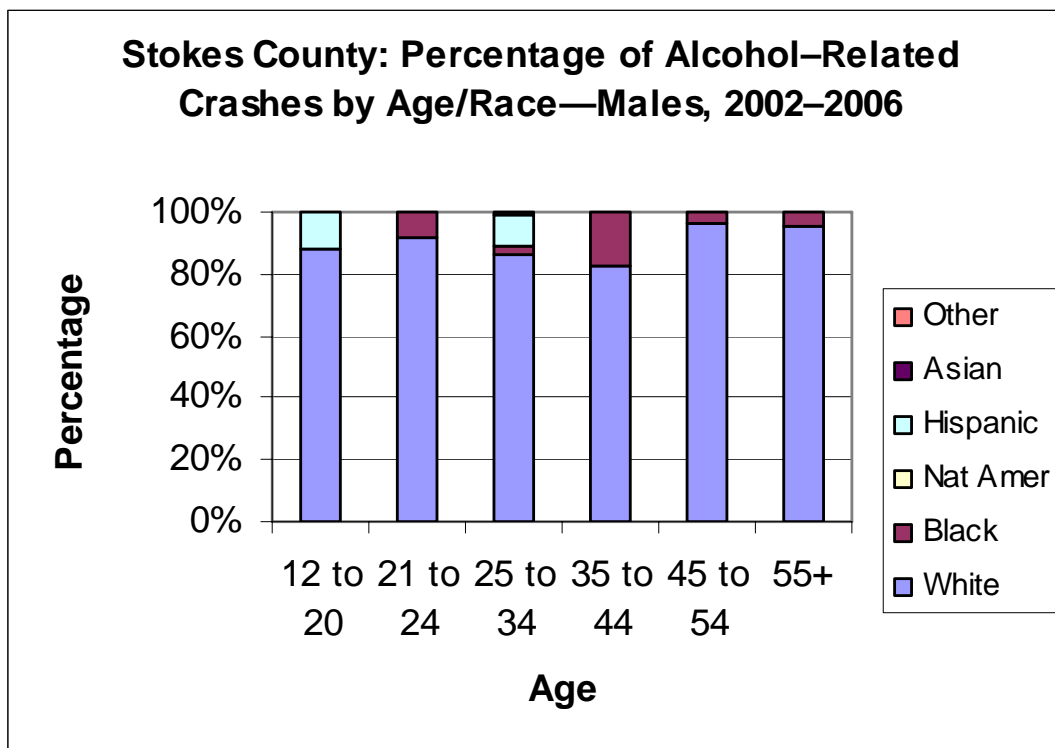
Stokes County



Stokes County



Stokes County



Surry County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	115	105	102	110	102
Number of DWI cases ^{2,3}	818	790	722	705	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

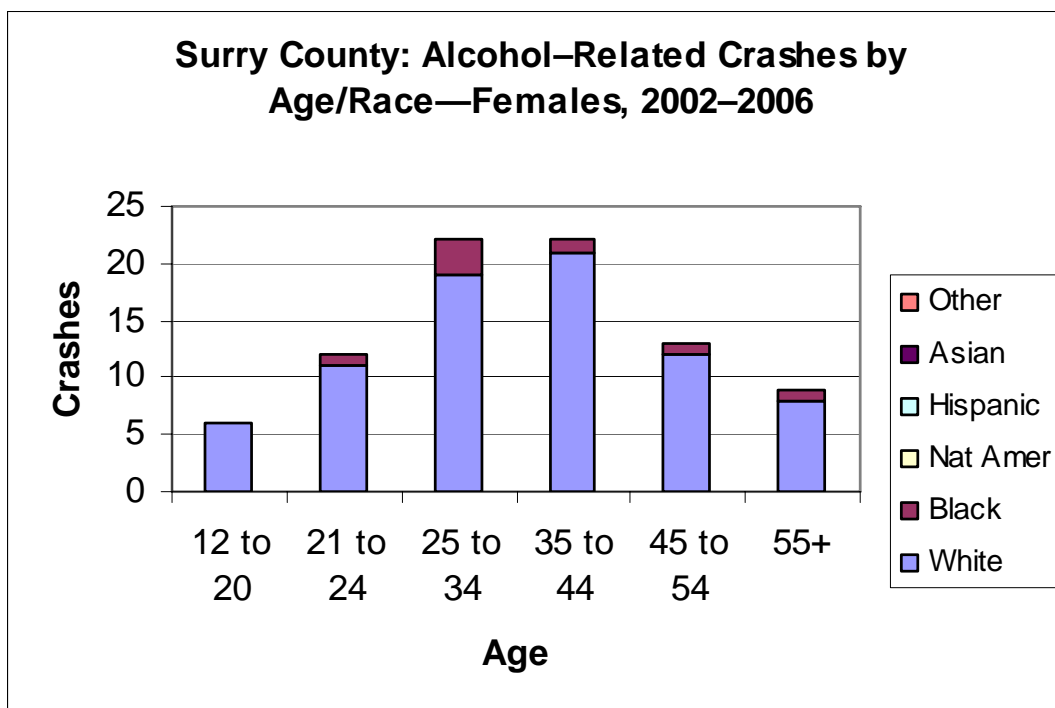
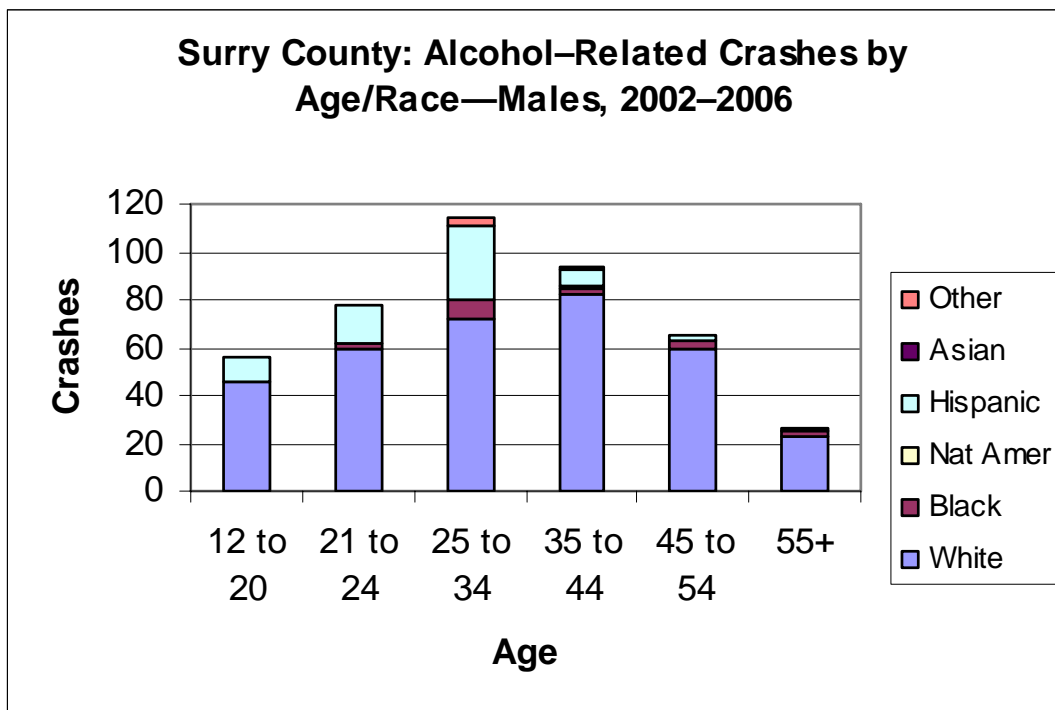
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

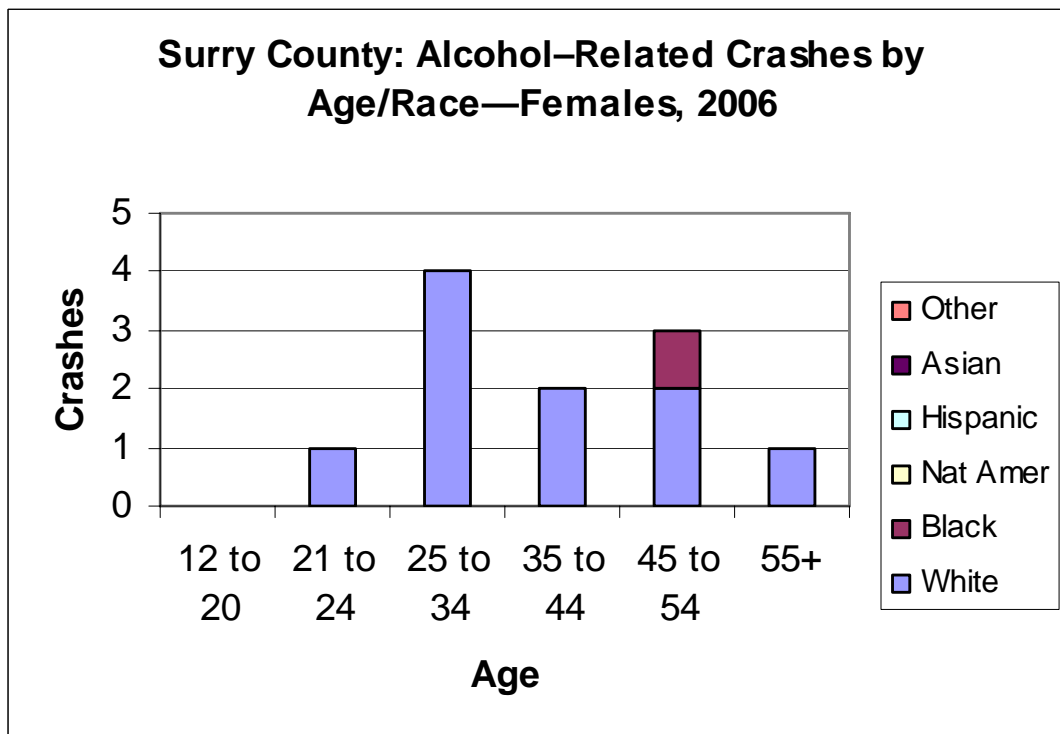
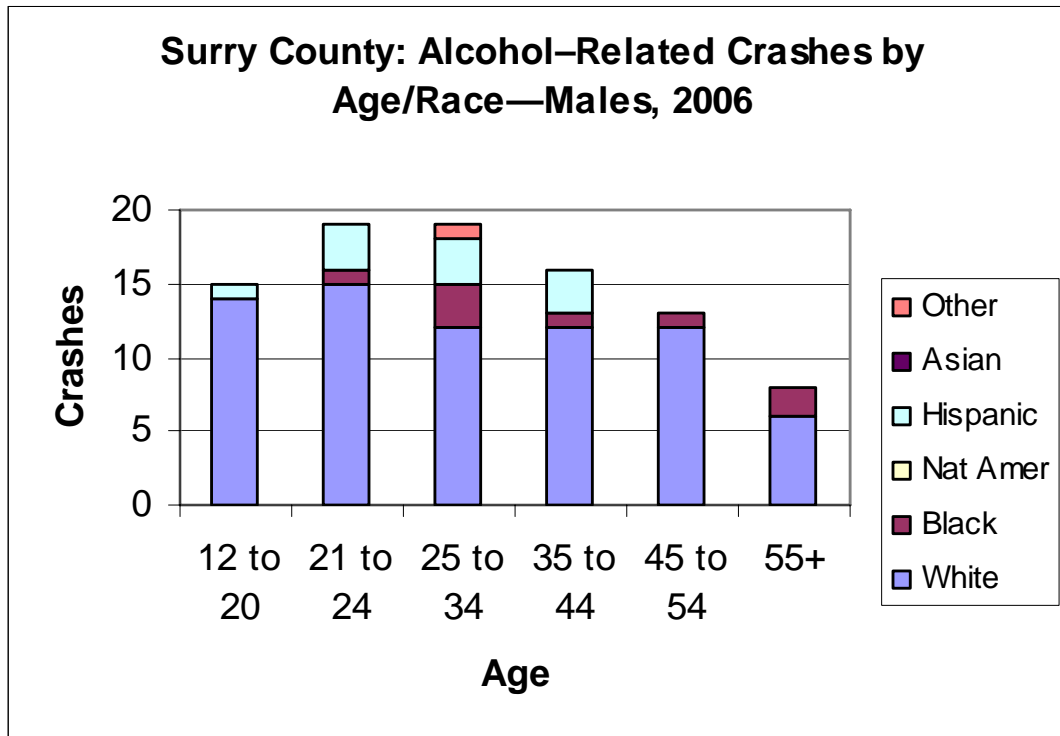
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	342	77	72	10
Black	19	7	8	1
Native American	1	0	0	0
Hispanic	67	0	10	0
Asian	0	0	0	0
Other	4	0	1	0

Surry County

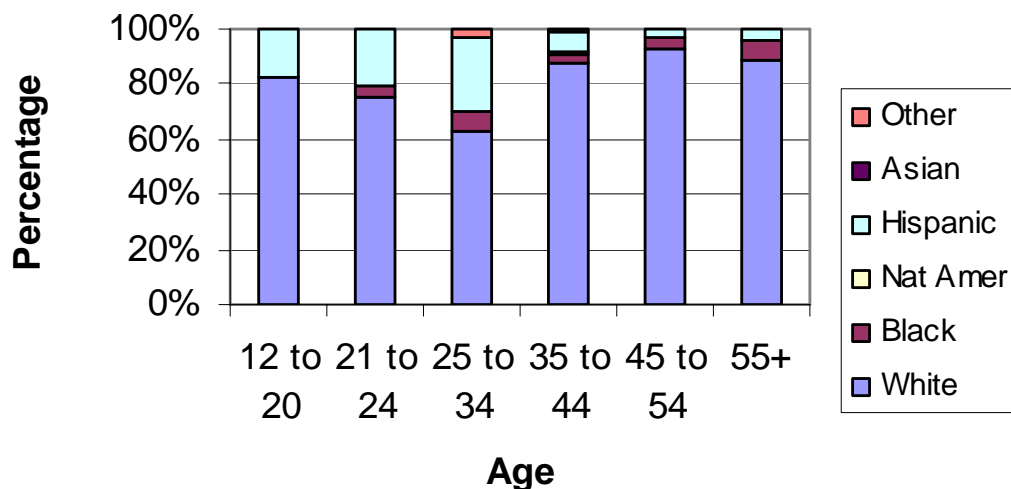


Surry County

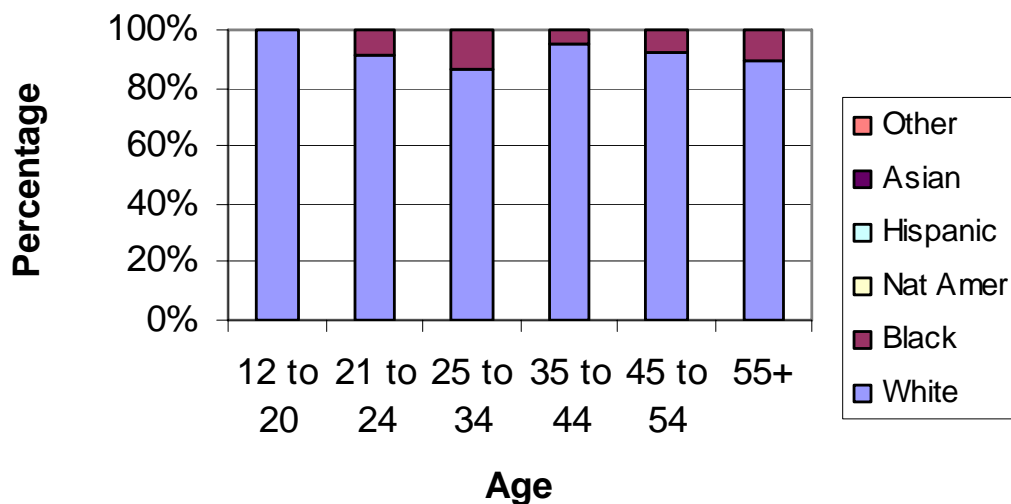


Surry County

Surry County: Percentage of Alcohol-Related Crashes by Age/Race—Males, 2002–2006



Surry County: Percentage of Alcohol-Related Crashes by Age/Race—Females, 2002–2006



Vance County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	75	76	68	62	46
Number of DWI cases ^{2,3}	710	635	538	602	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

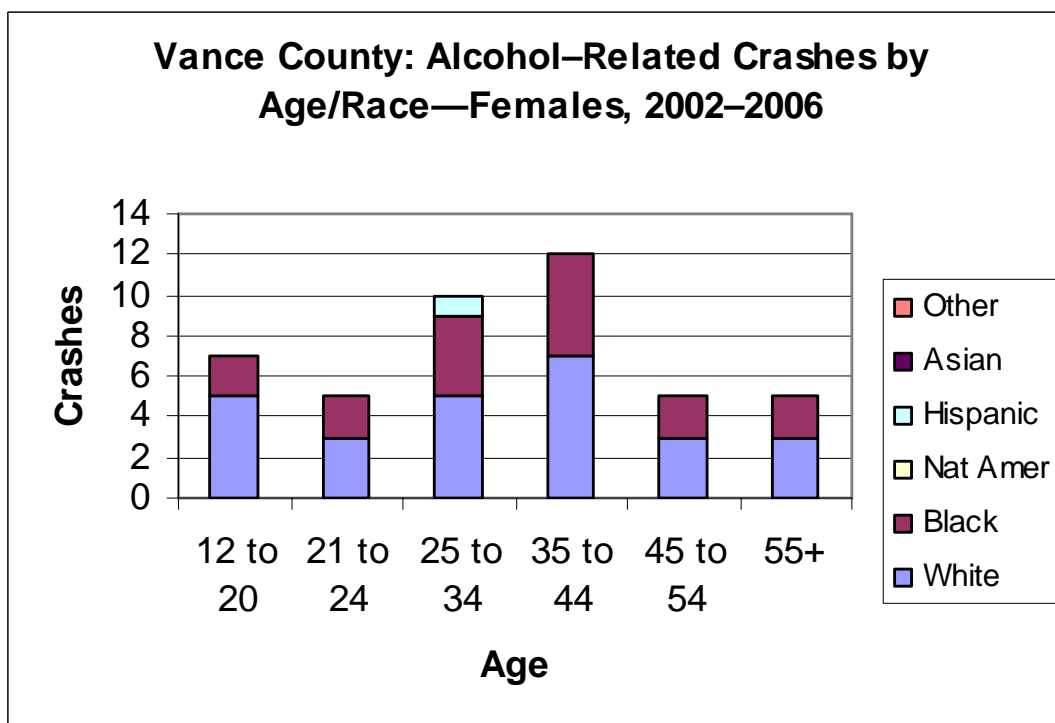
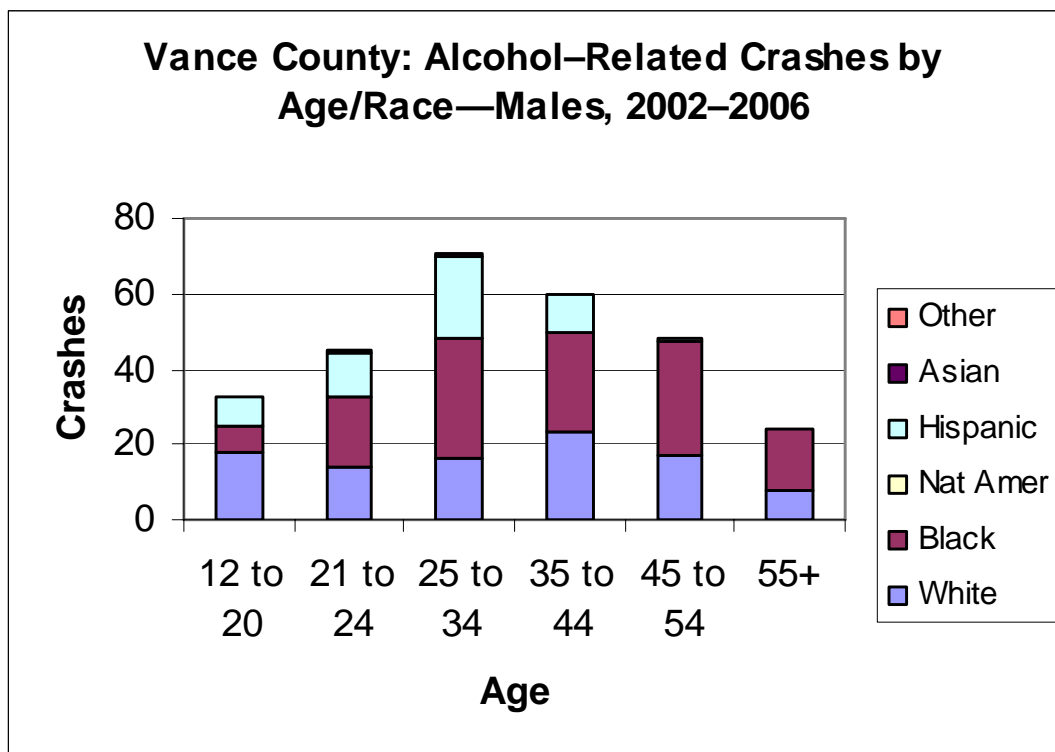
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

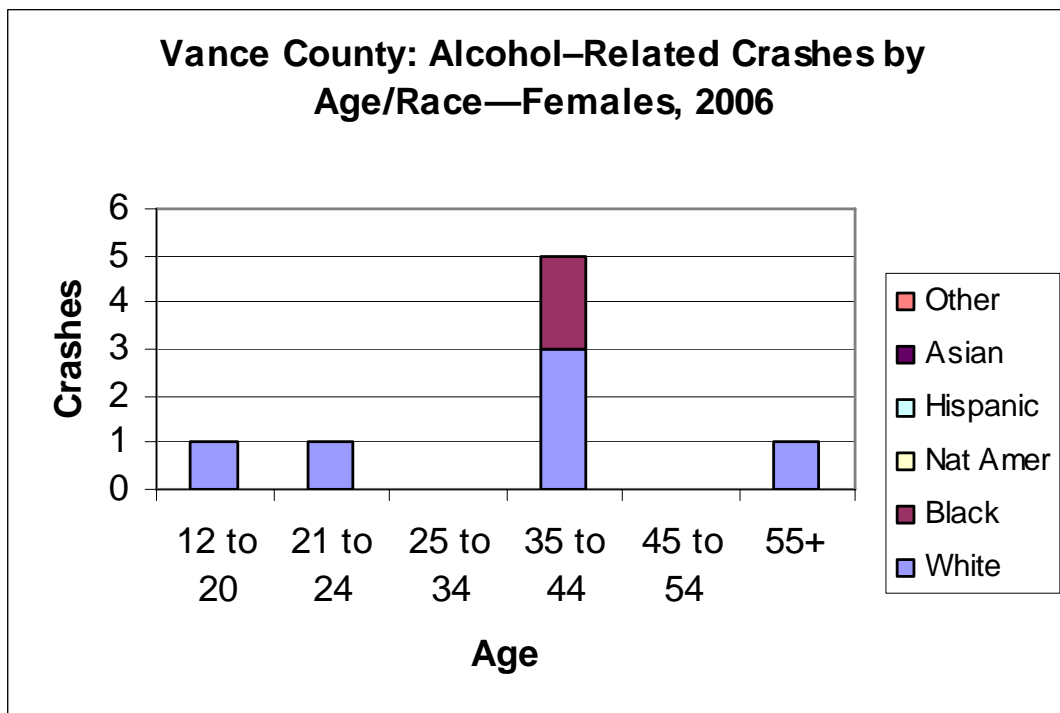
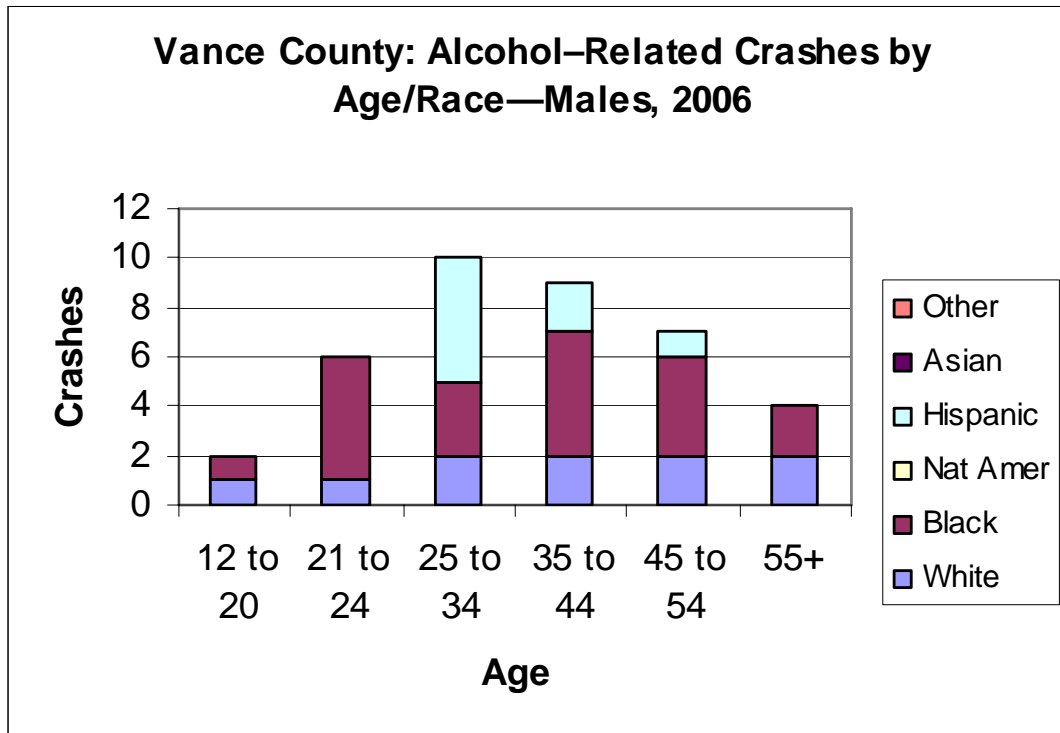
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	96	26	10	6
Black	131	17	20	2
Native American	0	0	0	0
Hispanic	52	1	8	0
Asian	1	0	0	0
Other	1	0	0	0

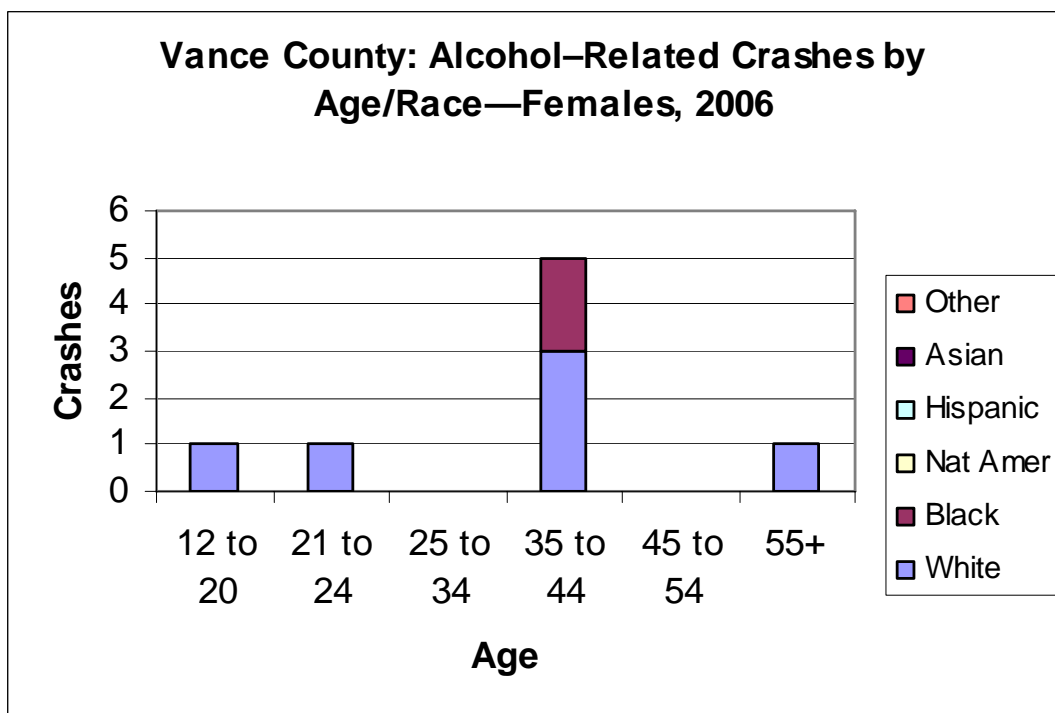
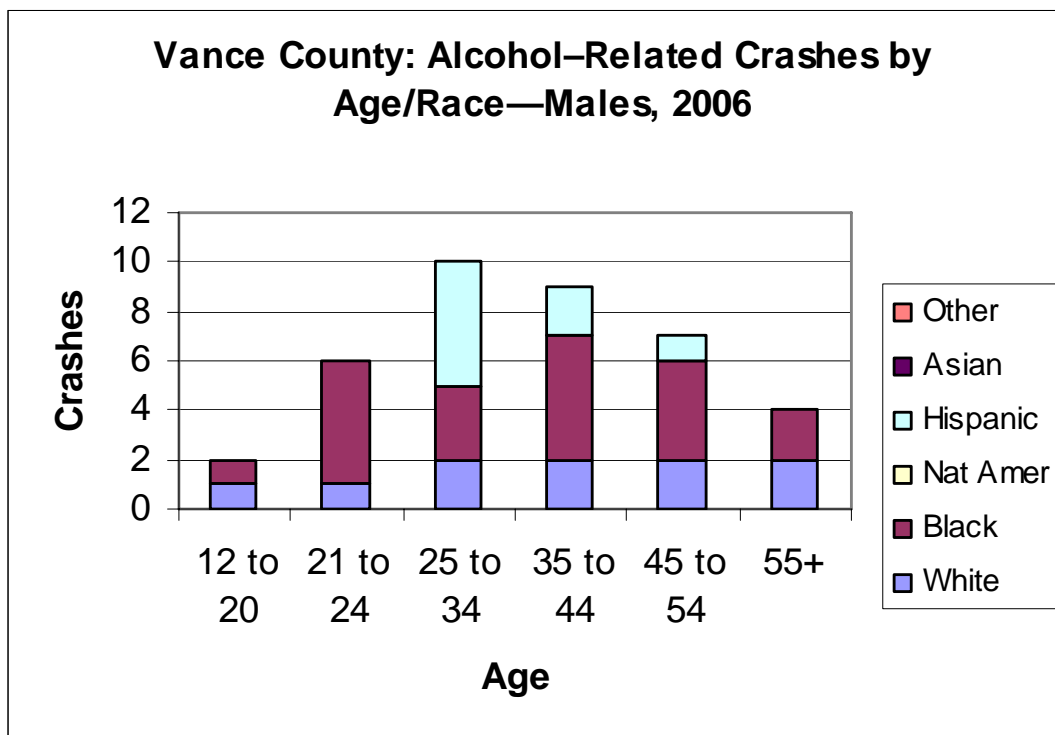
Vance County



Vance County



Vance County



Watauga County

All Alcohol-Related Crashes/Fatalities, 2002–2006

Measure	Year				
	2002	2003	2004	2005	2006
Number of alcohol-related crashes/fatalities ¹	85	90	84	72	73
Number of DWI cases ^{2,3}	476	488	417	526	N/A

DWI = driving while impaired; N/A = not applicable.

¹ Alcohol-related crashes/fatalities represent a subset of DWI arrests.

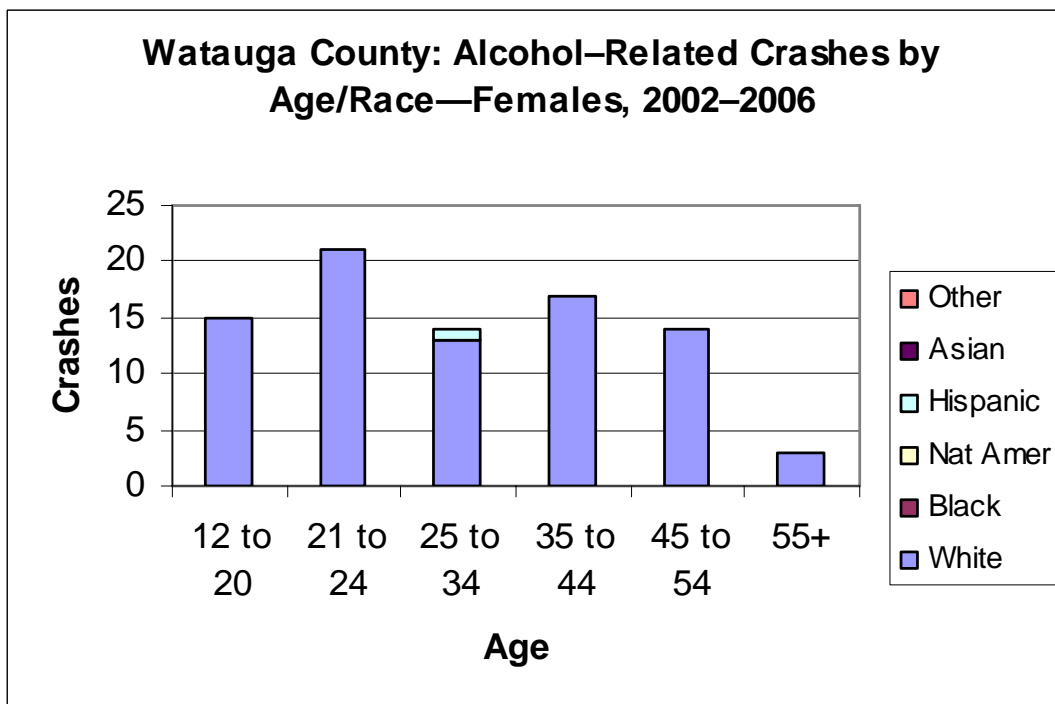
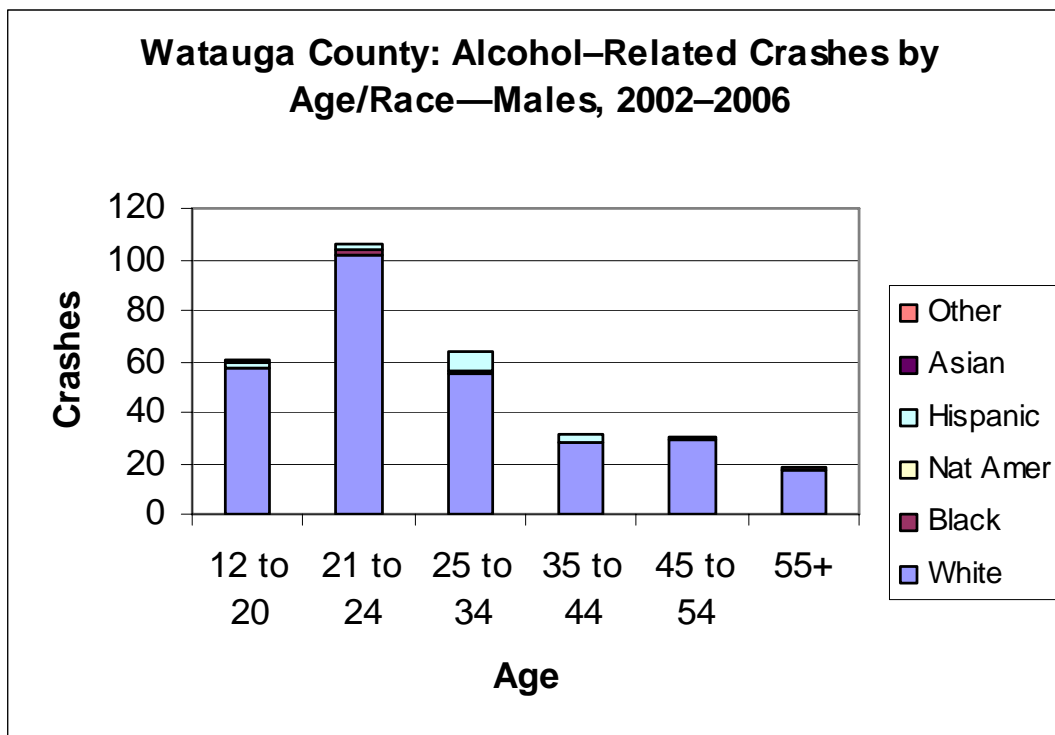
² Total number of court-disposed DWI cases.

³ DWI cases underrepresent the total number of people charged with drinking and driving.

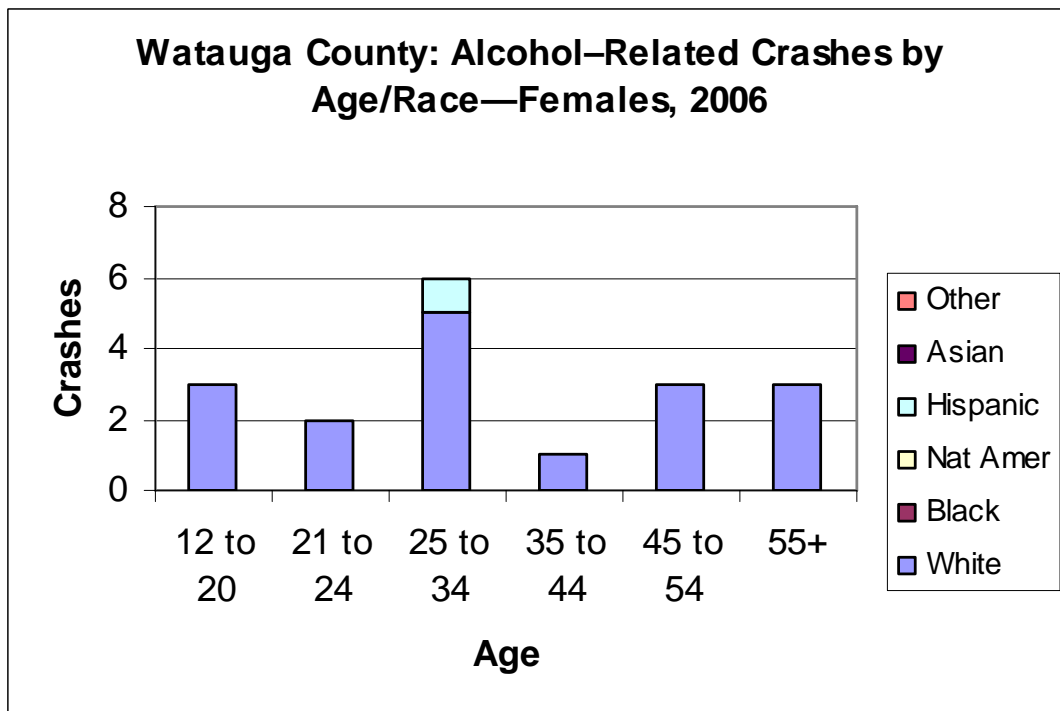
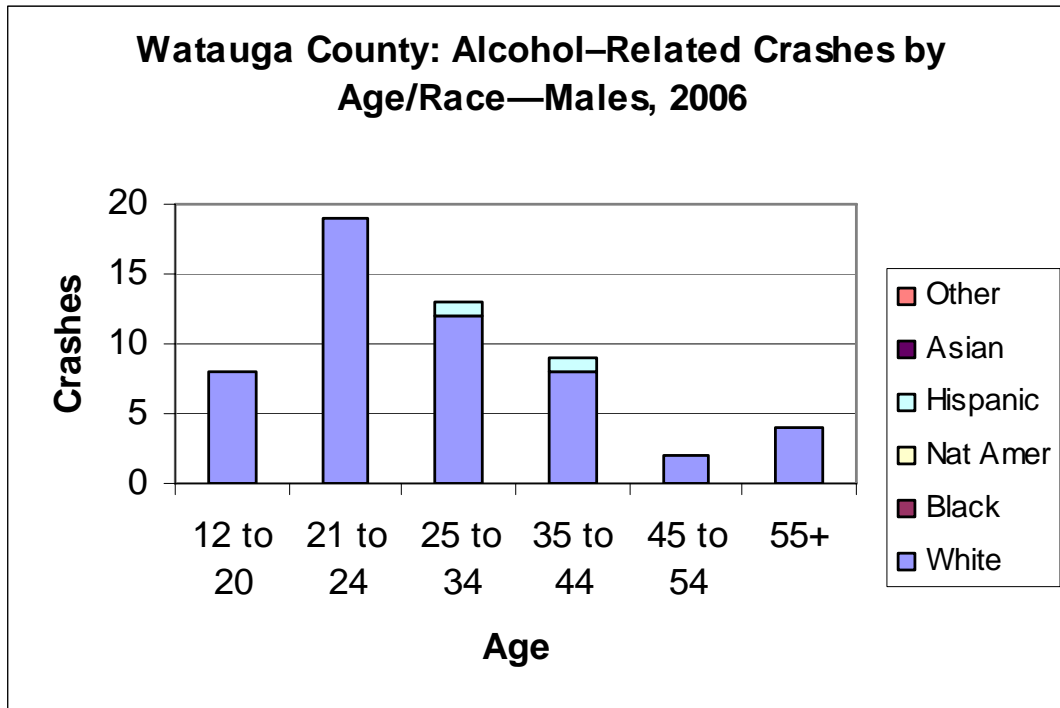
All Alcohol-Related Crashes/Fatalities, by Selected Sociodemographic Characteristics

Measure	Year			
	2002–2006 Combined		2006 Only	
	Male	Female	Male	Female
White	288	83	53	17
Black	5	0	0	0
Native American	0	0	0	0
Hispanic	16	1	2	1
Asian	0	0	0	0
Other	1	0	0	0

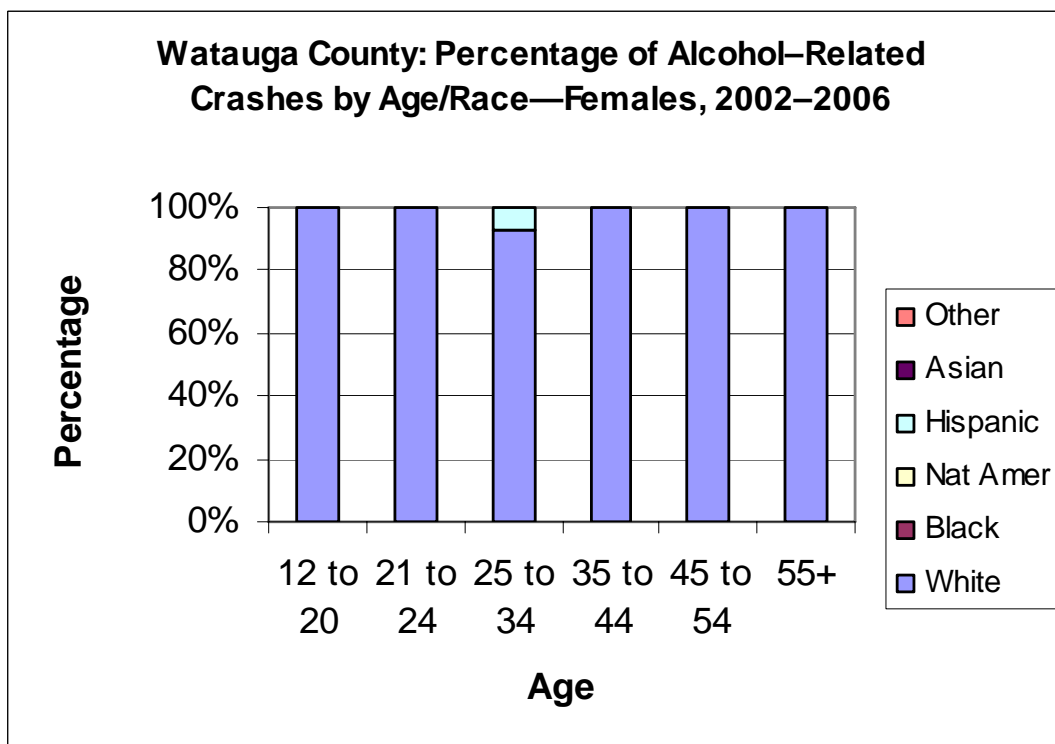
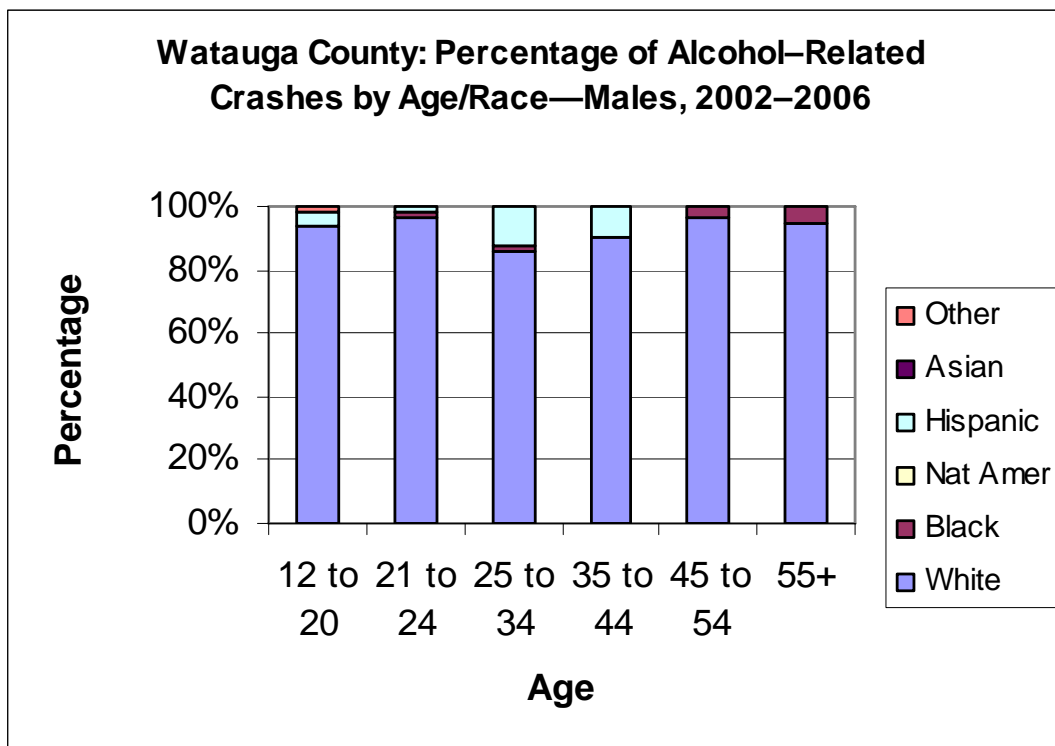
Watauga County



Watauga County



Watauga County



3.3 EXAMINING WHERE AND WHEN: ALCOHOL-RELATED CRASHES/FATALITIES IN YOUR COUNTY

In collaboration with the North Carolina Department of Transportation (NCDOT), we have provided a series of geo-coded spatial maps that show the location of most alcohol-related crashes and fatalities that occurred in your county from 2002 through 2006. The first map shows the location of all alcohol-related crashes/fatalities between January 1, 2002, and December 31, 2006, and the second map shows the location of alcohol-related crashes/fatalities during the most recent year of available data (January 1, 2006–December 31, 2006). The tables below the maps show the number of crashes and fatalities that occurred within each month.

3.3.1 How to use these maps.

- Look at the location of alcohol-related crashes for the *past 5 years*. You are looking for areas which seem to have a lot of alcohol-related crashes.
- Make a list of the communities where there seem to be more crashes and list possible contributing factors that you know about (e.g., location of a large resort area, road construction, sports stadiums, bars, restaurants, pedestrian traffic).
- Next look at your county’s alcohol-related crash map for 2006. Compare the areas that have a lots of alcohol-related crashes with the 5-year map. Write down any differences you notice.
- Compare your list of locations. Are there any communities that appear to have an unusually high number of alcohol-related crashes? Make a list of these locations.
- Drive the roads where alcohol-related crashes take place. What else can you observe?

You now have important data and when you are ready to have your law enforcement interviews (sheriff, police chief(s) and highway patrol) take your maps along and discuss with them what you have observed and ask them if they can help you understand what might be happening.

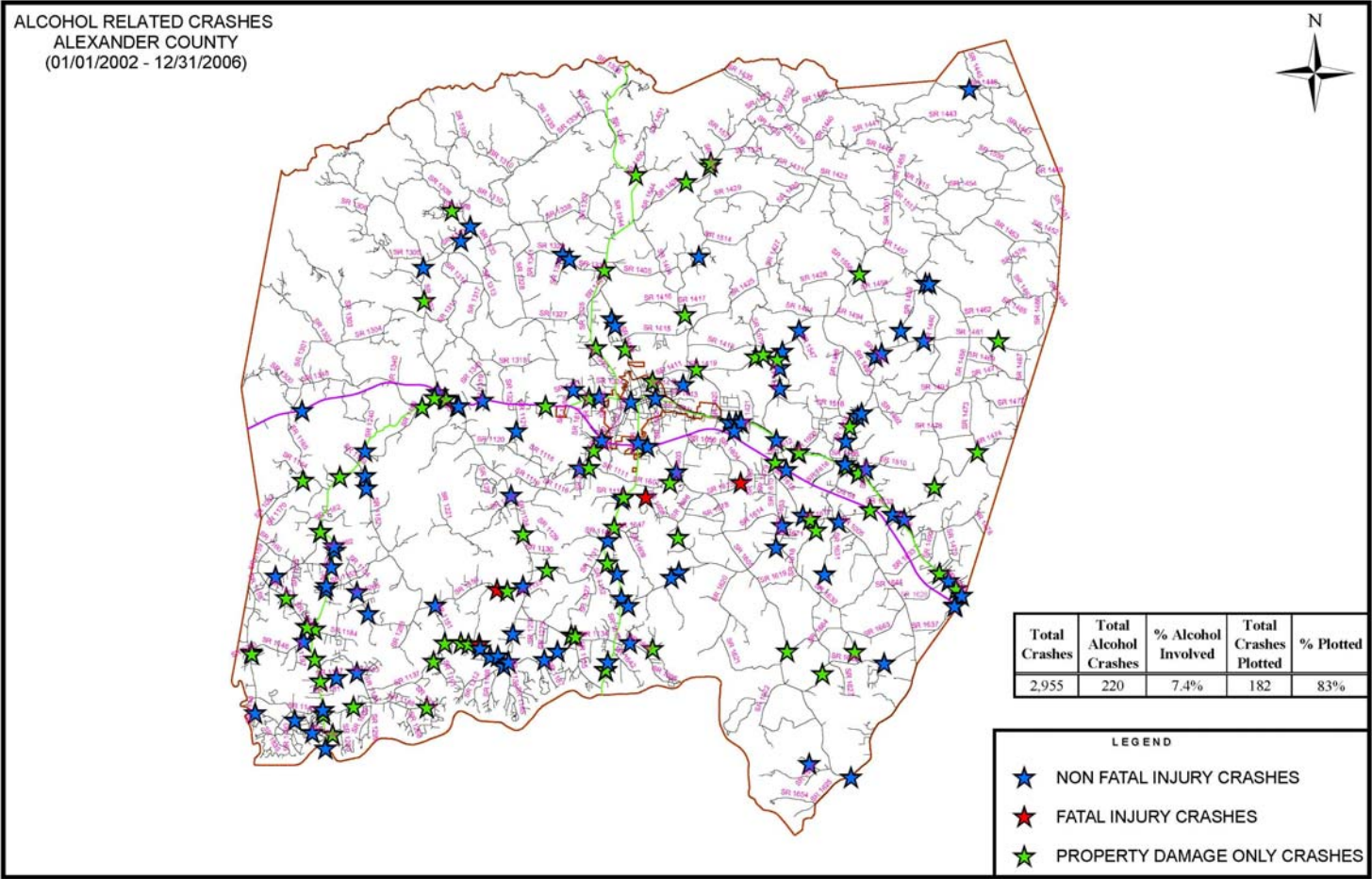
3.4 INTEGRATING THE WHO, WHERE, AND WHEN DATA

The purpose of these data is to determine if your county has a concentrated problem of alcohol-related crashes/fatalities that would allow your subsequent data collection efforts to focus on gathering information about intervening variables and contributing factors. To the degree and extent that no patterns emerge, subsequent data collection efforts may become broad to capture county-wide information.

Question

Based on the county-specific data, please identify any patterns that suggest the need to focus data collection among a specific demographic population and/or a specific geographic location (i.e., town or city).

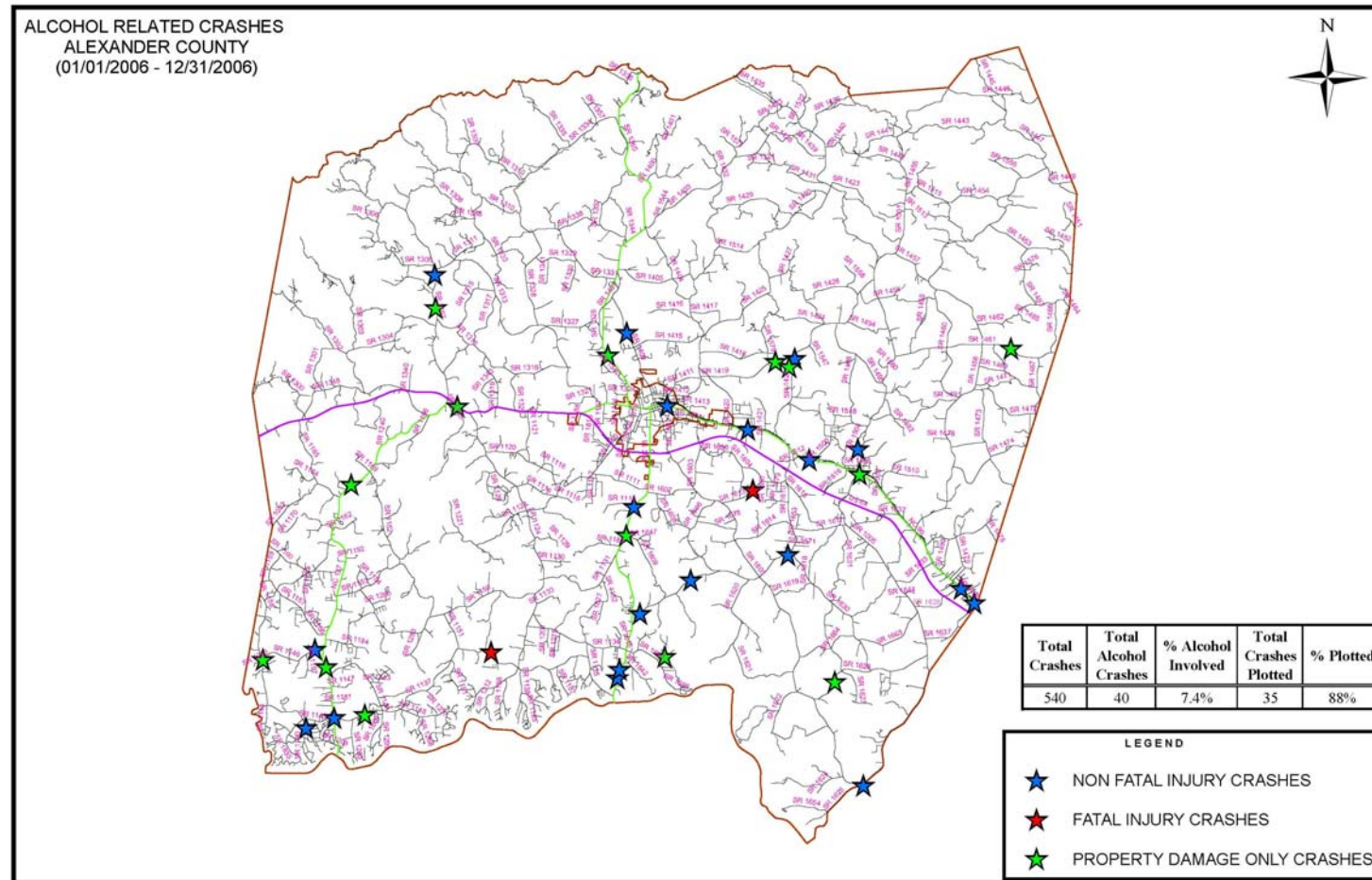
Alexander County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Alexander County (2002–2006)	15	13	15	19	25	14	21	24	15	13	21	22
Alexander County (2006 only)	4	4	1	4	6	3	2	5	2	1	3	3

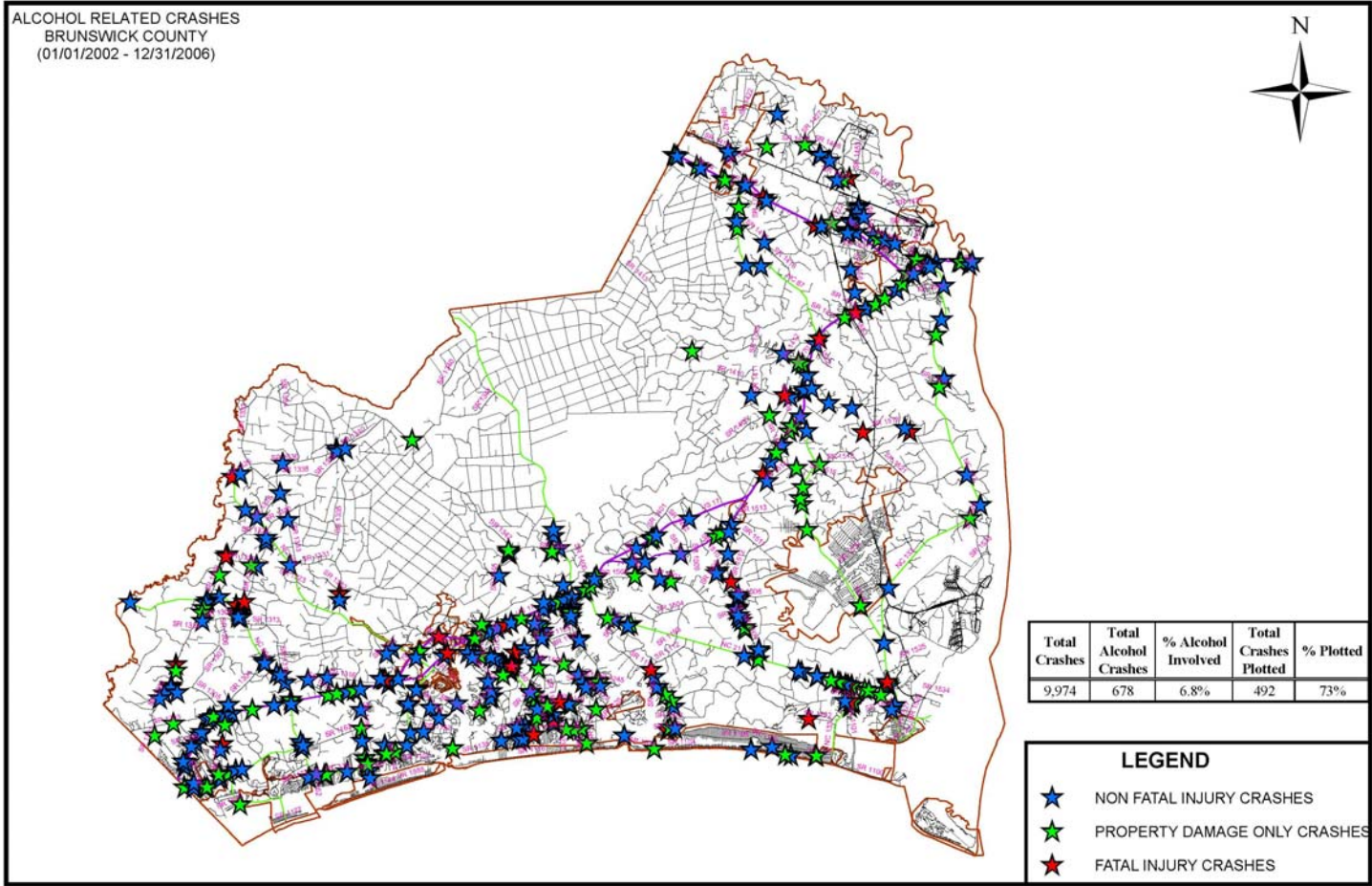
Alexander County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Alexander County (2002–2006)	15	13	15	19	25	14	21	24	15	13	21	22
Alexander County (2006 only)	4	4	1	4	6	3	2	5	2	1	3	3

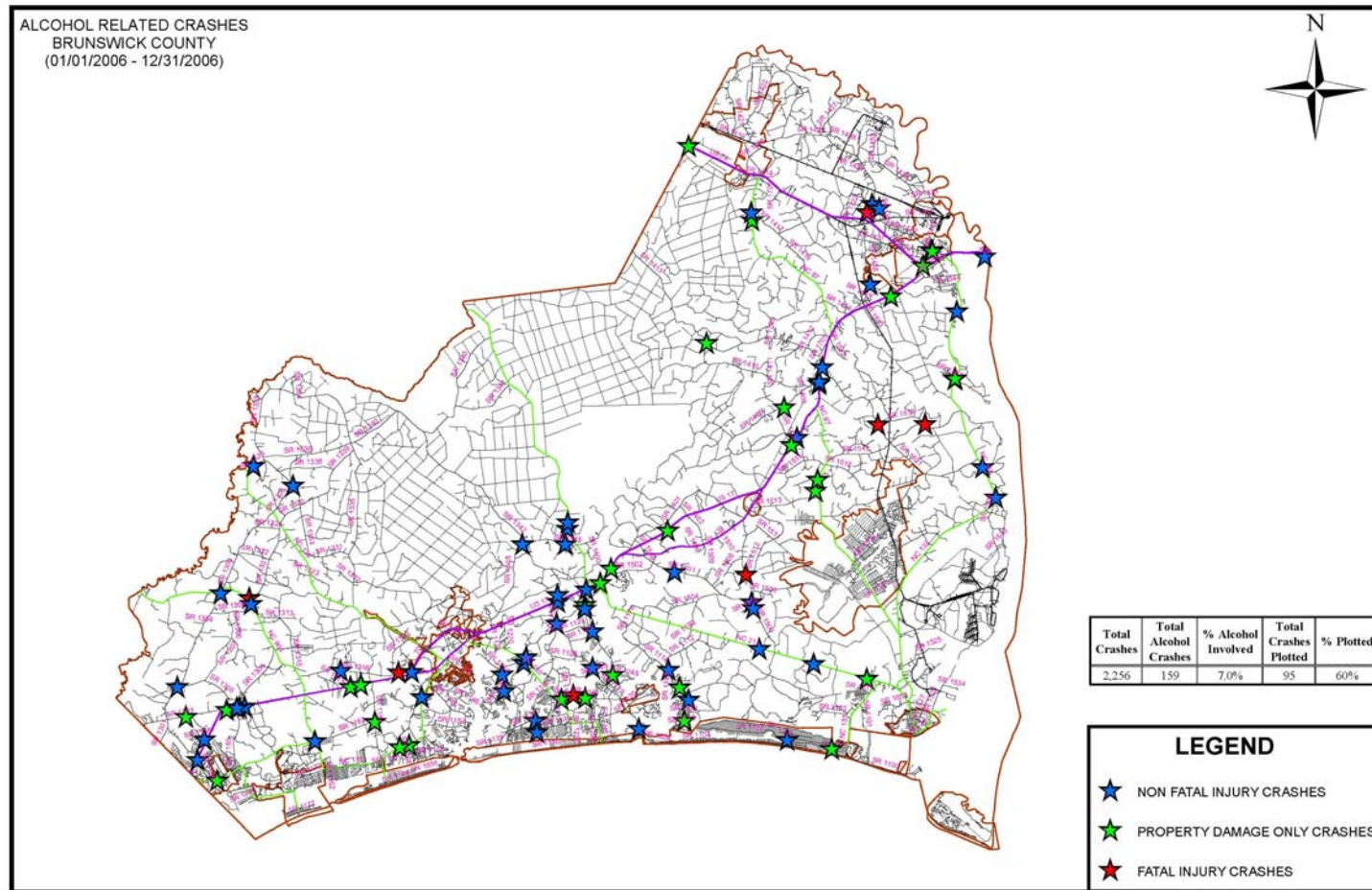
Brunswick County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Brunswick County (2002–2006)	47	48	53	55	62	49	65	59	51	53	55	49
Brunswick County (2006 only)	7	11	8	11	12	10	15	22	11	16	13	10

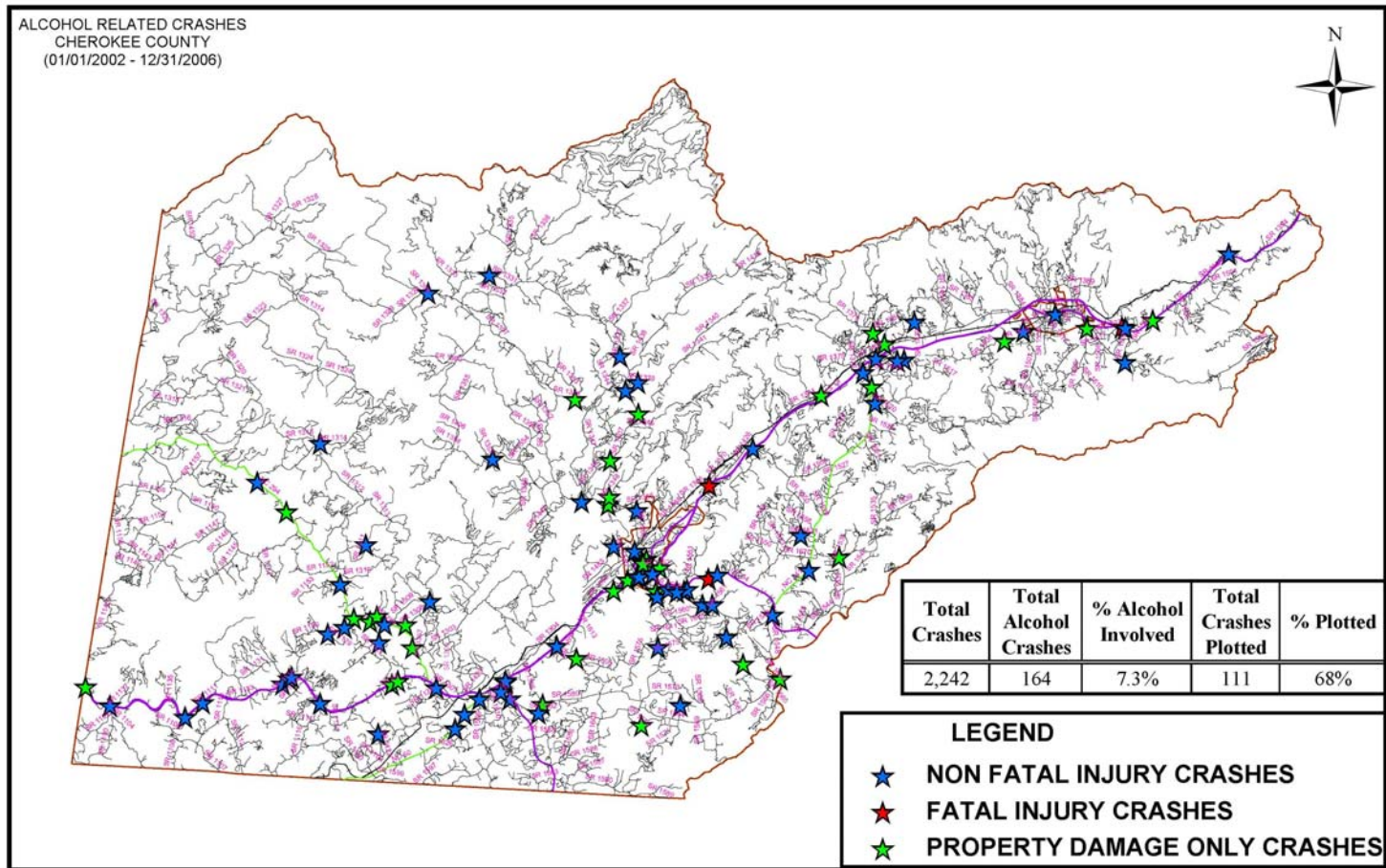
Brunswick County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Brunswick County (2002–2006)	47	48	53	55	62	49	65	59	51	53	55	49
Brunswick County (2006 only)	7	11	8	11	12	10	15	22	11	16	13	10

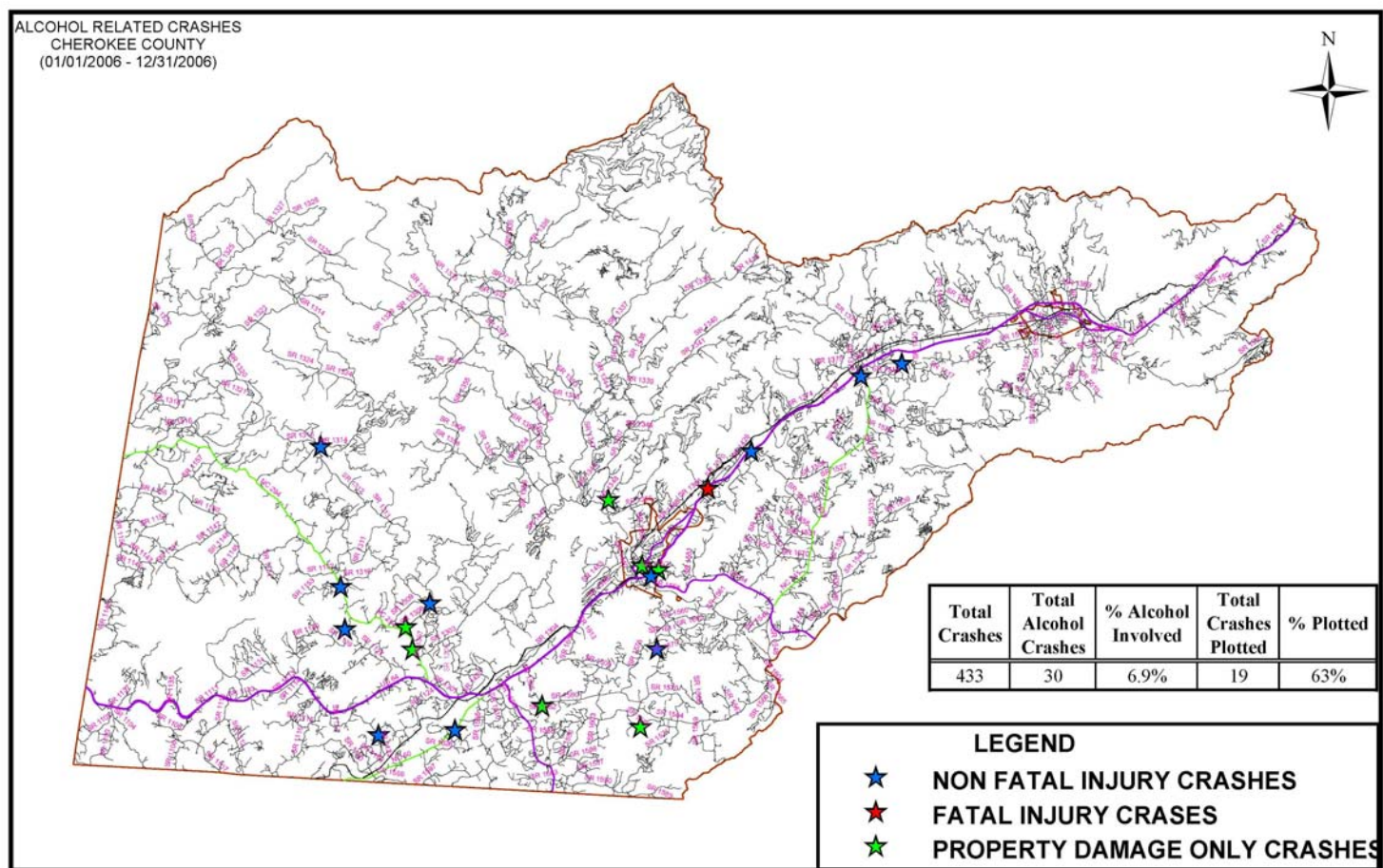
Cherokee County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Cherokee County (2002–2006)	10	10	15	12	14	11	9	20	13	20	11	12
Cherokee County (2006 only)	1	0	4	2	3	2	2	2	3	5	1	2

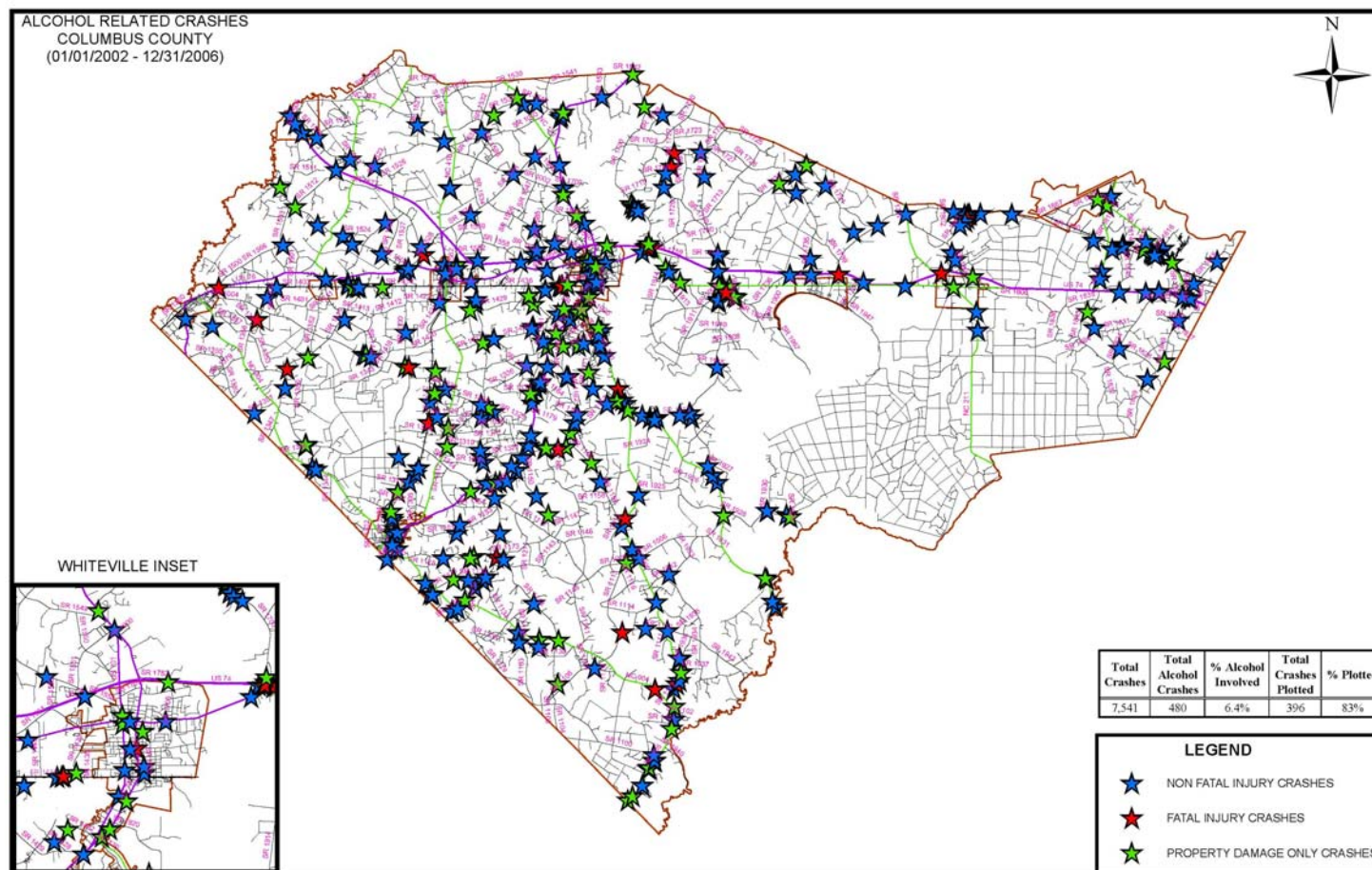
Cherokee County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Cherokee County (2002–2006)	10	10	15	12	14	11	9	20	13	20	11	12
Cherokee County (2006 only)	1	0	4	2	3	2	2	2	3	5	1	2

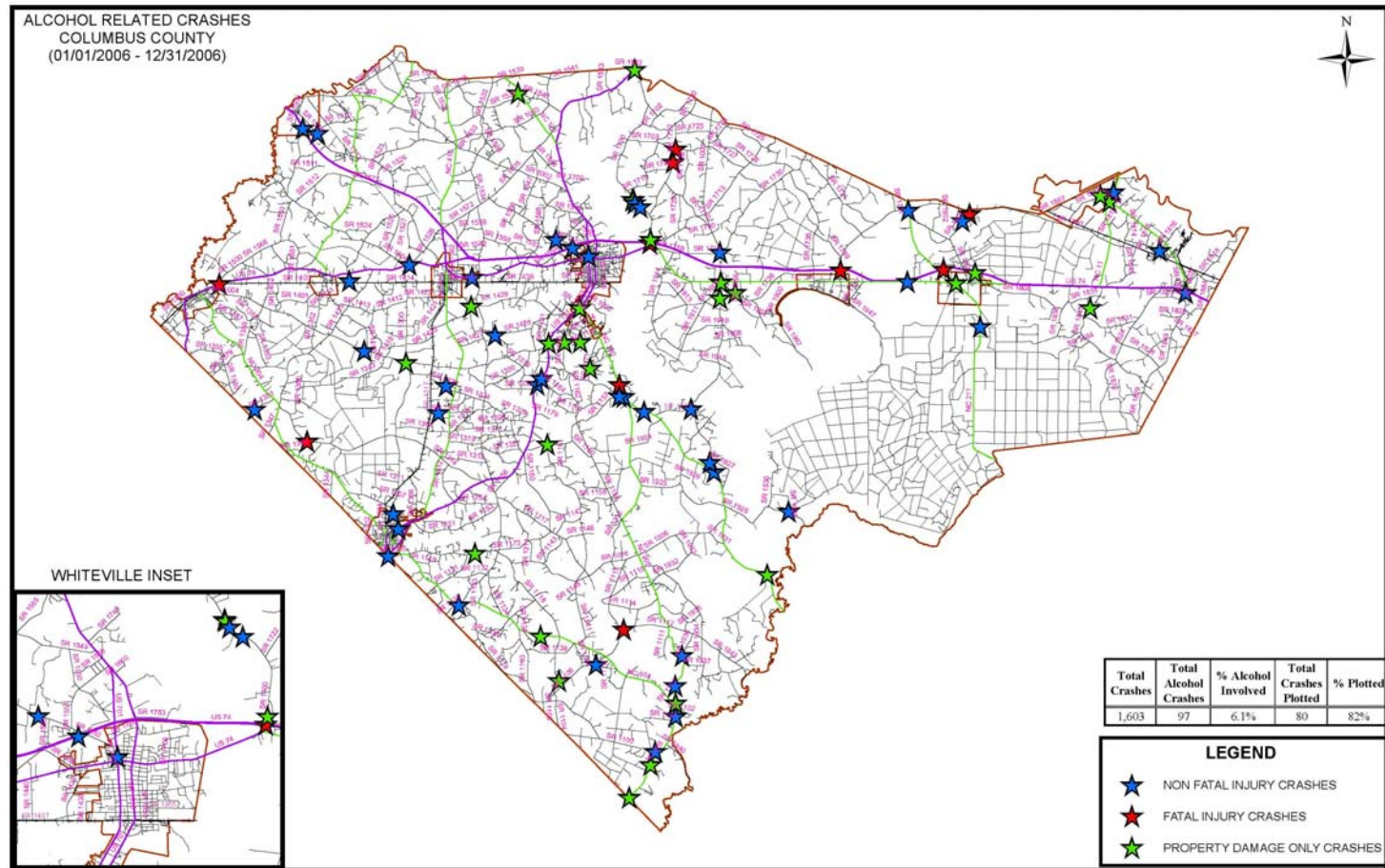
Columbus County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Columbus County (2002–2006)	38	26	44	28	50	45	41	37	37	38	32	38
Columbus County (2006 only)	9	5	6	5	8	10	10	1	9	7	6	6

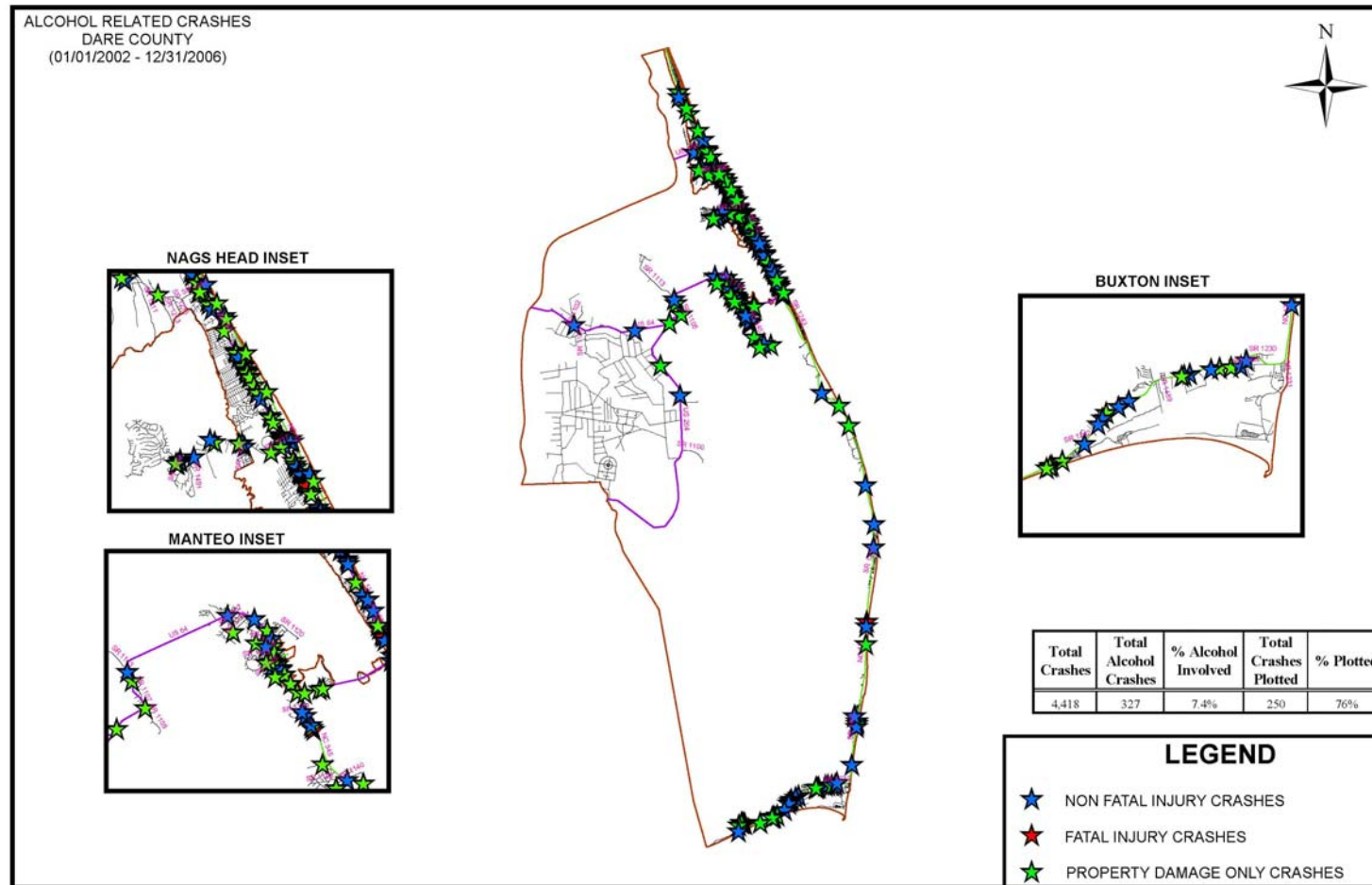
Columbus County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Columbus County (2002–2006)	38	26	44	28	50	45	41	37	37	38	32	38
Columbus County (2006 only)	9	5	6	5	8	10	10	1	9	7	6	6

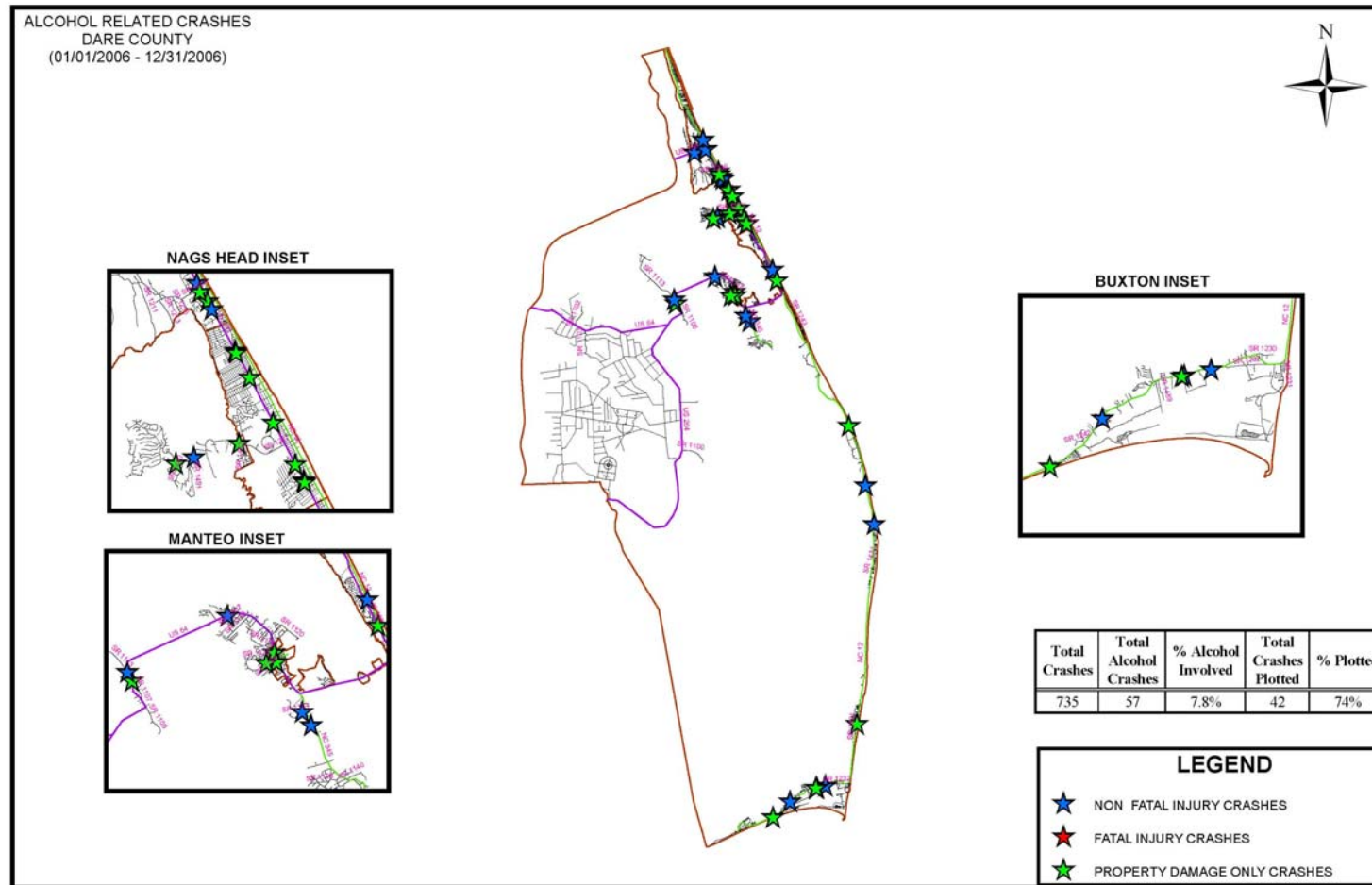
Dare County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Dare County (2002–2006)	26	12	22	18	30	36	33	46	28	33	33	21
Dare County (2006 only)	9	1	1	6	1	9	8	2	8	4	4	2

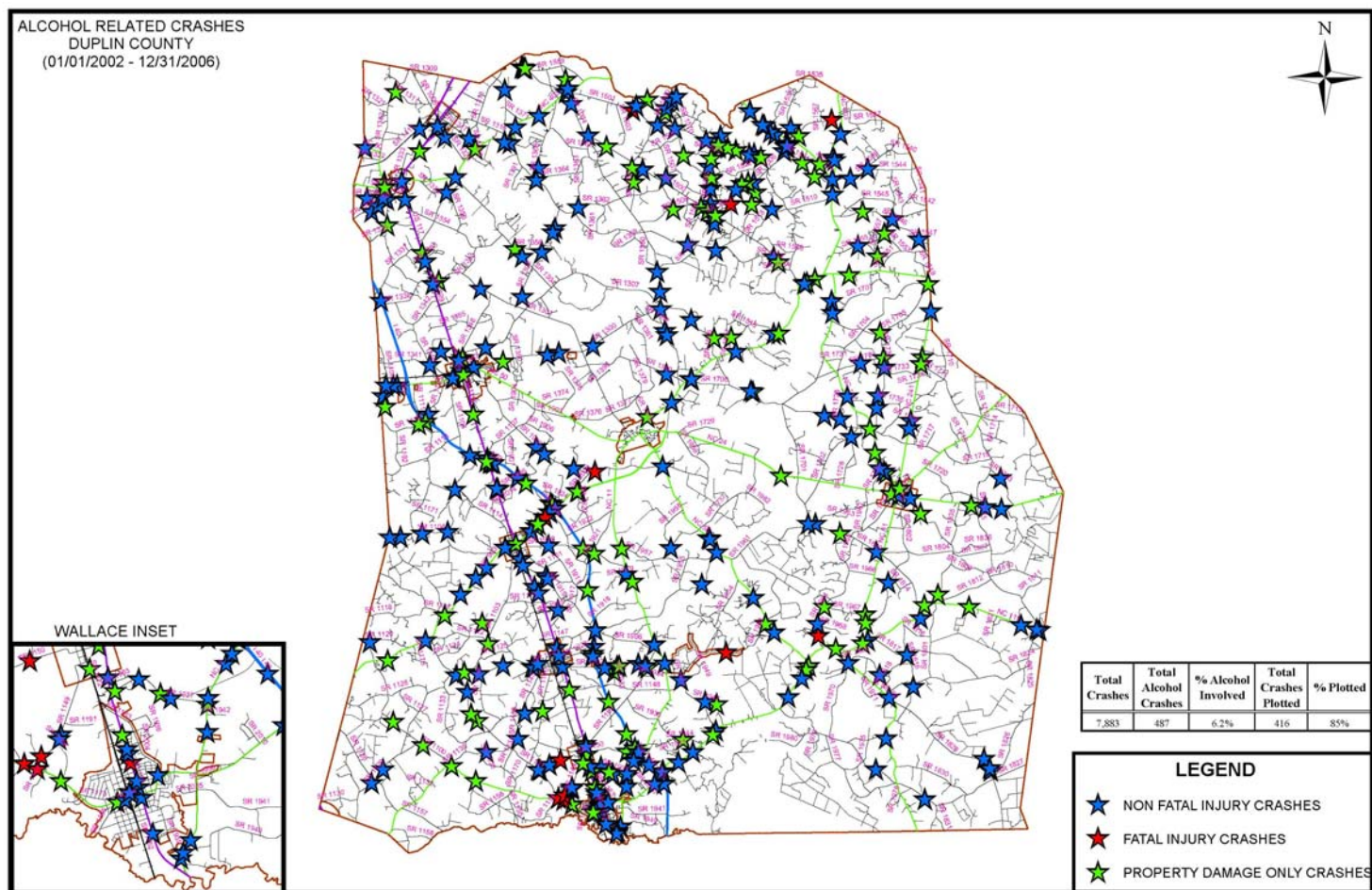
Dare County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Dare County (2002–2006)	26	12	22	18	30	36	33	46	28	33	33	21
Dare County (2006 only)	9	1	1	6	1	9	8	2	8	4	4	2

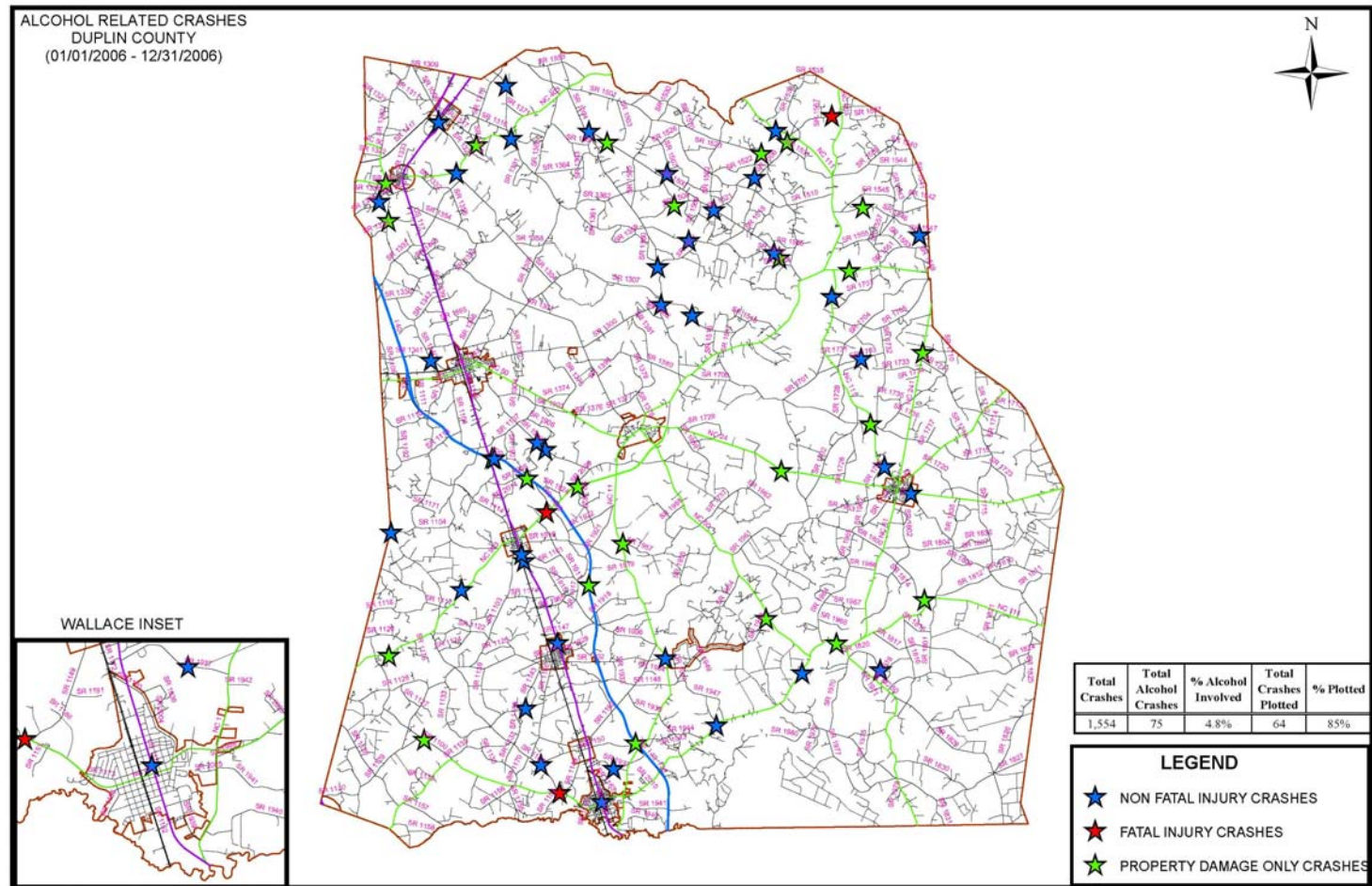
Duplin County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Duplin County (2002–2006)	30	39	36	35	37	41	47	32	42	32	32	32
Duplin County (2006 only)	6	5	7	6	4	7	6	5	8	6	4	2

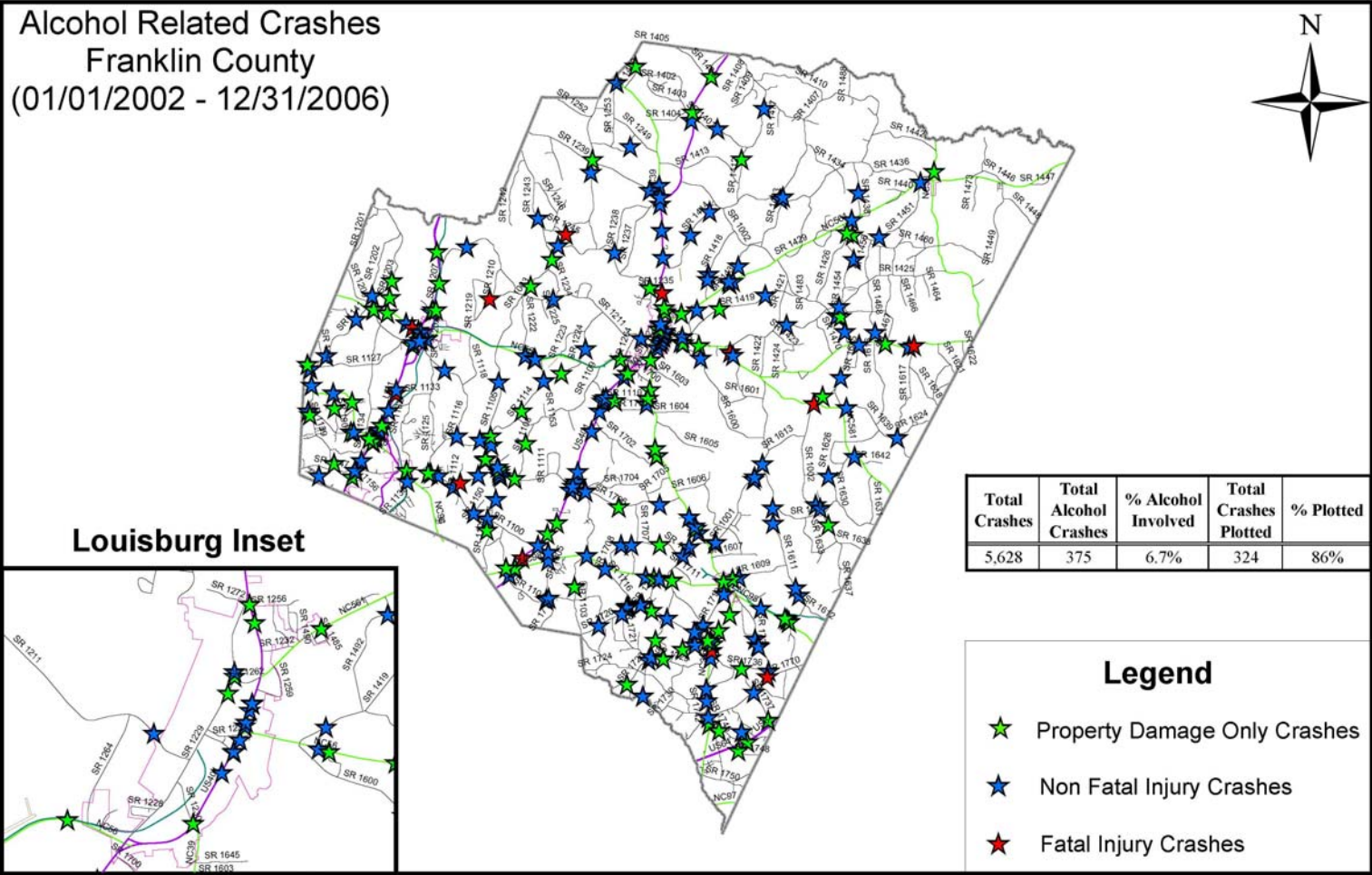
Duplin County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Duplin County (2002–2006)	30	39	36	35	37	41	47	32	42	32	32	32
Duplin County (2006 only)	6	5	7	6	4	7	6	5	8	6	4	2

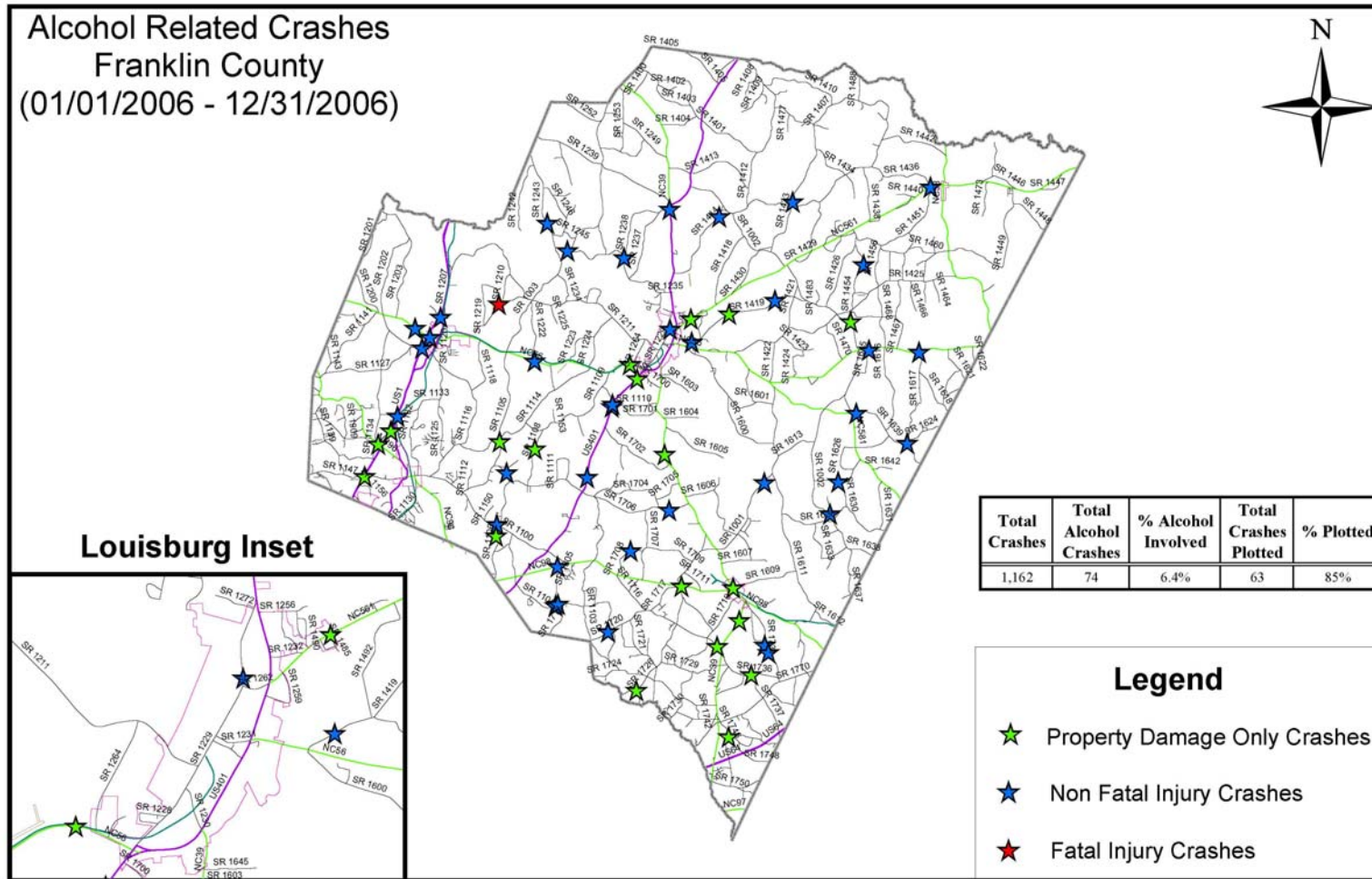
Franklin County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Franklin County (2002–2006)	26	28	36	26	35	26	31	37	38	35	24	25
Franklin County (2006 only)	7	6	8	6	5	4	8	8	4	6	6	6

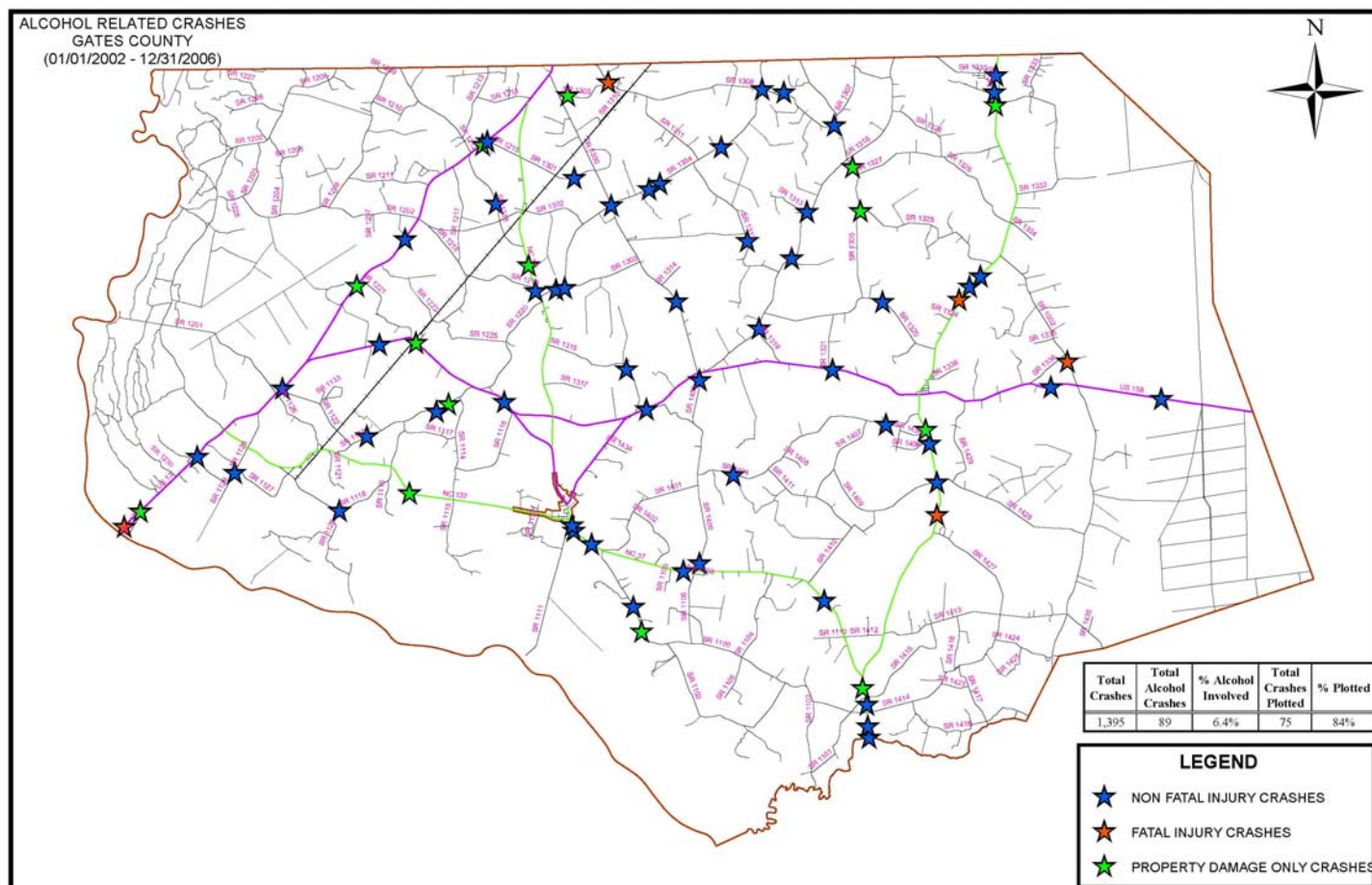
Franklin County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Franklin County (2002–2006)	26	28	36	26	35	26	31	37	38	35	24	25
Franklin County (2006 only)	7	6	8	6	5	4	8	8	4	6	6	6

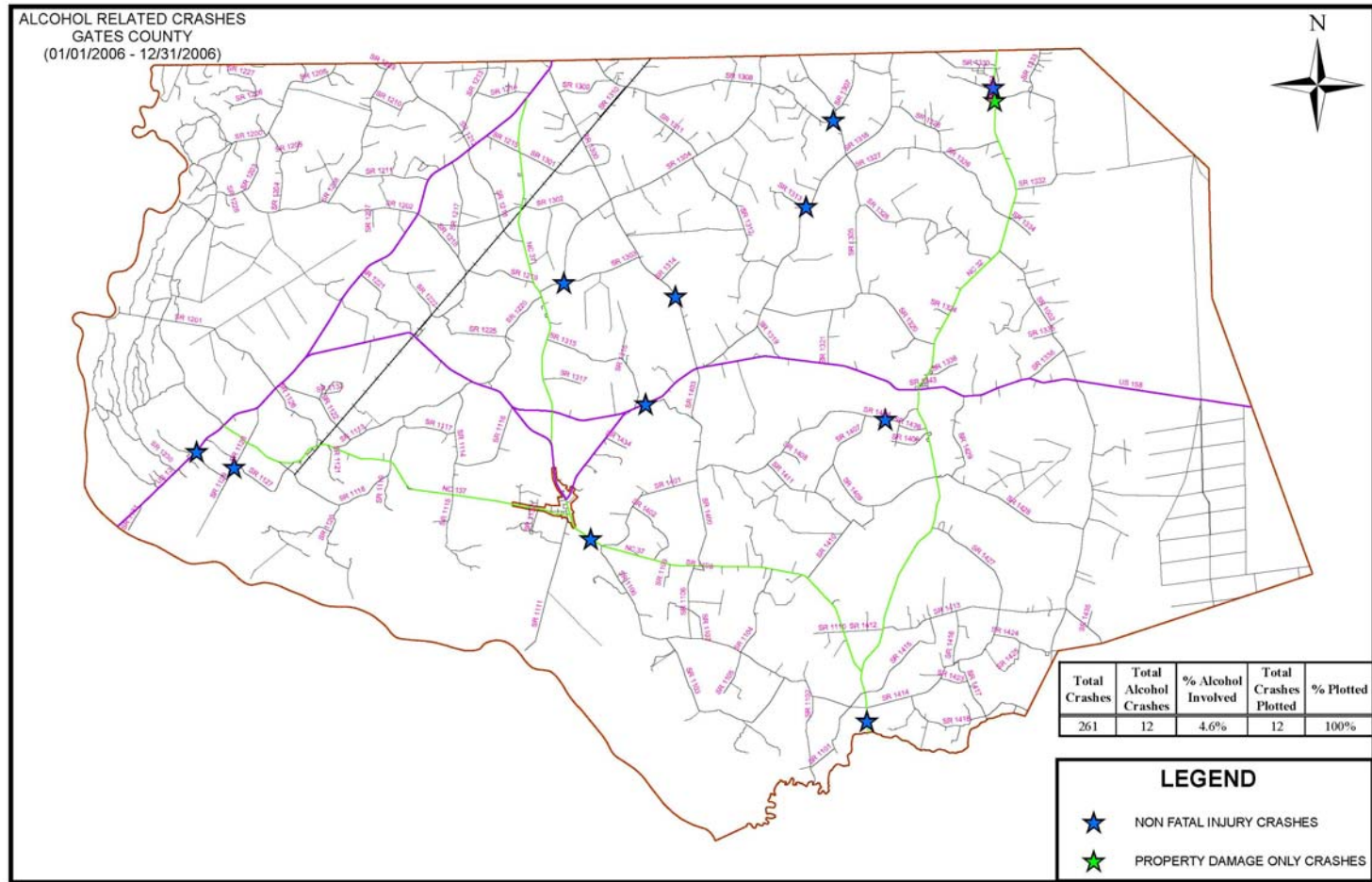
Gates County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Gates County (2002–2006)	12	6	5	7	5	11	6	7	6	10	6	10
Gates County (2006 only)	1	2	1	2	2	1	0	1	0	1	1	0

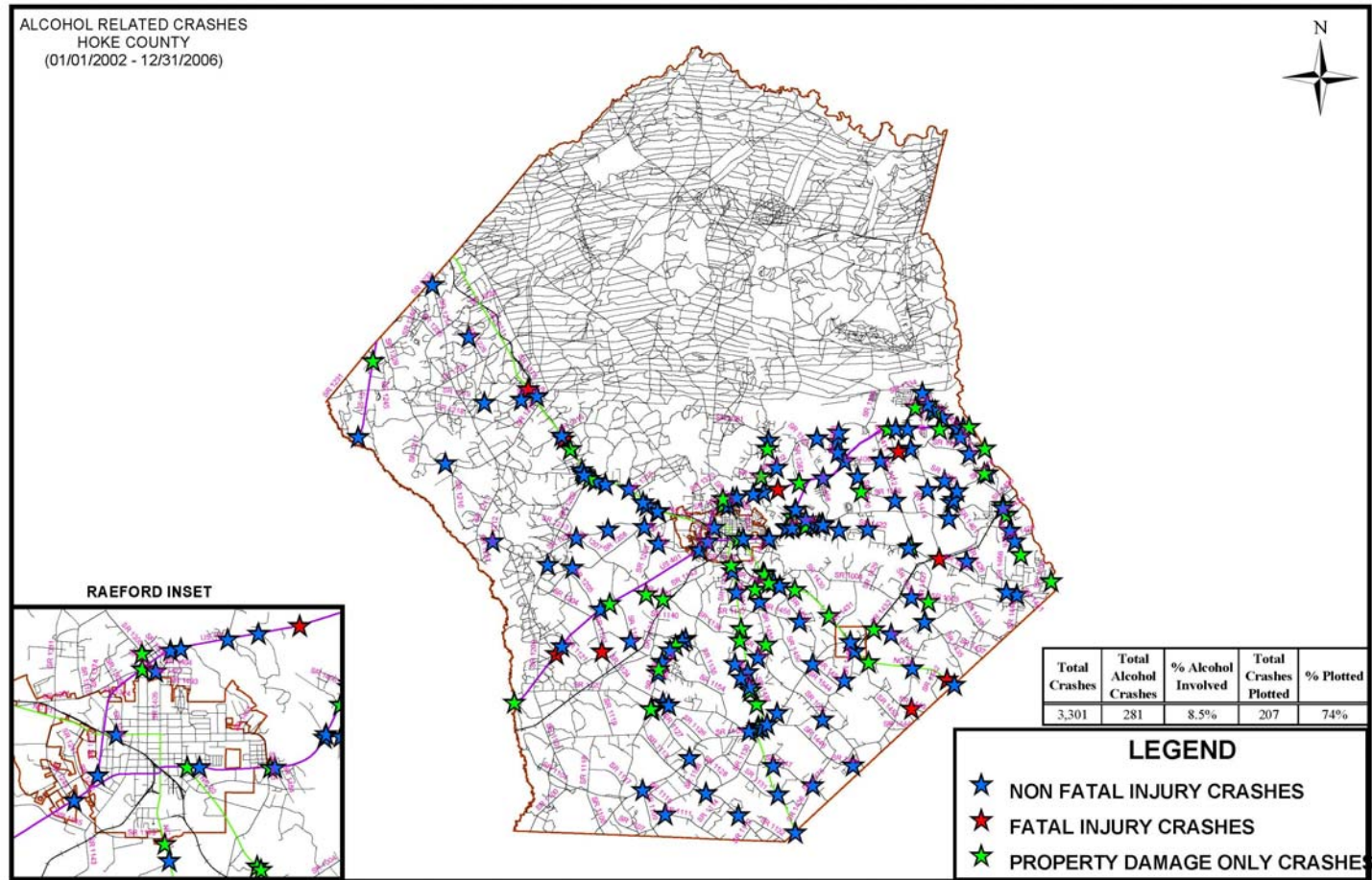
Gates County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Gates County (2002–2006)	12	6	5	7	5	11	6	7	6	10	6	10
Gates County (2006 only)	1	2	1	2	2	1	0	1	0	1	1	0

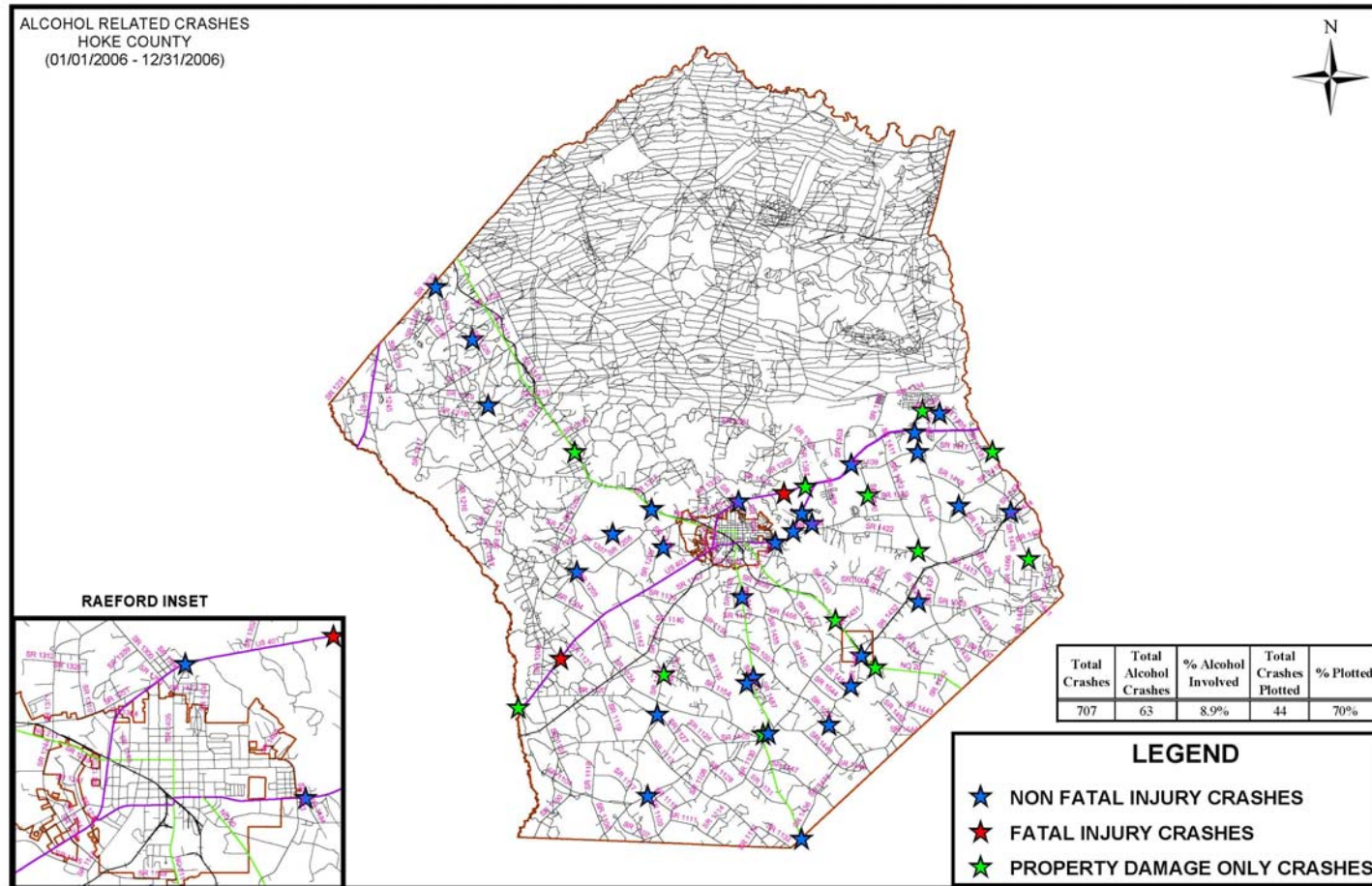
Hoke County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Hoke County (2002–2006)	14	15	15	15	39	25	28	21	24	26	22	23
Hoke County (2006 only)	2	5	4	2	14	5	6	3	3	6	3	6

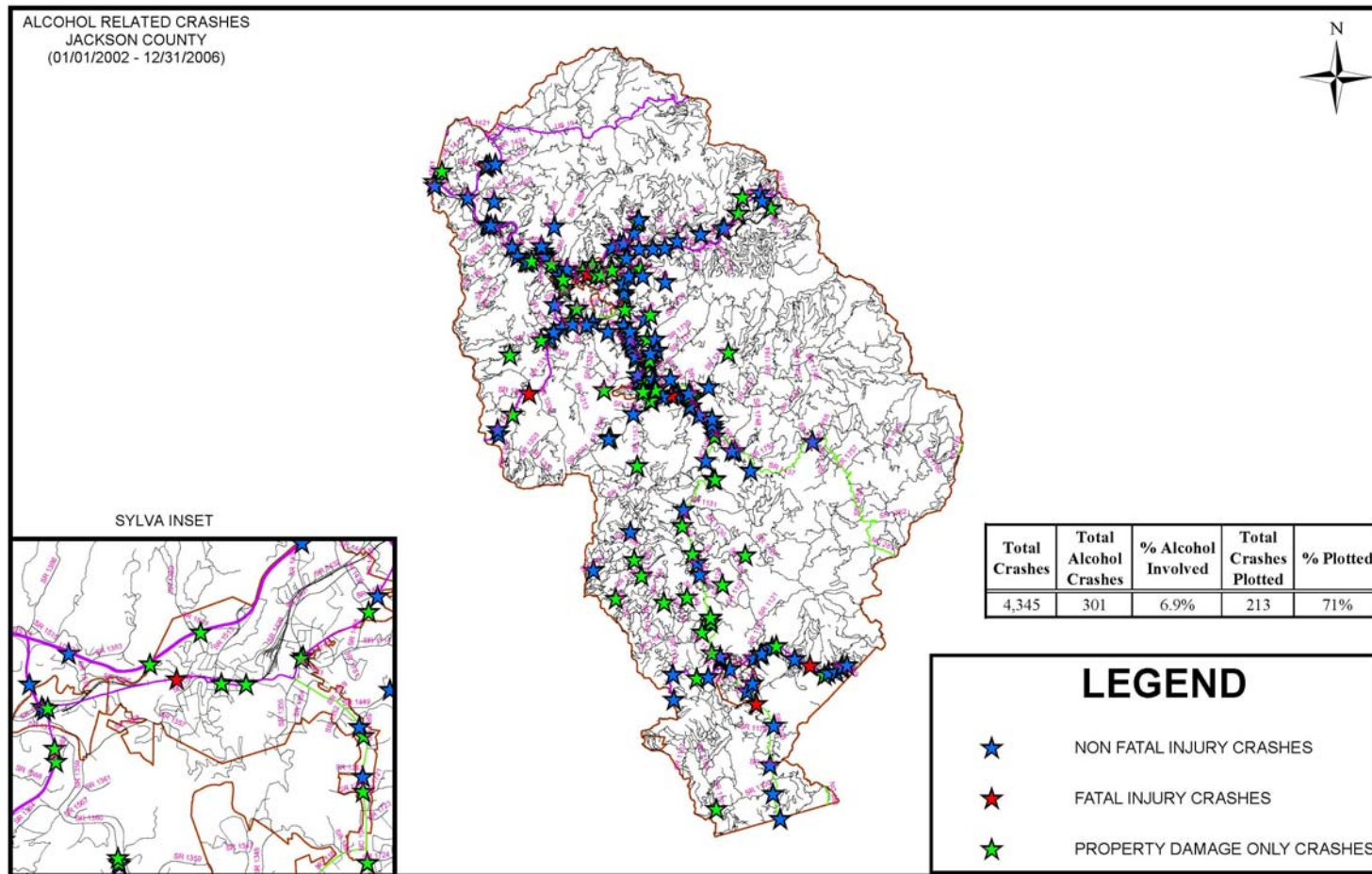
Hoke County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Hoke County (2002–2006)	14	15	15	15	39	25	28	21	24	26	22	23
Hoke County (2006 only)	2	5	4	2	14	5	6	3	3	6	3	6

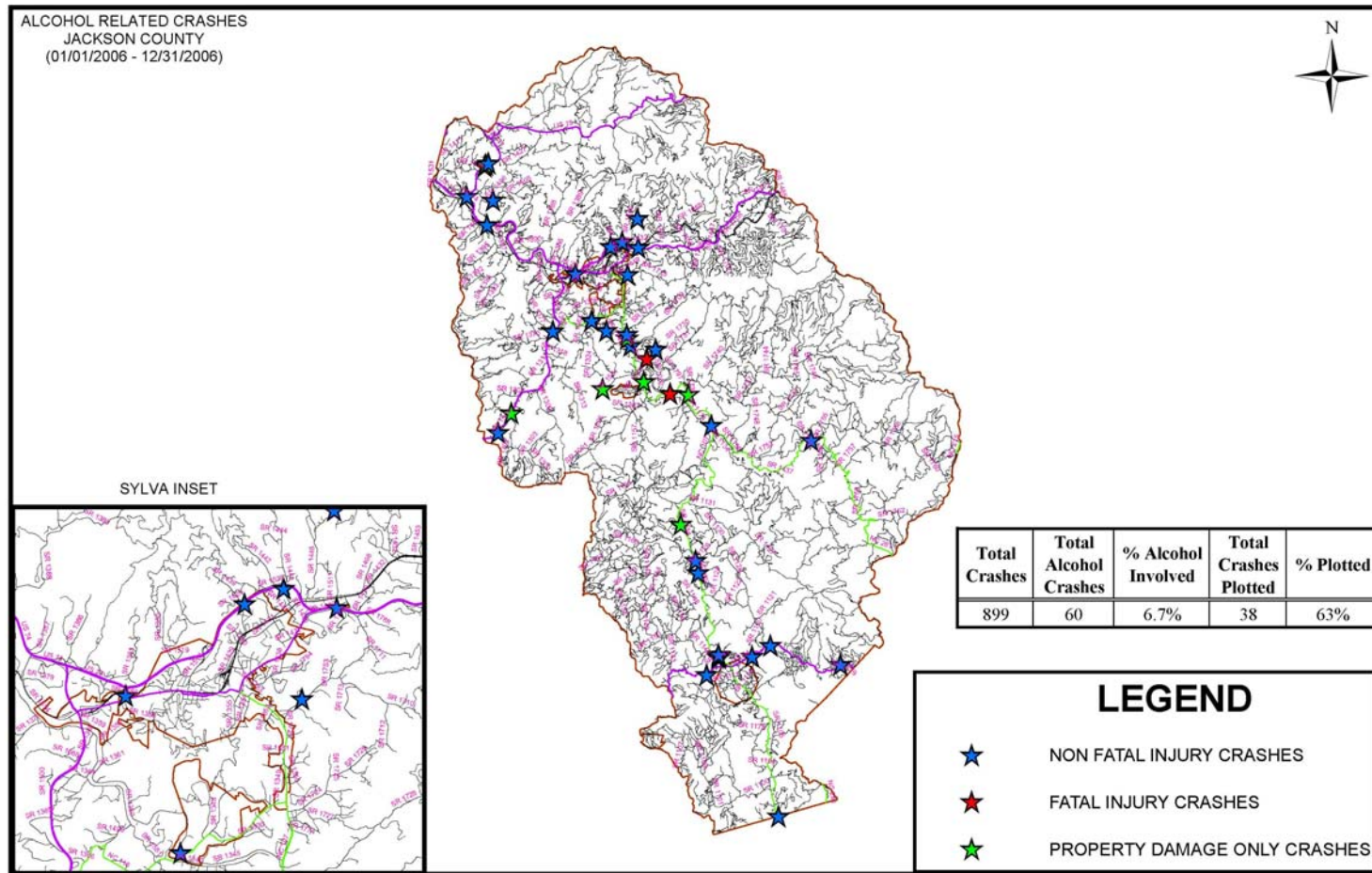
Jackson County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Jackson County (2002–2006)	21	17	22	20	29	19	24	23	25	39	28	21
Jackson County (2006 only)	6	3	4	3	8	3	5	2	6	8	3	2

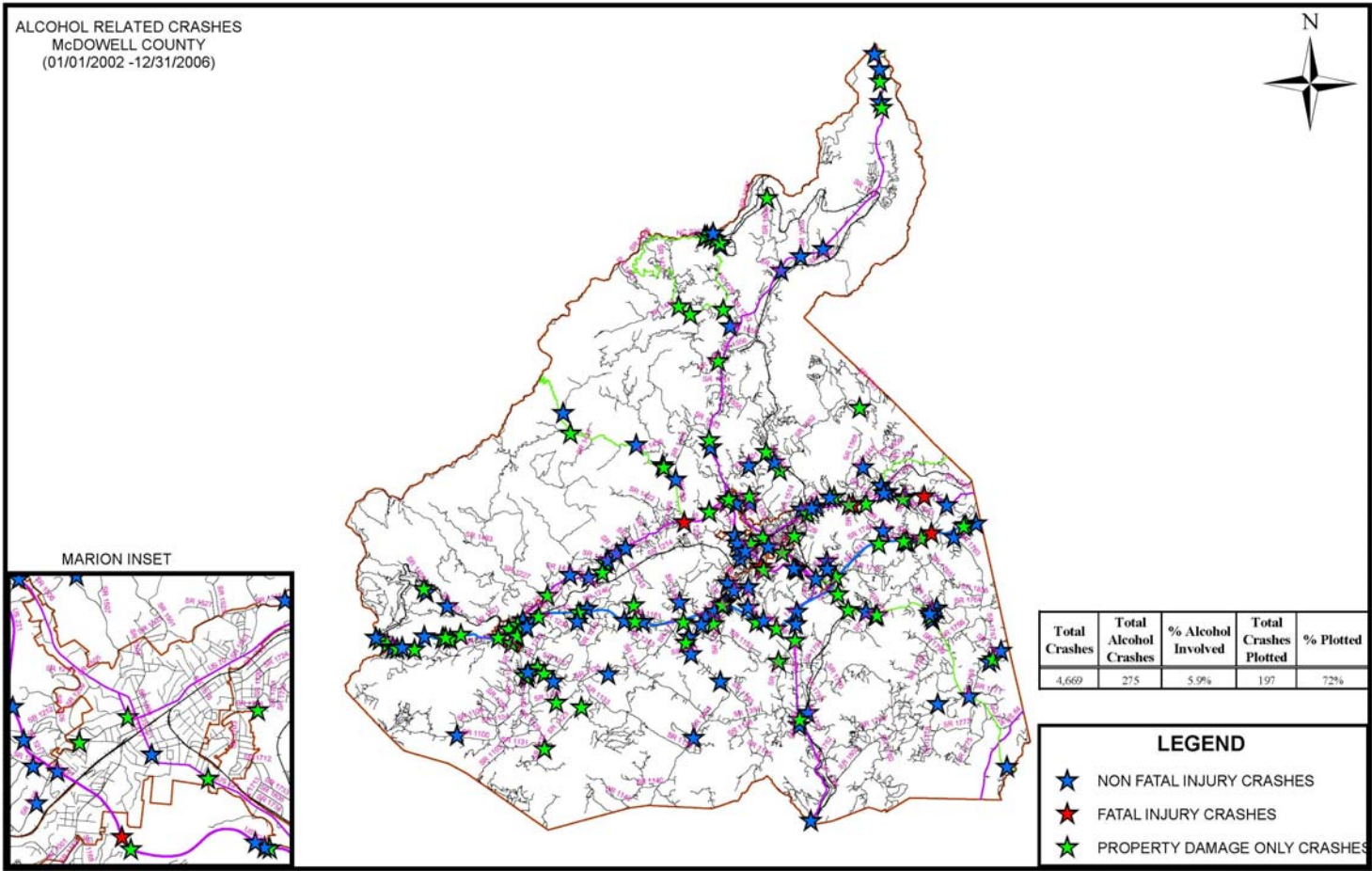
Jackson County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Jackson County (2002–2006)	21	17	22	20	29	19	24	23	25	39	28	21
Jackson County (2006 only)	6	3	4	3	8	3	5	2	6	8	3	2

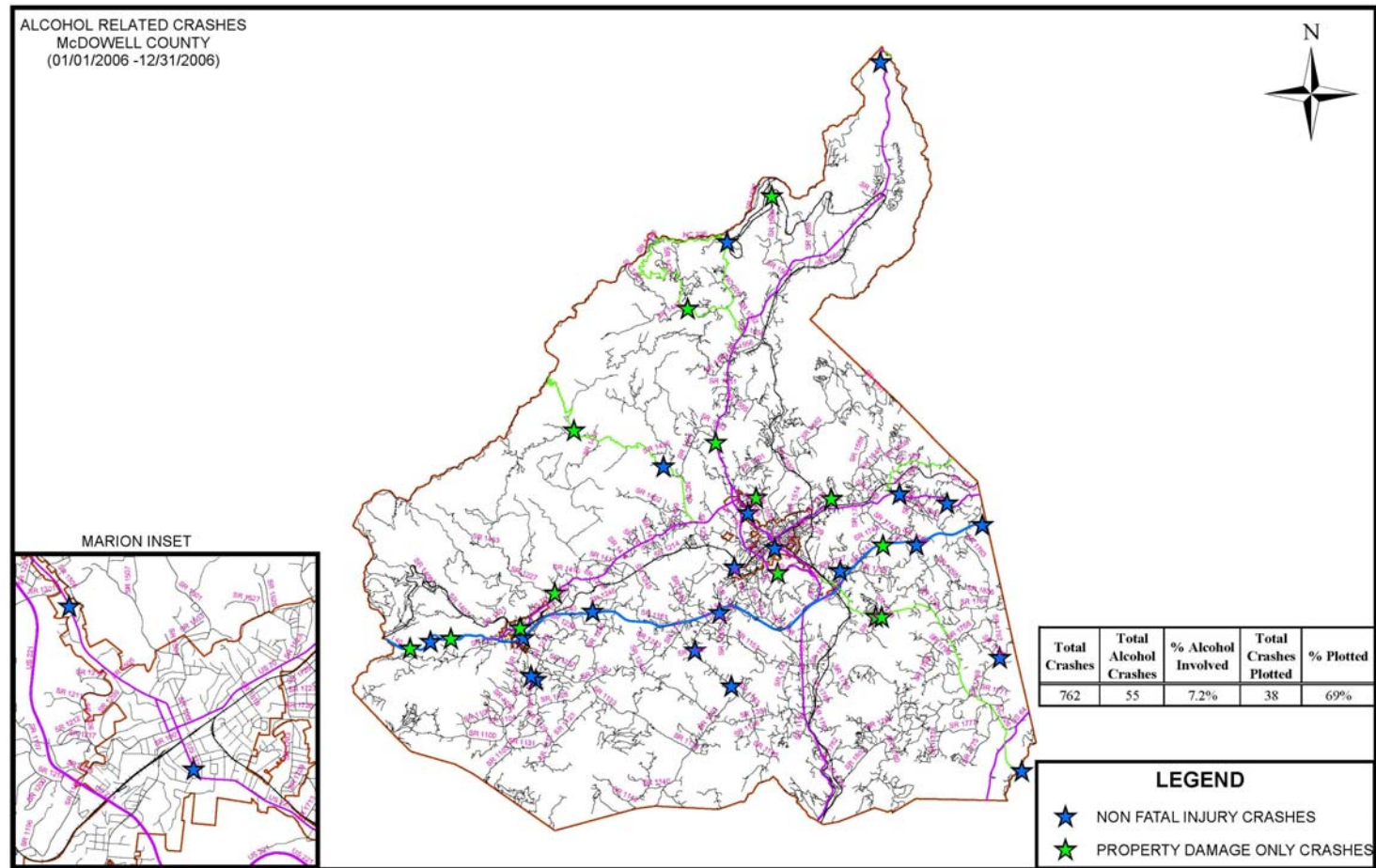
McDowell County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
McDowell County (2002–2006)	18	21	28	26	20	27	13	29	15	31	24	18
McDowell County (2006 only)	4	2	6	5	0	8	4	5	5	6	4	4

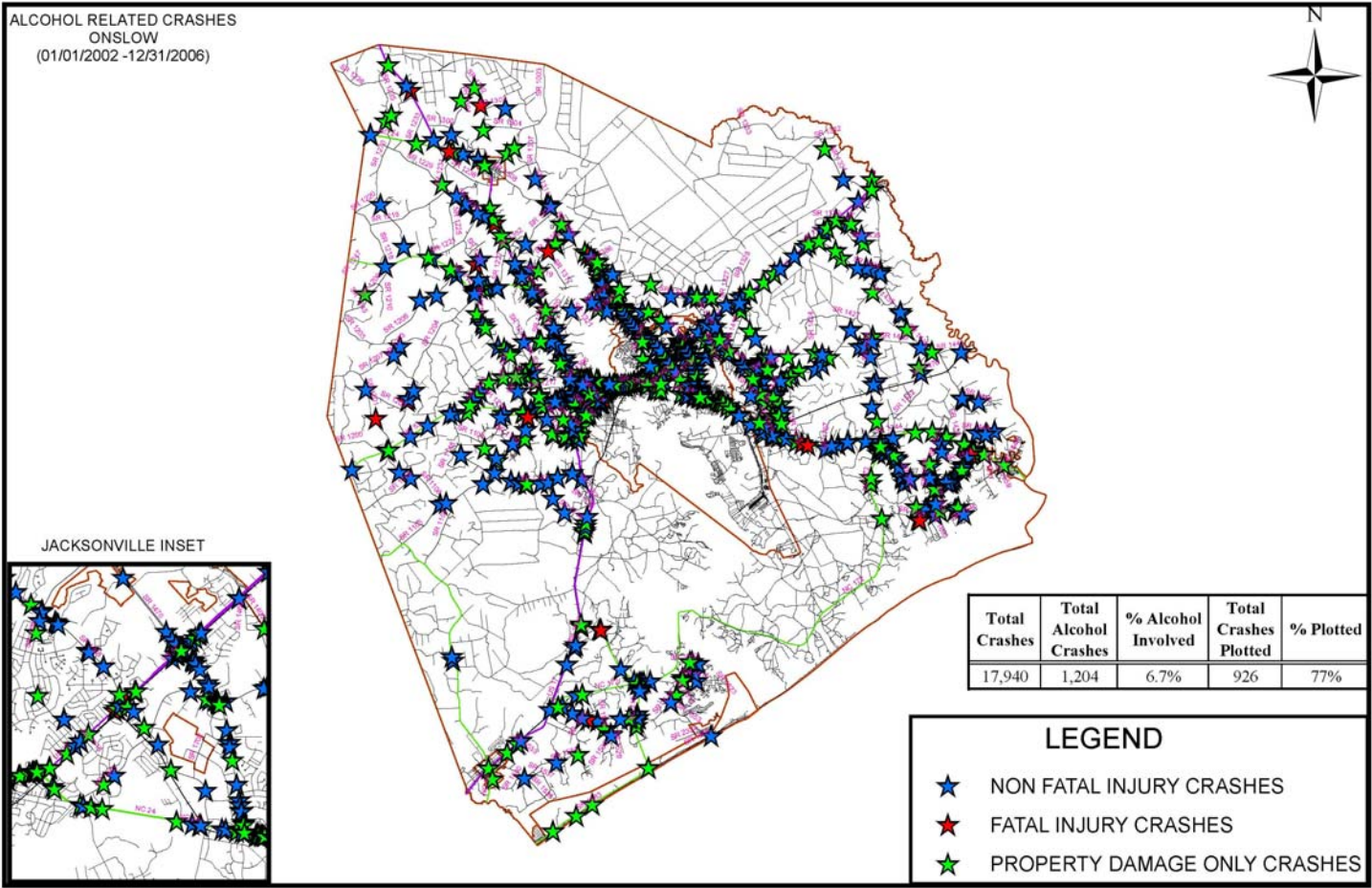
McDowell County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
McDowell County (2002–2006)	18	21	28	26	20	27	13	29	15	31	24	18
McDowell County (2006 only)	4	2	6	5	0	8	4	5	5	6	4	4

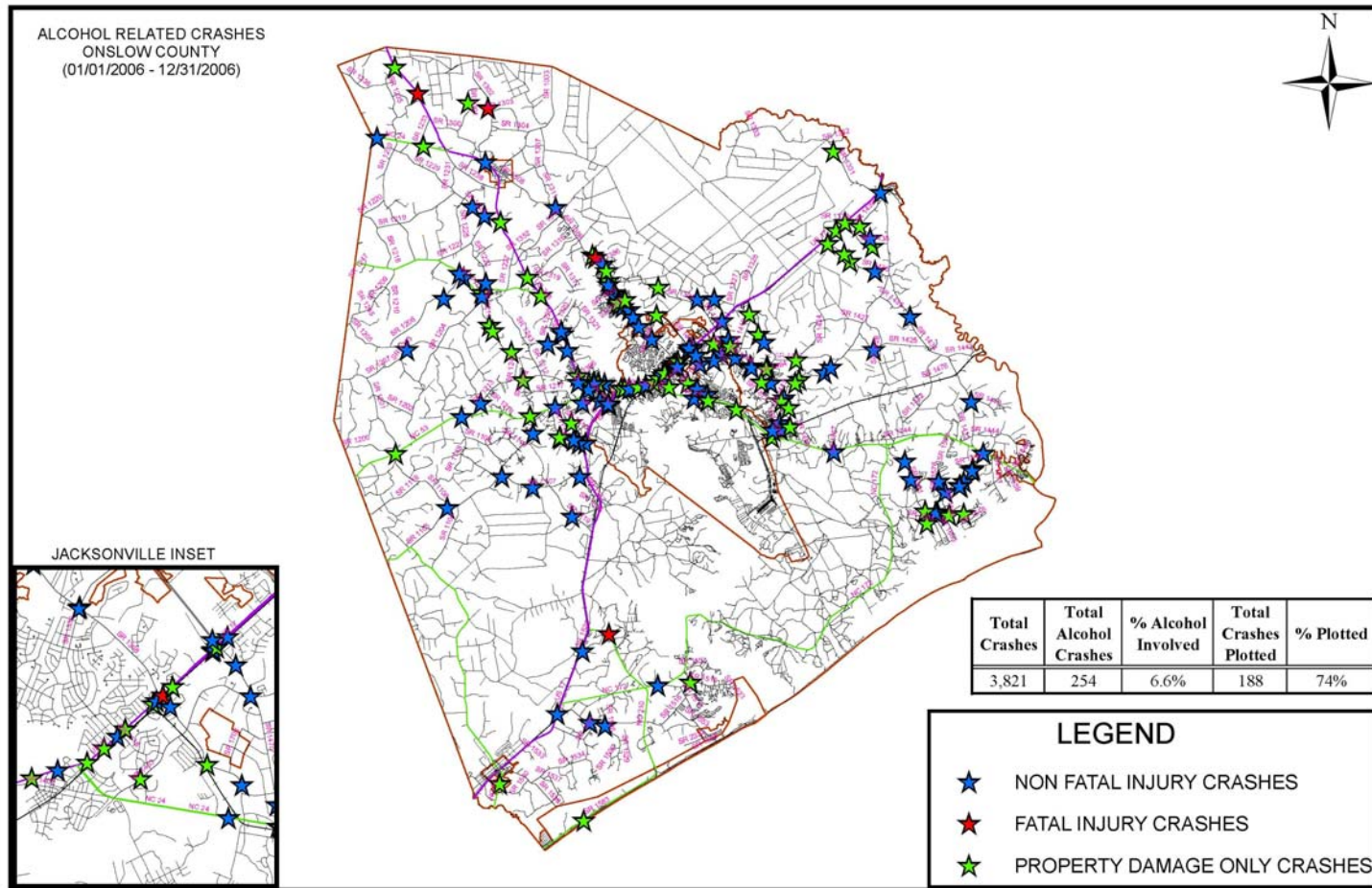
Onslow County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Onslow County (2002–2006)	94	96	93	94	114	79	106	128	95	103	103	64
Onslow County (2006 only)	12	15	24	27	29	15	22	21	23	15	23	10

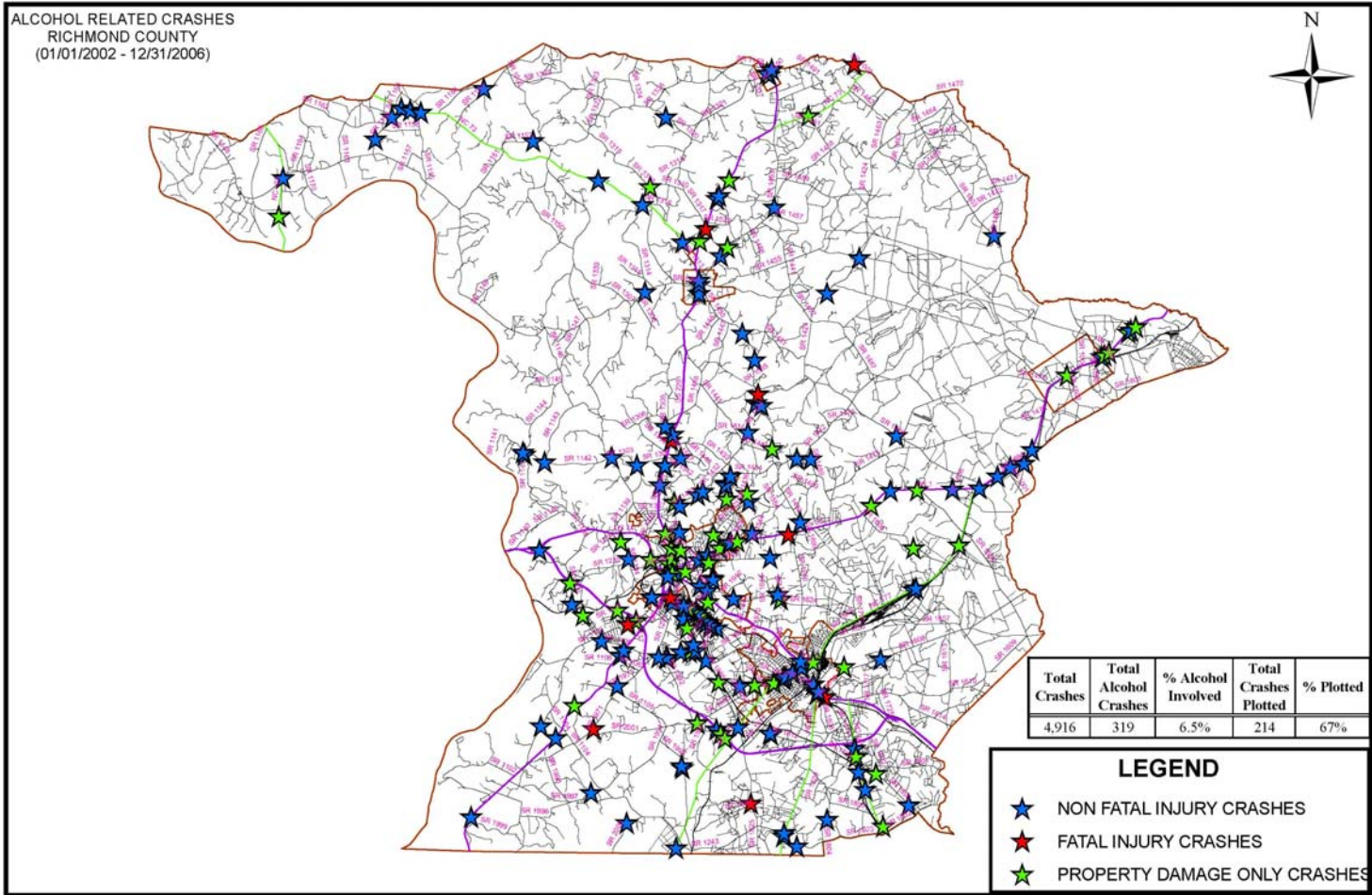
Onslow County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Onslow County (2002–2006)	94	96	93	94	114	79	106	128	95	103	103	64
Onslow County (2006 only)	12	15	24	27	29	15	22	21	23	15	23	10

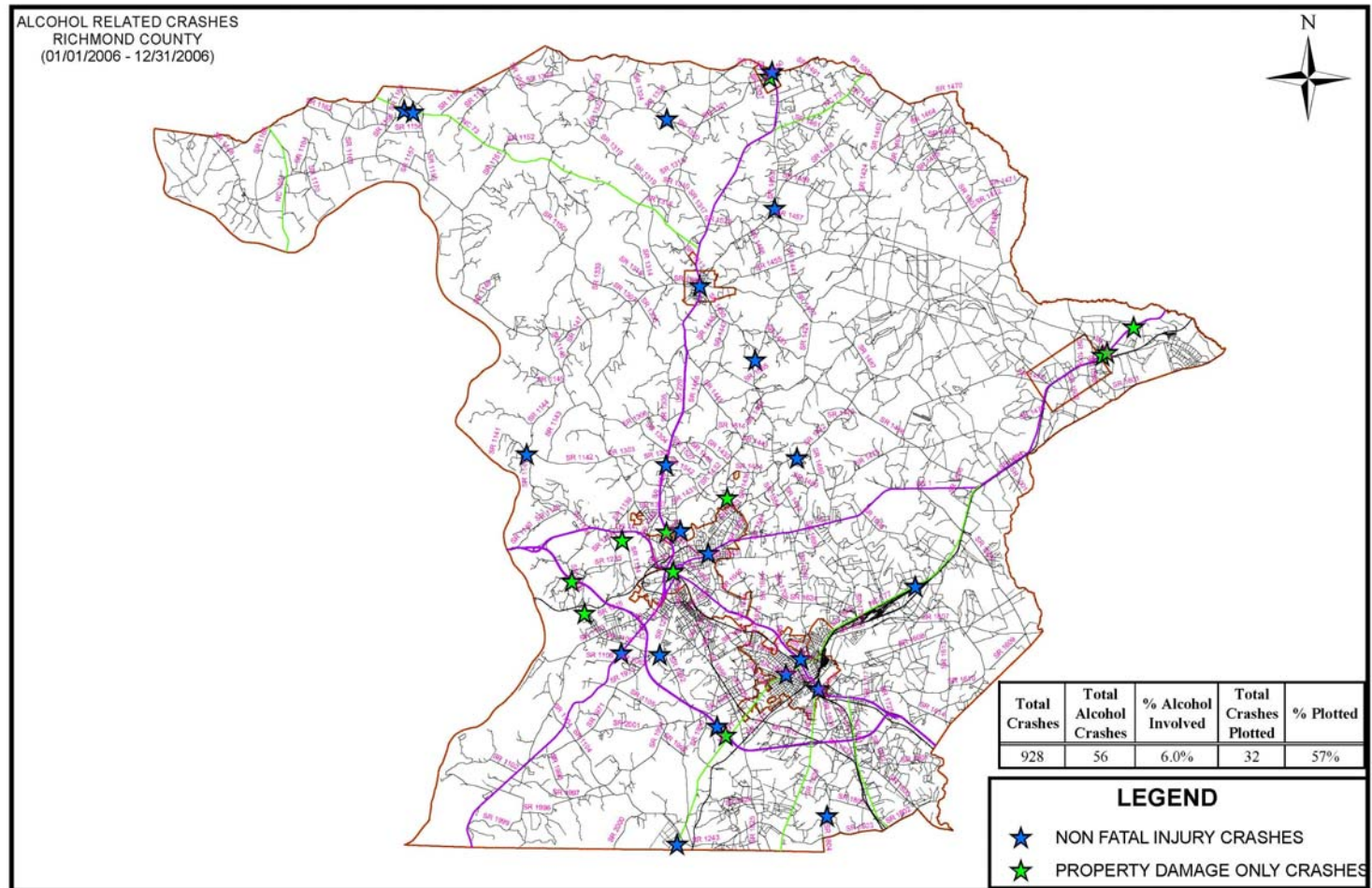
Richmond County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Richmond County (2002–2006)												
Richmond County (2006 only)												

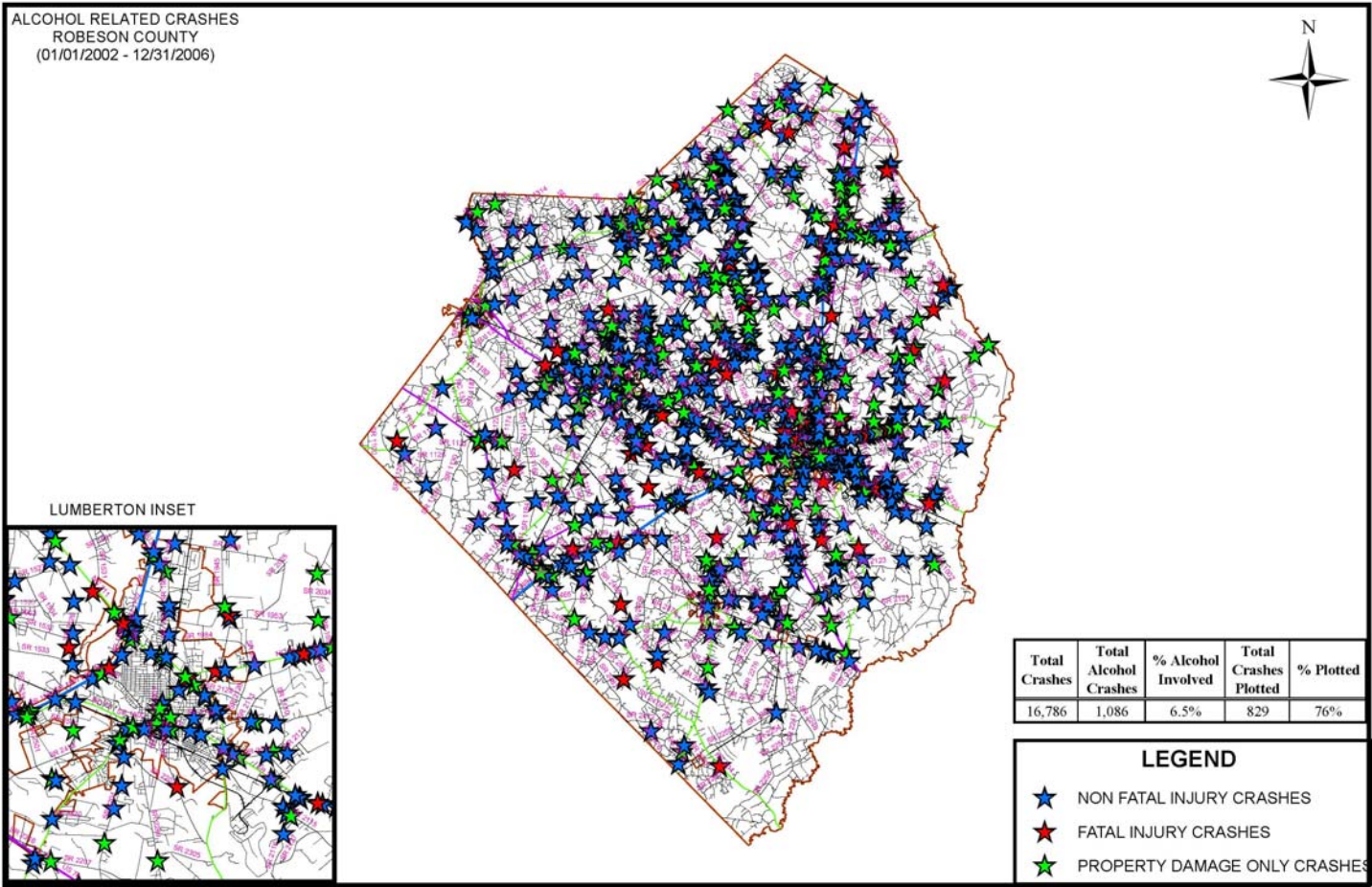
Richmond County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Richmond County (2002–2006)												
Richmond County (2006 only)												

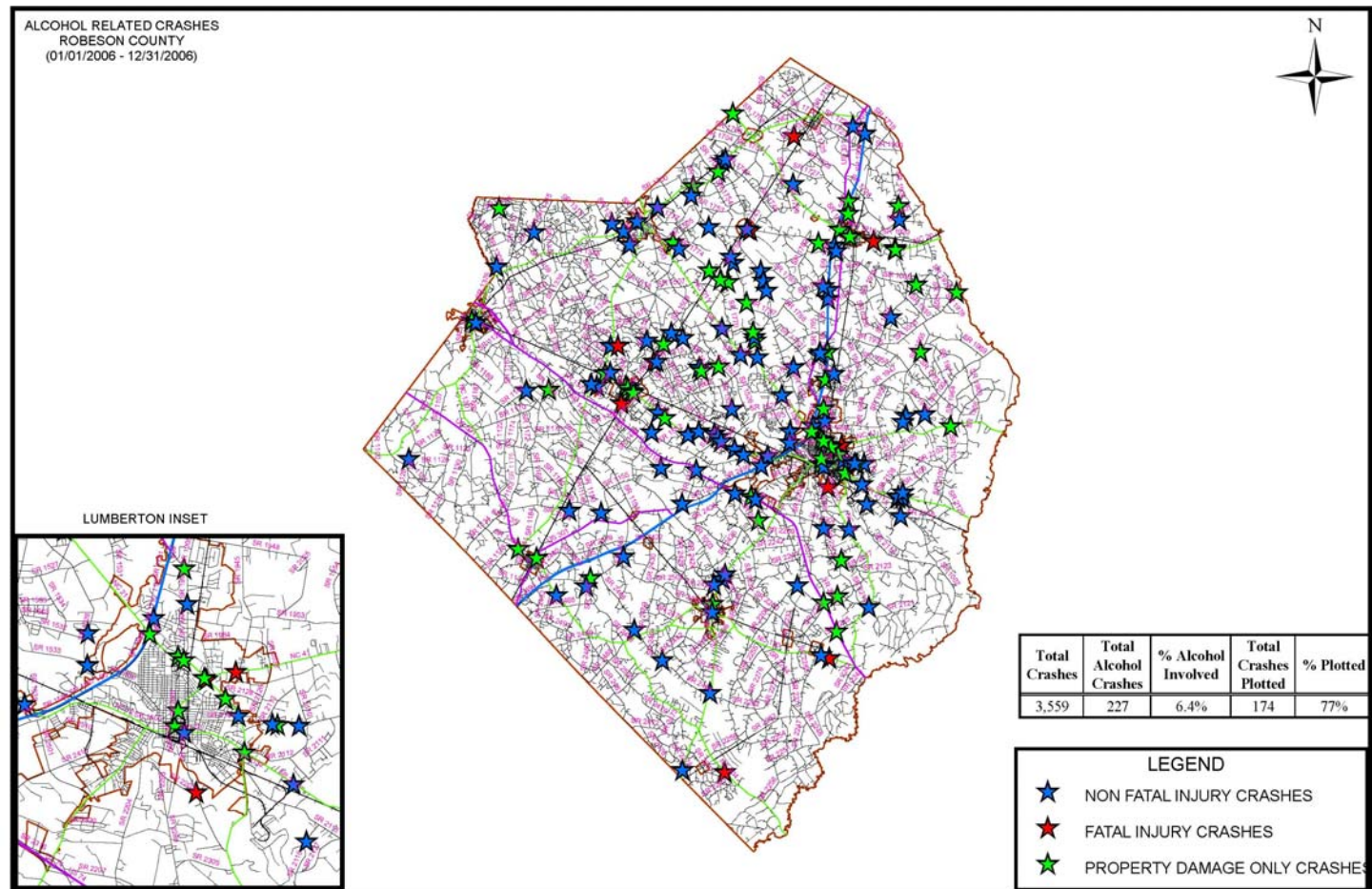
Robeson County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Robeson County (2002–2006)	68	84	78	84	90	78	95	94	81	79	81	92
Robeson County (2006 only)	18	14	16	14	23	18	21	20	13	19	15	10

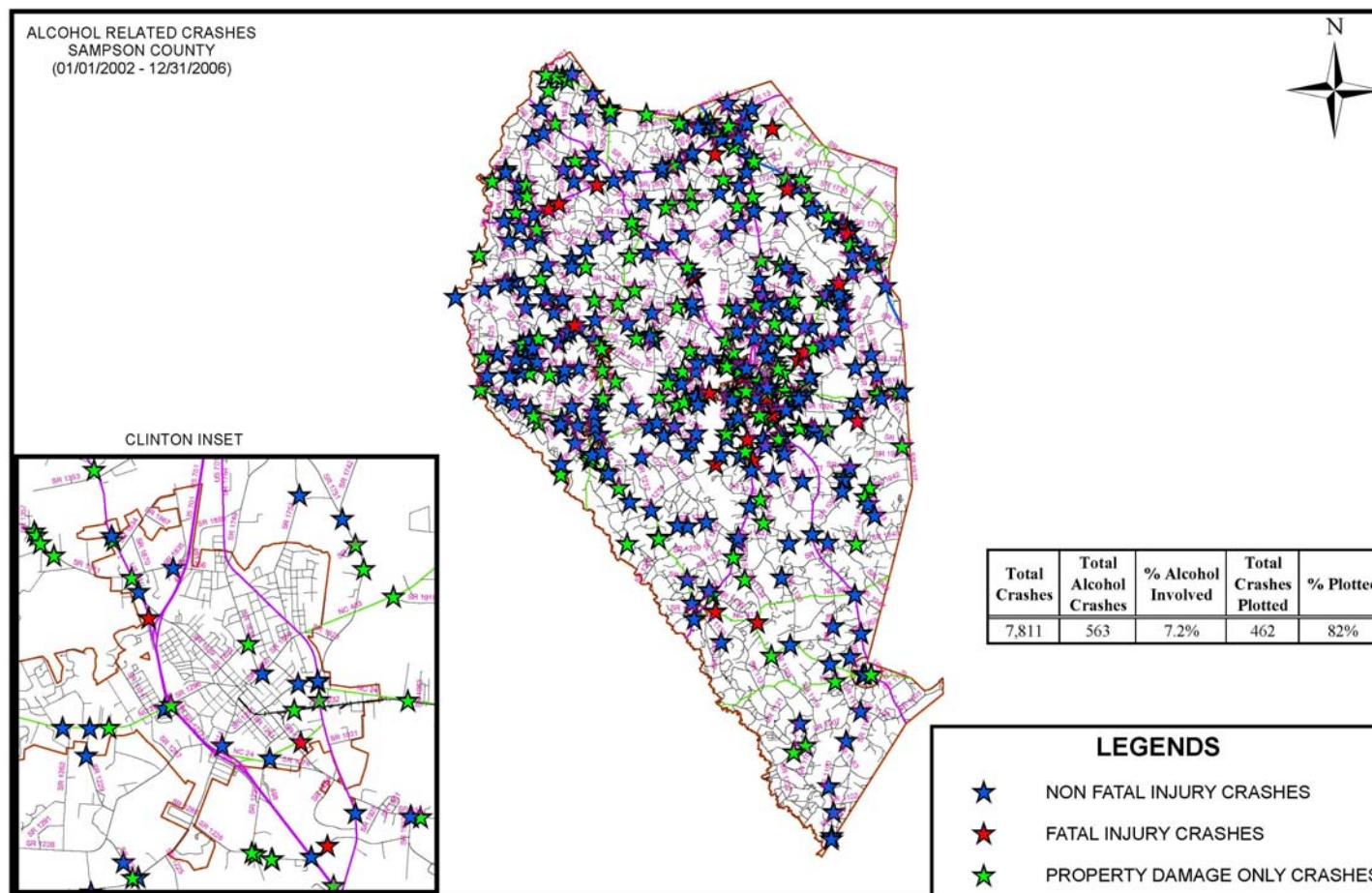
Robeson County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Robeson County (2002–2006)	68	84	78	84	90	78	95	94	81	79	81	92
Robeson County (2006 only)	18	14	16	14	23	18	21	20	13	19	15	10

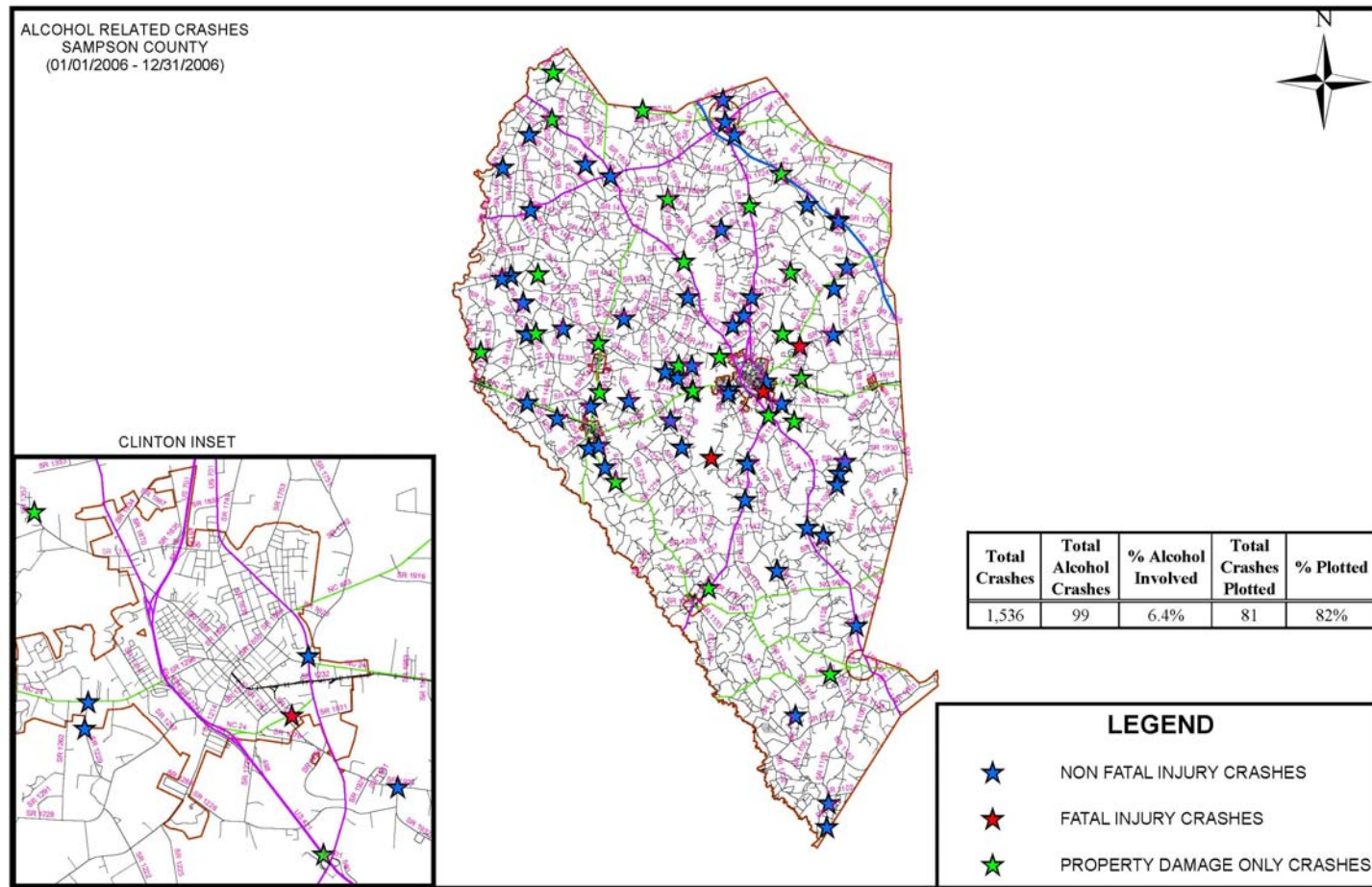
Sampson County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Sampson County (2002–2006)	37	42	44	47	50	50	40	49	42	46	47	46
Sampson County (2006 only)	4	6	7	8	7	8	6	10	9	12	9	8

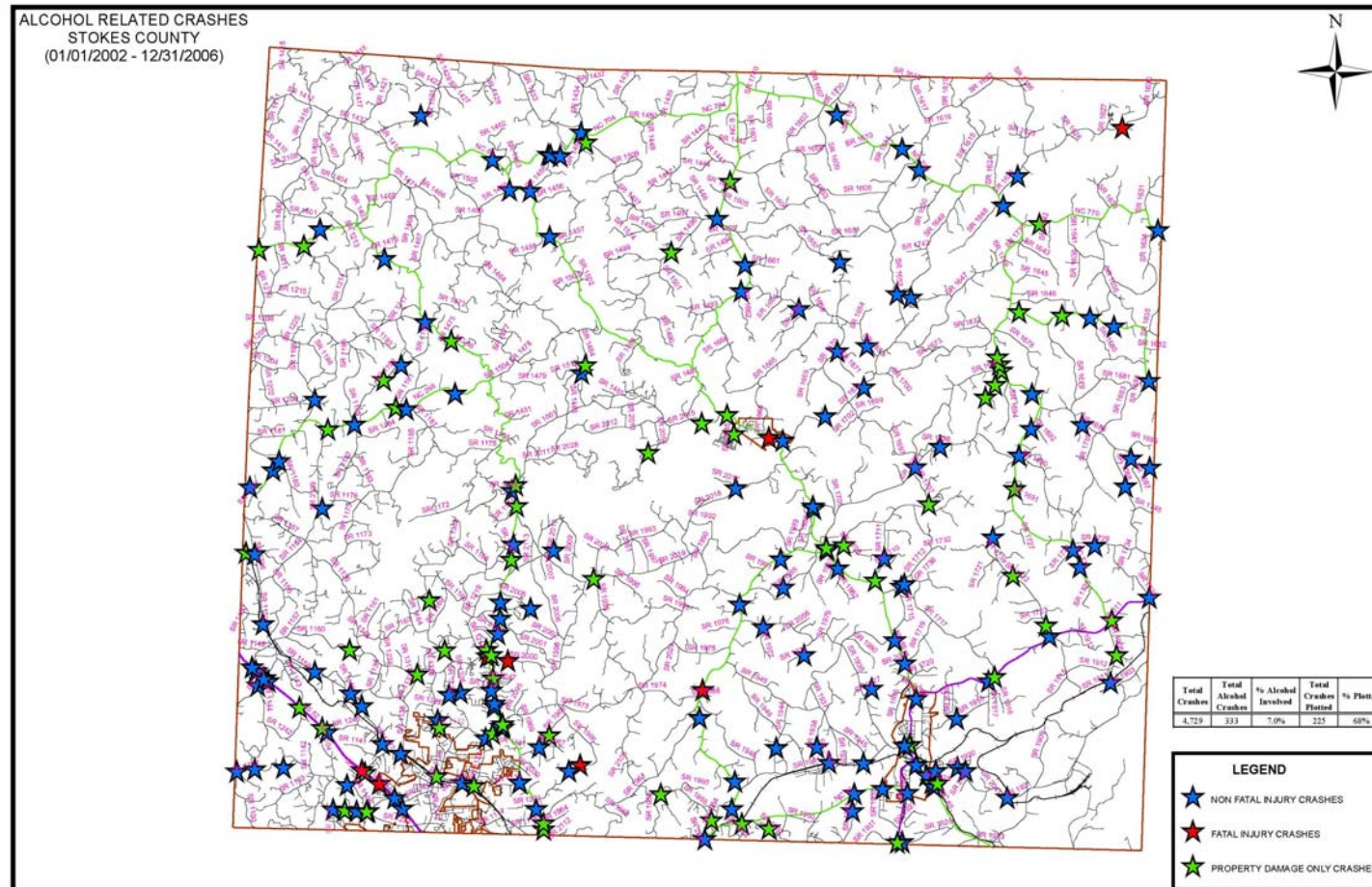
Sampson County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Sampson County (2002–2006)	37	42	44	47	50	50	40	49	42	46	47	46
Sampson County (2006 only)	4	6	7	8	7	8	6	10	9	12	9	8

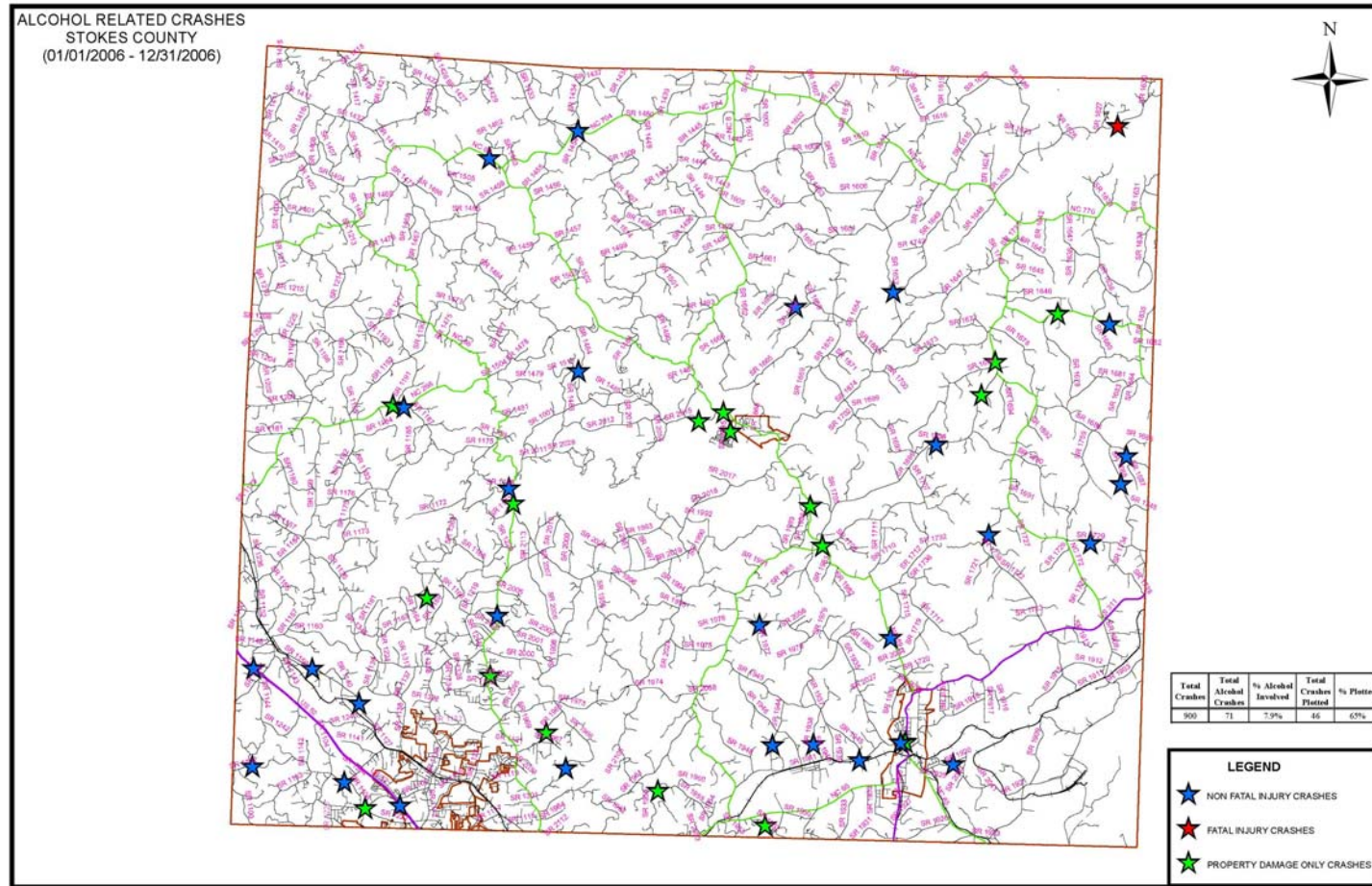
Stokes County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Stokes County (2002–2006)	29	22	22	21	28	33	30	33	25	30	25	17
Stokes County (2006 only)	11	4	5	4	5	4	9	4	4	8	5	3

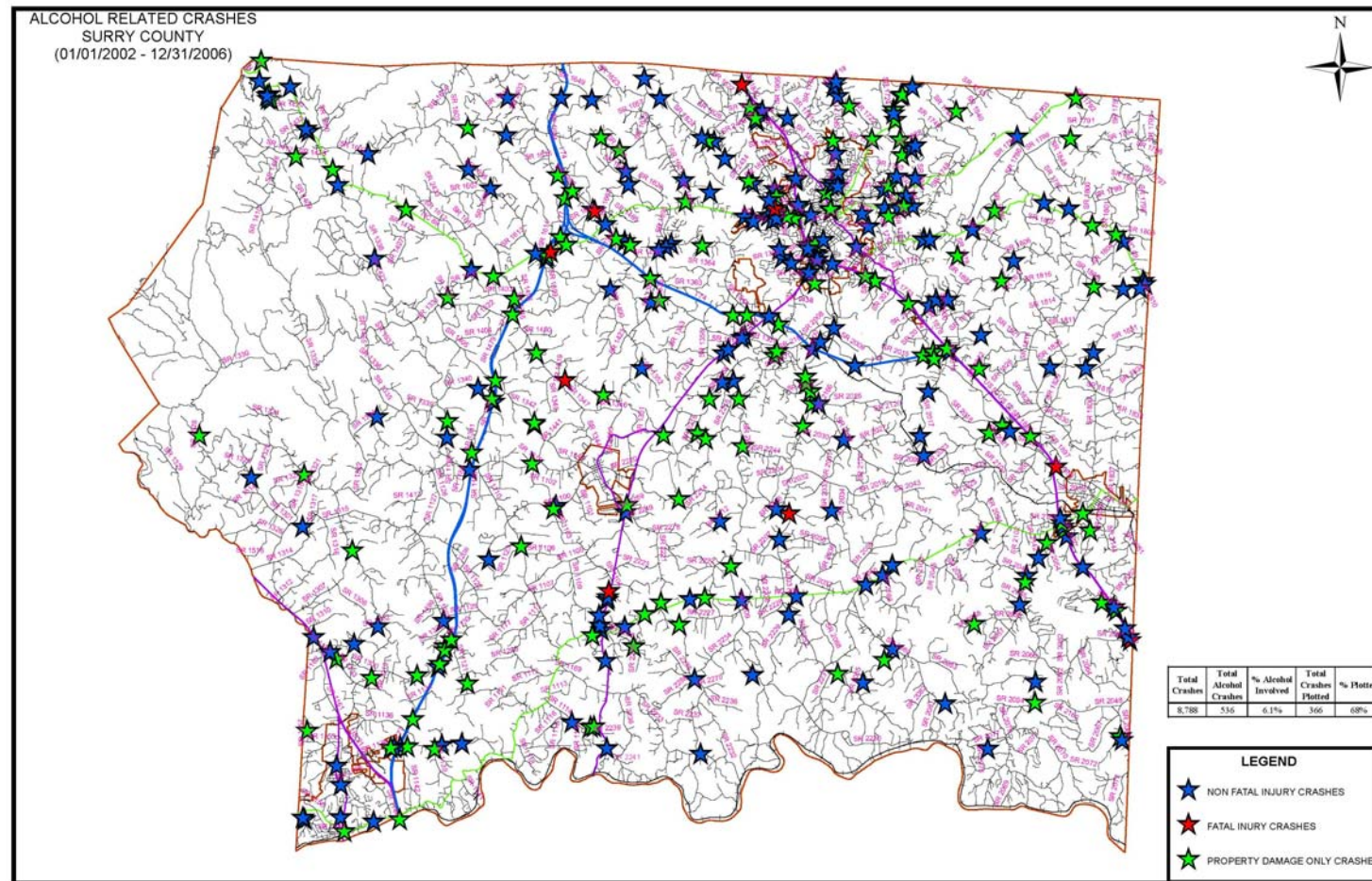
Stokes County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Stokes County (2002–2006)	29	22	22	21	28	33	30	33	25	30	25	17
Stokes County (2006 only)	11	4	5	4	5	4	9	4	4	8	5	3

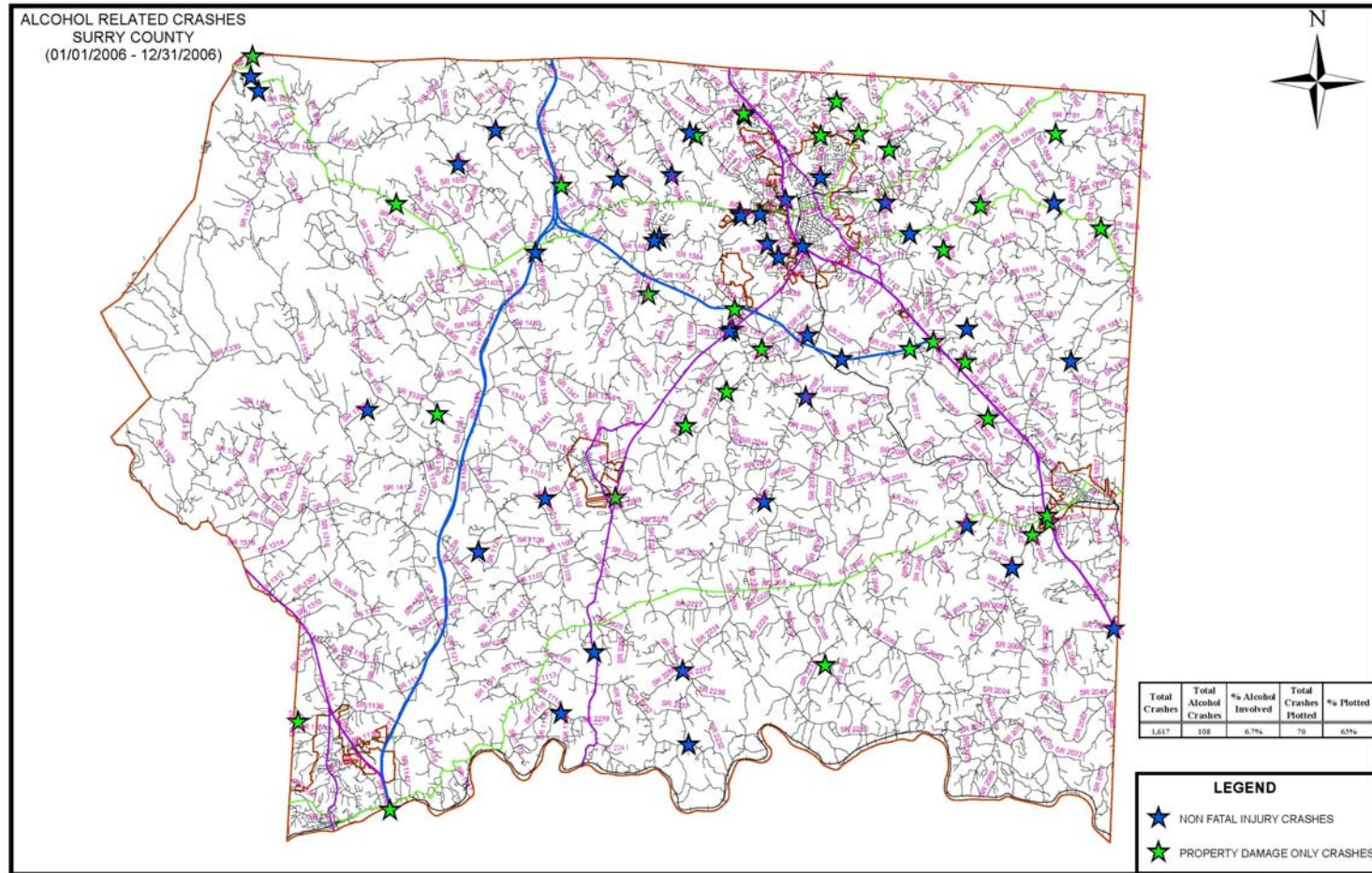
Surry County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Surry County (2002–2006)	31	38	51	40	39	43	48	51	48	45	48	37
Surry County (2006 only)	9	9	11	7	7	6	5	9	12	10	12	5

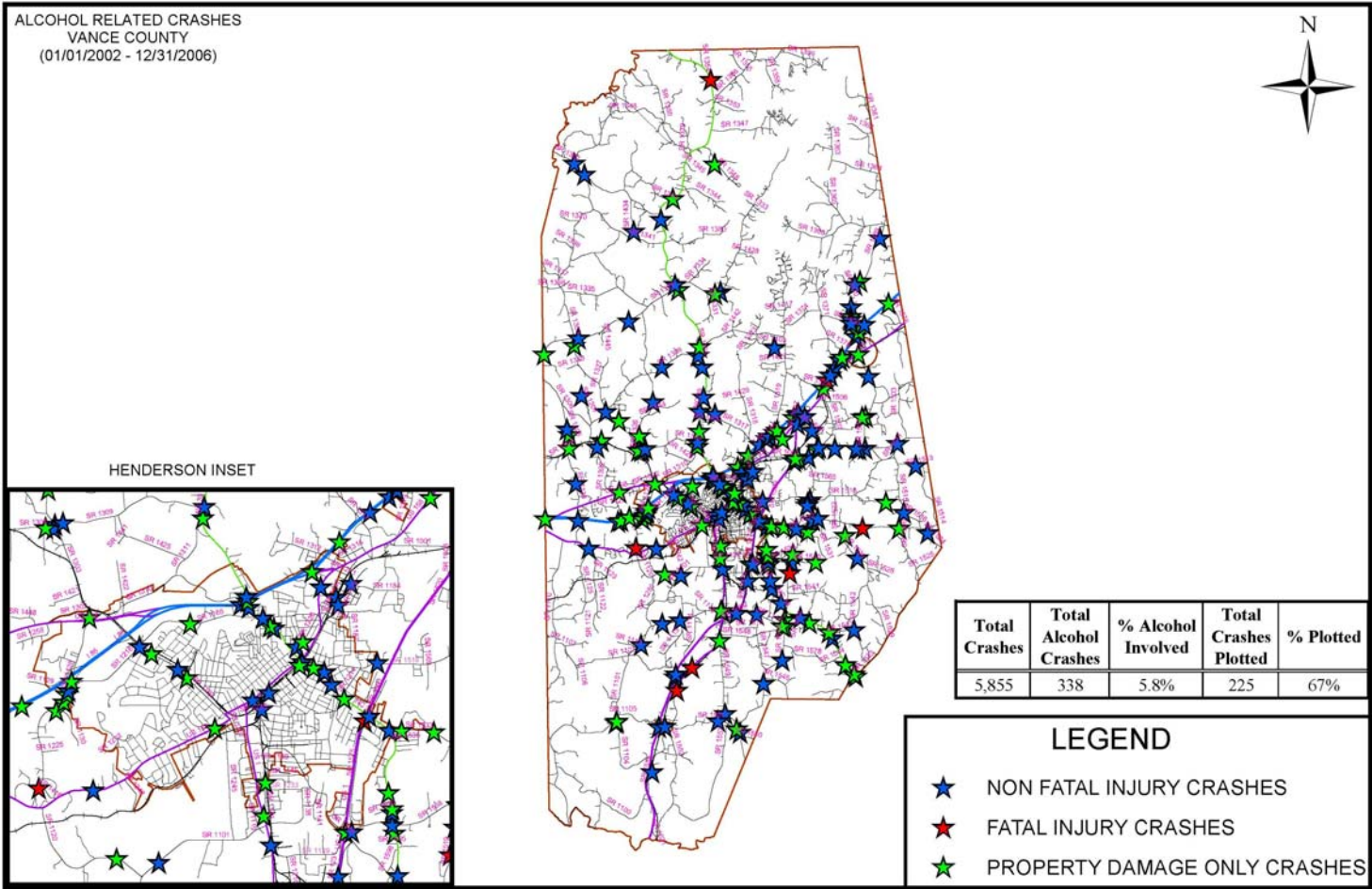
Surry County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Surry County (2002–2006)	31	38	51	40	39	43	48	51	48	45	48	37
Surry County (2006 only)	9	9	11	7	7	6	5	9	12	10	12	5

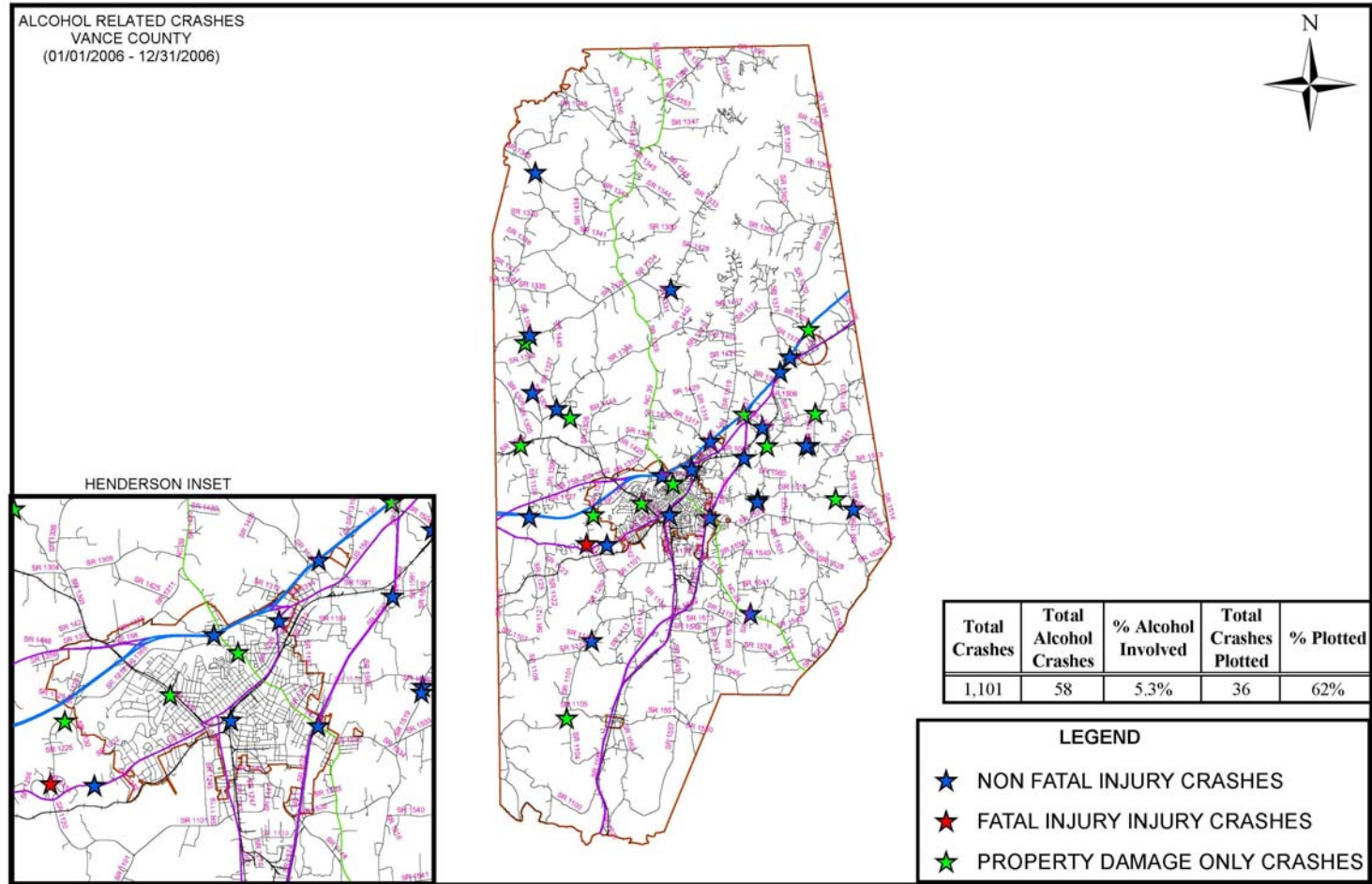
Vance County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Vance County (2002–2006)	22	27	31	31	35	31	23	20	24	32	24	26
Vance County (2006 only)	5	4	3	4	6	5	3	2	6	1	2	5

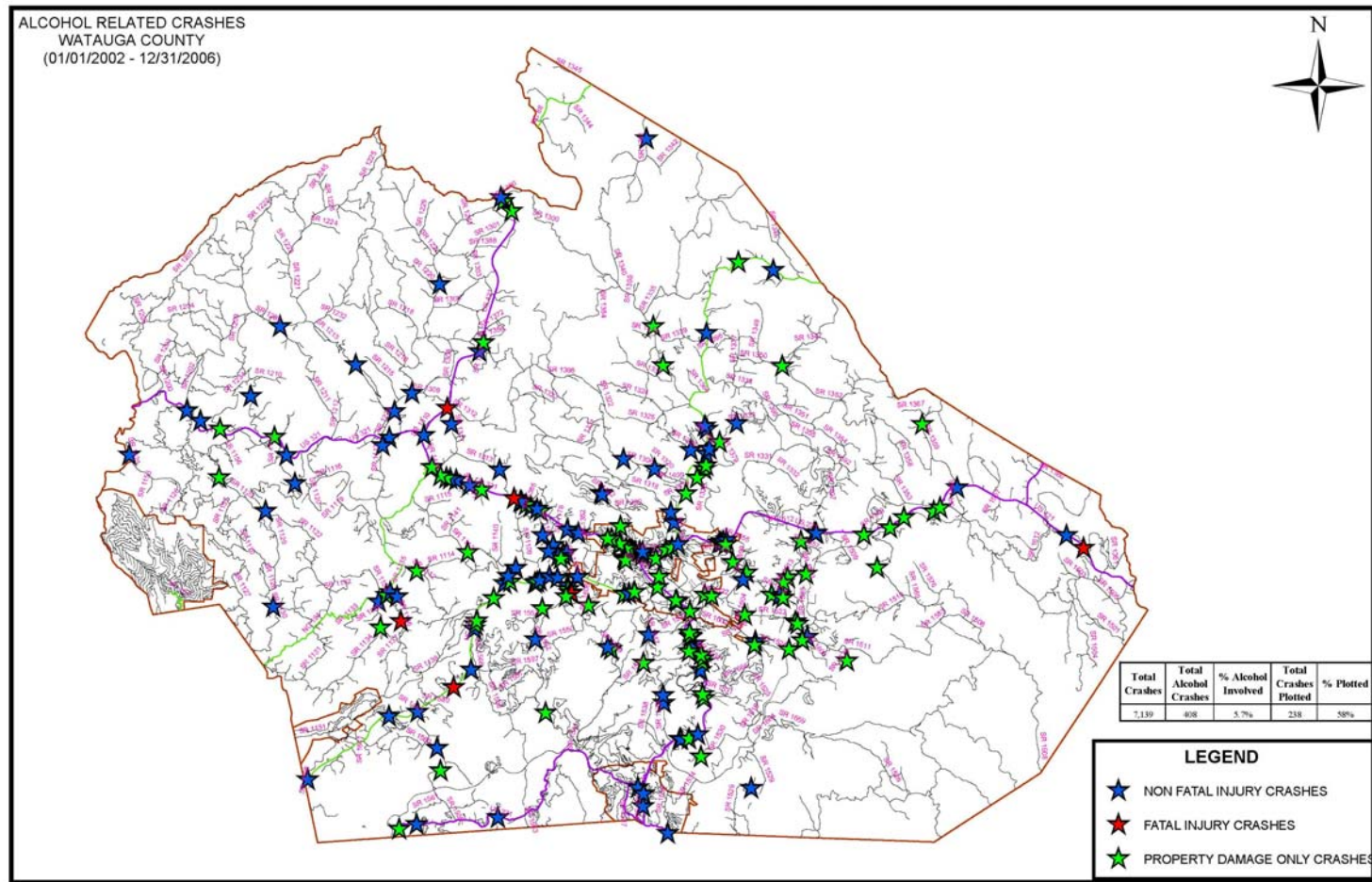
Vance County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Vance County (2002–2006)	22	27	31	31	35	31	23	20	24	32	24	26
Vance County (2006 only)	5	4	3	4	6	5	3	2	6	1	2	5

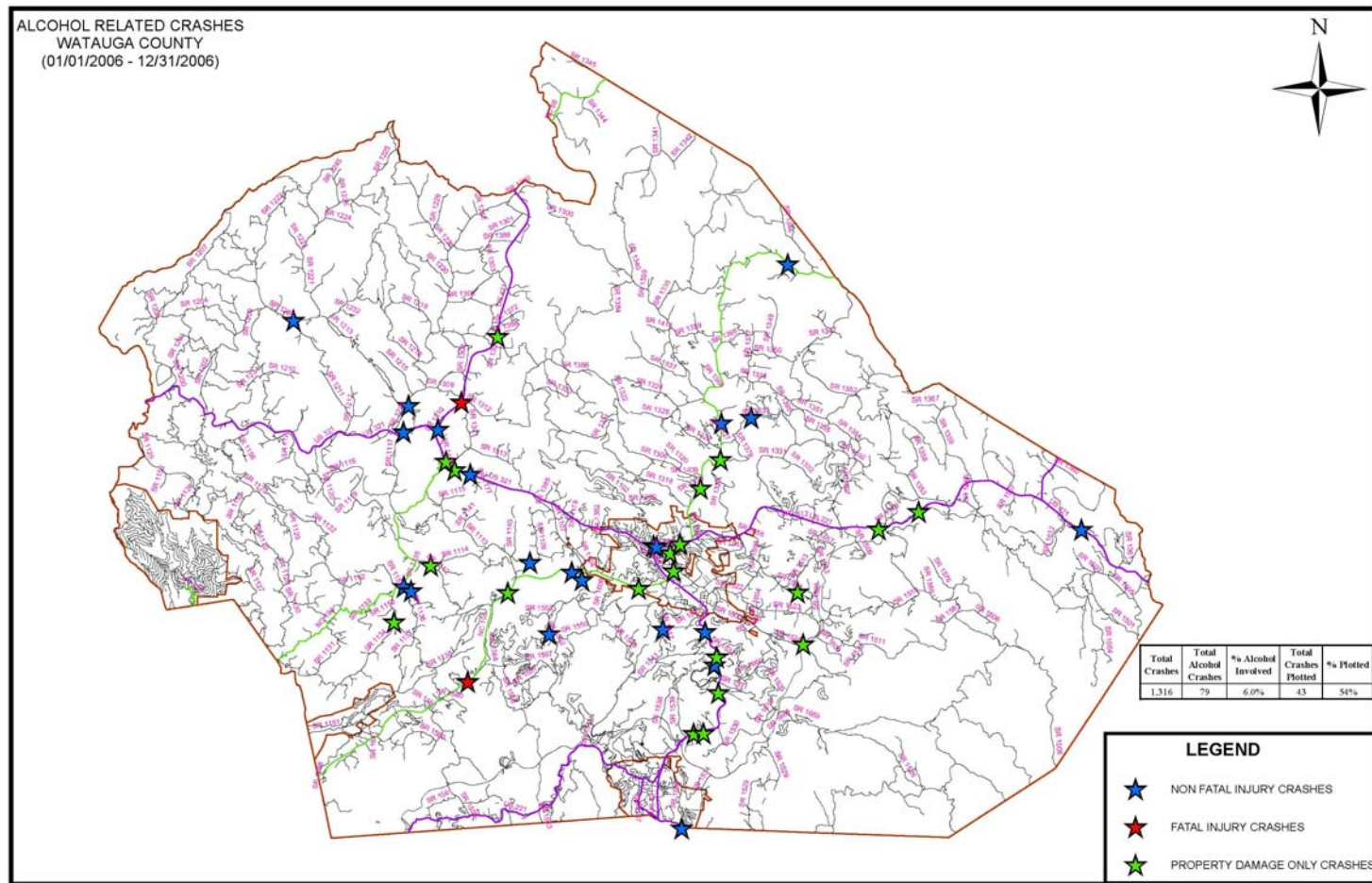
Watauga County—Location of Alcohol-Related Crashes and Fatalities (2002–2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Watauga County (2002–2006)	26	27	37	33	27	25	41	37	38	49	27	29
Watauga County (2006 only)	4	4	5	9	3	3	8	8	9	8	4	8

Watauga County—Location of Alcohol-Related Crashes and Fatalities (2006)



Alcohol-Related Crashes, by Month

Frequency	J	F	M	A	M	J	J	A	S	O	N	D
Watauga County (2002–2006)	26	27	37	33	27	25	41	37	38	49	27	29
Watauga County (2006 only)	4	4	5	9	3	3	8	8	9	8	4	8

4

Intervening Variables—“The Why”

4.1 LEARN ABOUT INTERVENING VARIABLES

So far we’ve looked at data about alcohol-related crashes/fatalities (what), who is involved, and where and when they are occurring in your community. Now we are going to look at why they are occurring. We will do this by collecting data on intervening variables and the associated contributing factors.

4.2 WHAT ARE INTERVENING VARIABLES AND CONTRIBUTING FACTORS?

Intervening variables are constructs that have been identified as being strongly related to, and influencing the occurrence and magnitude of, substance use. By exploring these constructs, your community will be able to address the issues with appropriate and targeted strategies.

The contributing factor describes “why” something is a problem.

Based on what we know from the literature and data that has already been collected, we will look at seven intervening variables.

1. Retail Availability
2. Social Availability
3. Enforcement and Adjudication
4. Social Norms
5. Pricing
6. Promotion
7. Low Perceived Risks

For example, consider social availability as the intervening variable of interest, and the more specified case of social availability is **alcohol at in-home parties**. The intervening variable Social Availability is a *construct*, a *category*, for which there exist multiple specific instances or cases. In this example, the variable that we hope to see changed or moved is the in-home parties.

Doing it this way, an intervening variable *category* could, after a needs assessment, contain one or several specific variables. Each of the specific intervening variables would be explained by anywhere from one to many contributing factors.

Use the designation “contributing factor” for the actual condition that a prevention strategy will directly try to affect.

To make this classification more relevant to your specific community, we have reserved the designation “*contributing factor*” for the actual condition that a prevention strategy will **directly** try to affect. **Note:** Identifying contributing factors will guide the selection of your evidence-based strategies. The contributing factor describes “why” something is a problem—not the problem itself.

Example: kids serve alcohol at parties in their home with their parents’ permission. That is the problem (i.e., a specific case of social availability). To design a strategy, we have to know why parents think that is OK—what factors contribute to that problem. Possible contributing factors for this example would be: parents don’t know that it is illegal; the law is not enforced (which provokes another why question); parents believe it is safer for kids to drink at home; parents aren’t aware of how much their kids are drinking.

Other factors. We have provided you with several ideas for intervening variables. Please think about your community and add other factors that might affect your community. This should be a starting point.

4.3 INTERVENING VARIABLE 1: RETAIL AVAILABILITY

4.3.1 Retail Availability

Retail availability refers to how available alcohol is in your community and how easy it is to obtain. To explore the status of retail availability in your community, we are going to look at five areas that affect the availability of alcohol:

- liquor permits per capita
- alcohol availability
- community access (alcohol sales regulations)
- bar availability
- alcohol law enforcement

4.3.2 Contributing Factors

The following table (Table 4-1) provides examples of possible contributing factors to retail availability. Please review these factors as your CAP determines the degree to which retail availability is or is not a problem in your community.

Table 4-1. Contributing Factors for Retail Availability

Examples of Contributing Factors	
ID issues	Use of fake IDs; failure of retailers to properly check IDs
Compliance with laws/regulations	Sales to minors; bootlegging; sales to intoxicated persons
Density	High-density package sales locations; high-density open-container sales locations
Product characteristics	Forty-ounce containers; keg registration tags are easy to remove; lack of lock caps on hard liquor bottles
Employees	Clerks have underage friends and sell to them
Product placement	Ease of shoplifting; alcohol placement in store; segregated sales, alcohol pops

4.3.3 Liquor Permits Per Capita

The most fundamental way to understand retail availability is the number of opportunities people have to buy alcohol. North Carolina is somewhat unique because legal alcohol sales (to include mixed beverage sales, State Alcohol Beverage Control (ABC) stores, and beer and wine sales) are determined at the county and town level by local referenda. Table 4-2 includes all major liquor license types except special event and malt beverage licenses.

Please record the number of liquor licenses for each category type. To calculate the rate of per capita licenses, please use the following formula.

$$\frac{\text{Total Number of Licenses}}{\text{County Population (age 14 and above)}} \times 1,000 = \text{Count Rate per 1,000}$$

Table 4-2. Per-Capita Alcohol Permits

	Population* (14 and over)	County Rate	North Carolina Rate
Mixed beverage permit			
Active permanent			
Active temporary			
Retail permits			
Active permanent			
Active temporary			
Total			

*The population of those 14 years and older is consistent with research done by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) regarding sales per gallon of ethanol.

Question 1

Based on Table 4-2, how does the number of liquor licenses per person in your community compare to the number of liquor licenses per person across the state? Is your rate bigger, smaller, or about the same? Discuss the differences.

4.3.4 Alcohol Availability (Is Your Community “Dry” or “Wet”)

Some counties in North Carolina are “dry,” meaning they don’t allow any type of alcohol to be sold within county lines. Other counties allow only certain types of alcohol to be sold (see Table 4-3 for a description of types of beverages approved) in your county. For example, Alexander County allows malt beverages, but not mixed beverages or fortified or unfortified wine. Some counties are “dry” but have “wet” municipalities.

Figure 4-1. Alcohol Beverage Commission Information on Types of Alcohol Beverages Approved for Sale in Your County

As you probably know, North Carolina is somewhat unique in that it permits decisions regarding the sale of alcoholic beverages to be made by local jurisdictions. In some counties, the county as a whole may not permit the sale of any alcoholic beverages, but local communities within those counties may be wet (i.e., may have held a referendum and voted to permit the sale of alcoholic beverages within the community).

There are approximately 50,000 existing retail commercial permits in North Carolina that authorize the retail sale of alcoholic beverages. The Alcoholic Beverage Control (ABC) Commission issues these permits to qualified persons and establishments in jurisdictions that have held ABC elections and approved the sales of alcoholic beverages. The Web site <http://www.ncabc.com/xo> lists legal sales areas for alcoholic beverages in North Carolina. The holder of an ABC permit is responsible for ensuring that its employees and patrons adhere to the commission's rules governing the sale, possession, transportation, storage, and consumption of alcoholic beverages on the licensed premises. Failure to comply with the statutes or the rules of the commission by permittees, employees, or patrons may result in the suspension or revocation of all ABC permits held by a permittee.

We have provided you with a list of useful ABC Web sites in Appendix A. You can go there to find a list of outlets in your county.

This list provides information on your county and any communities within it that have held special referenda to permit the sale of alcoholic beverages. Following are the types of retailer permits available:

- **Malt beverage**: Beer, lager, malt liquor, ale, porter, and any other brewed or fermented beverage containing at least one-half of one percent (.05%), and not more than fifteen percent (15.0%), alcohol by volume. Any malt beverage containing more than six percent (6.0%) alcohol by volume shall bear a label clearly indicating the alcohol content of the malt beverage.
- **Fortified wine**: Any wine, of more than sixteen percent (16%) and no more than twenty-four percent (24%) alcohol by volume, made by fermentation from grapes,

fruits, berries, rice, or honey; or by the addition of pure cane, beet, or dextrose sugar; or by the addition of pure brandy from the same type of grape, fruit, berry, rice, or honey that is contained in the base wine and produced in accordance with the regulations of the United States.

- **Unfortified wine:** Any wine of sixteen percent (16%) or less alcohol by volume, made by fermentation from grapes, fruits, berries, rice, or honey; or by the addition of pure cane, beet, or dextrose sugar; or by the addition of pure brandy from the same type of grape, fruit, berry, rice, or honey that is contained in the base wine and produced in accordance with the regulations of the United States.
- **Spirituos Liqueur:** Distilled spirits or ethyl alcohol, including spirits of wine, whiskey, rum, brandy, gin, and all other distilled spirits and mixtures of cordials, liqueur, and premixed cocktails, in closed containers for beverage use regardless of their dilution.

Note that military bases often sell alcoholic beverages.

If your county is dry you will need to find out how people in your community obtain alcohol. You can do this by focus groups or individual interviews. You may also want to survey residents. There are pros and cons to each method. For example, if you conduct a survey you will be able to gather information from a larger number of people. On the other hand, you will not be able to get as in-depth information as you would by talking with people directly. Whatever method you choose, you should focus on how residents are getting alcohol.

Potential methods to explore include

- buying from a neighboring county,
- making or buying illegal alcohol (e.g., moonshine), and
- getting it from family or friends.

Table 4-3. Type of Alcohol Available, by County

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
Alexander		Y	N	N	N	N
	Taylorsville	Y	Y	Y	Y	N
Brunswick		Y	Y	Y	Y	Y
	Bald Head Island	Y	Y	Y	N	Y
	Belville	Y	Y	Y	Y	Y
	Boiling Springs Lake	Y	Y	Y	Y	Y
	Bolivia	Y	Y	Y	Y	Y
	Calabash	Y	Y	Y	Y	Y
	Caswell Beach	Y	Y	Y	Y	Y
	Long Beach	Y	Y	Y	Y	Y
	Navassa	Y	Y	Y	Y	Y
	Oak Island	Y	Y	Y	Y	Y
	Ocean Isle	Y	Y	Y	Y	Y
	Shallotte	Y	Y	Y	Y	Y
	Southport	Y	Y	Y	Y	Y
	Sunset Beach	Y	Y	Y	Y	Y
	Yaupon Beach	Y	Y	Y	Y	Y
Cherokee		N	N	N	N	N
	Andrews	Y	Y	Y	Y	N
	Murphy	N	Y	Y	Y	N
Columbus		N	N	N	N	N
	Bolton	Y	Y	Y	Y	N
	Brunswick	Y	Y	Y	Y	N
	Chadbourn	Y	Y	Y	Y	N
	Fair Bluff	Y	Y	Y	Y	N
	Lake Waccamaw	Y	Y	Y	Y	N
	Tabor City	Y	Y	Y	Y	N
	Whiteville	Y	Y	Y	Y	Y
Dare		Y	Y	Y	Y	N
	Duck	Y	Y	Y	Y	Y
	Kill Devil Hills	Y	Y	Y	Y	Y
	Kitty Hawk	Y	Y	Y	Y	Y
	Nags Head	Y	Y	Y	Y	Y
	Southern Shores	Y	Y	Y	Y	Y
Duplin		N	N	N	N	N
	Beulaville	Y	Y	N	N	N
	Faison	Y	Y	Y	Y	Y

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
	Greenevers	Y	Y	N	N	N
	Kenansville	Y	Y	Y	Y	Y
	Magnolia	Y	N	N	N	N
	Rose Hill	Y	Y	N	N	N
	Smith Township	Y	Y	N	N	N
	Wallace	Y	Y	Y	Y	Y
	Warsaw	Y	Y	Y	Y	Y
Franklin		Y	Y	N	N	N
	Bunn	Y	Y	Y	Y	N
	Franklinton	Y	Y	Y	Y	Y
	Louisburg	Y	Y	Y	Y	Y
	Youngsville	Y	Y	Y	Y	N
Gates		Y	Y	Y	Y	N
Hoke		Y	Y	Y	Y	Y
Jackson		N	N	N	N	N
	Dillsboro	Y	Y	N	N	N
	Sylva	Y	Y	Y	Y	Y
McDowell		N	N	N	N	N
	Marion	Y	Y	Y	Y	N
Onslow		Y	Y	Y	Y	Y
Richmond						
Robeson		N	N	N	N	N
	Fairmont	Y	Y	Y	Y	Y
	Lumberton	Y	Y	Y	Y	Y
	Maxton	Y	Y	Y	Y	Y
	Pembroke	Y	Y	Y	Y	N
	Red Springs	Y	Y	Y	Y	N
	Rowland	Y	Y	Y	Y	N
	Saint Pauls	Y	Y	Y	Y	N
Sampson		N	N	N	N	N
	Clinton	Y	Y	Y	Y	Y
	Garland	Y	Y	Y	Y	N
	Newton Grove	Y	Y	Y	Y	Y
	Roseboro	Y	Y	Y	Y	N
Stokes		Y	Y	N	N	N
	Walnut Cove	Y	Y	Y	Y	N
Surry		Y	Y	N	N	N
	Dobson	Y	Y	Y	Y	N

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
	Elkin	Y	Y	Y	Y	N
	Mount Airy	Y	Y	Y	Y	Y
Vance		Y	Y	Y	Y	N
	Henderson	Y	Y	Y	Y	Y
Watauga		N	N	N	N	N
	Beech Mountain	Y	Y	Y	N	Y
	Blowing Rock	Y	Y	Y	Y	Y
	Boone	Y	Y	Y	Y	N
	Seven Devils	Y	Y	Y	Y	Y

Question 2

Please review your crash location data and determine if there is a relationship between alcohol-related crashes/fatalities and location of alcohol outlets in your county.

4.3.5 Community Access

The previous section allowed you to better understand how the sale of alcohol is regulated within your county and its potential impact on availability and access. However, you will need to know how these regulations affect sales and access at the local level. The Community Access Assessment tool (see Appendix D) is designed to provide this level of information. The Community Access Assessment tool should be completed by members of your CAP. You will need to go to the bars, restaurants, ABC outlets, convenience stores, and grocery stores in your community in order to complete this assessment. By completing the Community Assessment tool you will learn how alcohol is bought and sold in your community.

Question 3

What did you learn about the retail availability of alcohol in your community by completing the Community Access Assessment tool?

4.3.6 Bar Availability

The number of bars in a community will also affect how available alcohol is in your community. By completing the Bar Assessment Tool (Appendix E) you will learn:

- how alcohol is bought and sold at bars in your community,
- how alcohol is priced at the bars in your community (e.g., is it priced to encourage heavy drinking through happy hour specials, all-you-can drink specials), and
- how alcohol is promoted at the bars in your community.

Question 4

What did you learn about how alcohol is bought and sold at bars in your community by completing the Bar Access Assessment tool?

4.3.7 Information about Alcohol Enforcement Activity in Your County

The selling of alcohol to minors can contribute to the alcohol-related crashes/fatalities in your community. One measure of this is the failure of compliance checks by retail outlets. Your NAE will need to gather your county's compliance check data and compare the failure rate for the entire state. The NAE may also want to determine if specific municipalities have higher failure rates than others within the county.

Contact the Alcohol Law Enforcement Agency (Appendix I) in your district to find out how often and where compliance checks are conducted in your county. Note that occasionally your local ABC Board may contract with a local law enforcement agency for ABC law enforcement. Sheriff and police departments may designate an officer on their staff to be the ABC law enforcement officer.

4.3.8 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent retail availability may influence alcohol-related problems in your community. For example, you may have data on the density of retail outlets or anecdotal data on specific outlets that are known for selling to minors, or intoxicated persons. You may also want to consider local laws surrounding retail availability.

If you have other local data, describe the results here.

Summary Question: Retail Availability

Based on information gathered in this section, what are the concerns around retail availability that might contribute to the alcohol-related crashes/fatalities in your community? Justify your decision.

Ranking Question: Retail Availability

Based on the above considerations, to what degree does your CAP believe retail availability is affecting the alcohol-related crashes/fatalities in your community? Justify your decision. (Circle the appropriate number from 0 to 10.)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.3.9 Identifying Contributing Factors

If you have selected *retail availability* as having a major impact (i.e., 6 or higher) on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Retail Availability

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.4 INTERVENING VARIABLE 2: SOCIAL AVAILABILITY

4.4.1 Social Availability

Social availability includes obtaining alcohol from friends, associates, and family members, but it also refers to the availability of alcohol gatherings such as parties and other social events where the alcohol is provided as part of the event. To explore the status of social availability in your community, we are going to look at eight areas that affect social availability of alcohol:

- Provision of alcohol to minors
- Lack of awareness among adults that there are penalties for providing alcohol to minors
- Community celebrations
- Availability of unsupervised and other drinking locations
- Lack of parental monitoring of alcohol supply in the home
- Belief that lack of chemical-free activities leads to alcohol use
- Workplace promotion
- Provision of alcohol/allowance by parents of underage drinking

The following table provides examples of possible contributing factors to social availability. Please review these factors as your CAP determines the degree to which social availability is or is not a problem in your community.

To learn about the social availability of alcohol in your community, you are asked to hold a town hall meeting with adults in your community and a series of focus groups with youths or young adults in your community. You may also want to conduct individual interviews if topics come up in either the town hall meeting or a focus group that you would like to get more in-depth information on. Below you will find detailed descriptions of how to conduct town hall meetings, focus groups, and interviews.

Table 4-4. Contributing Factors to Social Availability

	Examples of Contributing Factors
Provision of alcohol to minors	Parents provide alcohol to underage persons; older siblings or other relatives provide alcohol to underage persons; young adults provide alcohol to underage persons; strangers provide alcohol when asked by underage persons; older friends supply alcohol; parents do not monitor the alcohol in the home and kids take it
Adults unaware of penalties for providing alcohol to minors	Adults do not know that they can be arrested for providing alcohol to a minor; adults do not know that they can go to jail for a felony for providing alcohol to a minor
Community celebrations	Alcohol is obtained by underage persons at community celebrations where there is little supervision; acceptance of binge drinking in many social settings
Availability of unsupervised and other drinking locations	Numerous party settings (e.g., sandpits, vacant lots, summer/winter camps); cell phones make it easy to create parties at the last minute; off-campus college parties; friends with their own apartments
Lack of parental monitoring of alcohol supply in the home	Take/steal alcohol from parents' home
Belief that lack of chemical-free activities leads to alcohol use	Belief that alcohol use is a substitute activity
Workplace promotion	Workplaces promote drinking as part of the culture (e.g., construction industry)
Parents providing a location/allowing underage persons	Parents think it is safer for youths to drink in their homes (so they are not driving around)

4.4.2 Town Hall Meeting

A town hall meeting occurs when members of the community get together to discuss their opinions on a given topic or problem. It can provide a first step toward understanding the community's needs and resources. Town hall meetings are good to use with large groups.

As part of the town meeting that you will hold for this needs assessment, you will be discussing the social availability of alcohol in your community. In particular, you will be discussing how youths and adults in North Carolina obtain and consume alcohol. You also will be discussing to what degree the community members feel that social availability contributes to the alcohol-related crashes/fatalities in your community.

Following are some suggestions for organizing a public meeting. A sample protocol for the town hall meeting and ideas on how to gather and analyze qualitative data from this meeting can be found in Appendix C.

- If possible, hold meetings at more than one site and time to be sure that different people from the community can be involved.
- Schedule the meeting at an easy-to-find, public location that is accessible and comfortable—for example, a library, school, religious center, or place of worship.
- If possible, hold the meeting in the evening to avoid time conflicts with work and school.
- Publicize the meeting as widely as possible. Fliers, advertisements, public service announcements, and press releases can be used. Make sure the date, time, location, and purpose of the meeting are included.
- Personally recruit community leaders and diverse community members to attend the meetings. Ask them to recruit others as well.
- Serve light refreshments, if possible, to encourage mingling and set a friendly tone.

To conduct a public meeting, consider the following:

- Assign a discussion leader whom the community knows and respects. This person should also know something about the topic, be a good listener, and be able to keep things moving on track.
- Agree upon an ending time, and stick to it.
- Provide information about the CAP, if appropriate.
- During the meeting, tape paper to the walls and record the discussion on each of the topics so participants can keep track of what has been discussed. To do this, you will need to identify a note-taker to record the meeting.
- Conclude with a summary of what was achieved and inform participants how you plan to use this information. Announce the next meeting, if possible.

4.4.3 Focus Groups

Focus groups are similar to public meetings but are smaller (about six to eight people). They are usually easier to plan and less expensive to conduct. They are a good way for the CAP to get a sense of what members of the community know and feel about an issue.

For this assessment you will hold a series of focus groups with youths in your community to discuss how social availability affects their drinking behavior. These groups will also give you an opportunity to explore other intervening variables such as retail availability, social norms, and perceived risks. A sample protocol for the youth focus groups and ideas on how to gather and analyze qualitative data from this meeting can be found in Appendix F.

4.4.4 Individual Interviews

Another method to determine how members of the community understand different issues is to interview them. Interviews take place one-on-one and not in a group setting.

Interviews should be conducted in the following situations:

- **When the topic is more complicated and you want specific information.** For example, when researching people's understanding of a particular illness.
- **When it is a sensitive topic.** For example, people may not be comfortable talking about alcohol use or DWI in front of a group.
- **When people are located in different geographical areas.** For example, if the people you want to talk to are living and working in different areas, it may not be convenient to get them together in a group.

Following are some tips to assist you in conducting interviews:

- Try to interview a range of community members about social availability. If you have a list of people in your community, randomly pick people from the list to interview.
- Make sure you select interviewers who are trusted among the community.
- Arrange a time and place to meet with the individual you are interviewing. Again, try to do it in a setting where the person will feel comfortable.
- Prepare your questions in advance. When you are interviewing, feel free to ask other questions and think up new questions as needed. A good interview should be like a conversation, not a question-and-answer session.
- Start with a few questions about the person, to get familiar with the interviewee and the experience the participant brings to the community, then move on to more specific questions.

- Record notes as best you can during the interview. Once you are done, review your notes as soon as you can and complete them as needed.

You also need to make sure that the interviewees feel safe answering the questions. You should find ways to ensure confidentiality of their answers—that no one will be able to connect what they say with their names:

- Provide them with a letter of **informed consent** explaining the steps you will take to keep their information confidential. This letter should also let them know that they do not have to answer any question that makes them uncomfortable and that they can stop the interview at any time and for any reason.
- Conduct the interview in a private place so that no one can overhear what they are saying.

Another type of interview that is useful in understanding community beliefs is the **key informant interview**. Key informants are people in the community who have “special knowledge, status, or access to observations” unavailable to others and are “willing to share their knowledge and skills.” For example, if a member of the Hispanic community has medical training, they may have insights on substance use or drinking and driving and can provide important information on the beliefs and needs of Hispanics. The process of interviewing key informants is the same as interviewing other members of the community, just with some additional questions concerning their special knowledge.

4.4.5 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent social availability may influence alcohol-related problems in your community. For example, you may have data from your college campus or local police department on parties where alcohol is freely available. If you have other local data describe the results here.

Summary Question: Social Availability

Based on information gathered about social availability, what are the concerns around social availability that might contribute to the alcohol-related crashes/fatalities and its consequences in your community? Justify your decision.

Rating Question: Social Availability

Based on these considerations, to what degree does your CAP believe social availability is affecting the alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.

(Circle the appropriate number from 0 to 10.)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.4.6 Identifying Contributing Factors

If you have selected *social availability* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem.

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Social Availability

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.5 INTERVENING VARIABLE 3: ENFORCEMENT AND ADJUDICATION

4.5.1 Enforcement and Adjudication

The next intervening variable researched in this needs assessment has to do with enforcement and adjudication. To understand how enforcement and adjudication affect alcohol-related crashes/fatalities in North Carolina, your CAP will need to gather or review data on the following topics:

- forensic tests for alcohol results, by agency type
- number of impaired driving cases, 2001–2005
- conviction rates for alcohol-related offenses
- views on alcohol-related crashes/fatalities and the criminal justice system from a law enforcement perspective

Table 4-5 provides examples of possible contributing factors to enforcement and adjudication. Please review these factors as your CAP determines the degree to which enforcement and adjudication is or is not a problem in your community.

Table 4-5. Contributing Factors for Enforcement and Adjudication

	Examples of Contributing Factors
Resources	Shortage of law enforcement personnel; lack of training on alcohol issues; lack of community support for alcohol enforcement efforts; few or no retail compliance checks
Law enforcement practice	Inconsistent application of underage drinking laws; inconsistent application of laws regarding selling to intoxicated persons; low number of arrests/citations for alcohol use by minors; don't hear about other kids getting caught; inconsistent application of social host laws; enforcement of alcohol laws is not a priority; campus security is inconsistent; alcohol is not a big issue relative to drugs and other issues
Judicial practice	No prosecution by district attorney of referred cases; inconsistent application of legal consequences; few first-offender consequences; short mandatory sentences (for drinking and driving)
Parental enforcement	Parents have few rules, if any, around drinking; parents don't enforce underage drinking laws

Please locate your county's data in Appendix L and complete the following tables for 2002 through 2006. These tables provide information on the results of chemical analysis (breath/blood test) administered to drivers charged with an Implied Consent Offense (including aircraft and watercraft). The breath test results data are generated by an Intoxilyzer 5000 breath test instrument. Figure 4-2 defines the BAC categories.

Forensic test logs (breathalyzer results) represent data collected when an individual is arrested for DWI in your county. Breath test results are organized by agency in your county.

Figure 4-2. Definitions for BAC Categories

Refusal: Any individual who does not want to submit to a breath test may refuse. According to the law, this should result in a 1-year license revocation. Members of the military may also receive a military letter of reprimand. The enforcement officer can frequently prove the DWI charge without a test result by testifying about the person’s driving and performance on field sobriety tests.

Aiding and Abetting: Vehicle owners who knowingly permit their vehicles to be driven by impaired drivers can be charged with aiding and abetting a DWI. The charge is just as serious as a DWI, and the penalties may be just as severe.

BAC Level ≥ 0.08 : Any driver whose blood alcohol concentration (BAC) level is at or above 0.08 is guilty of DWI in North Carolina. The state finds that those with a BAC level of 0.15 are so seriously impaired that they should be subject to a higher level of sanctions. People under 21 face driver’s license consequences if they are found to have driven with any alcohol in their system.

Table 4-6. Forensic Tests for Alcohol Results, by Agency Type 2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels < 0.08	BAC Levels 0.08–0.14	BAC Levels > 0.15	Aiding and Abetting
County Level						
State Level	56,878	11,066	6,868	25,531	13,540	151

Table 4-7. Forensic Tests for Alcohol Results, by Agency Type 2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels < 0.08	BAC Levels 0.08–0.14	BAC Levels > 0.15	Aiding and Abetting
County Level						
State Level	59,711	11,237	7,855	27,446	13,298	198

Table 4-8. Forensic Tests for Alcohol Results, by Agency Type 2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels < 0.08	BAC Levels 0.08–0.14	BAC Levels > 0.15	Aiding and Abetting
County Total						
State Total	60,107	11,348	8,142	27,446	13,265	198

Table 4-9. Forensic Tests for Alcohol Results, by Agency Type 2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels < 0.08	BAC Levels 0.08–0.14	BAC Levels > 0.15	Aiding and Abetting
County Level						
State Level	61,123	11,104	8,949	28,086	13,079	254

Table 4-10. Forensic Tests for Alcohol Results, by Agency Type 2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels < 0.08	BAC Levels 0.08–0.14	BAC Levels > 0.15	Aiding and Abetting
County Level						
State Level	65,656	11,847	9,521	30,473	13,882	312

Please review Appendix L and locate your county’s data on driving while impaired. The alcohol-related crash data show the number of individuals who drink, drive, and are subsequently involved in a crash. We have included data from the Administrative Office of the Courts (AOC) showing the number of Driving While Impaired (DWI) cases disposed within your county.

Your combined review and assessment of the data will allow you to draw conclusions and recommendations regarding drinking and driving in your community.

Table 4-11. Impaired Driving Cases, 2001–2005

Charge Convicted	2005	2004	2003	2002	2001
Total disposed					
Not guilty					
No probable cause					
Voluntary dismissal					
Voluntary dismissal/leave to reopen					
Guilty of charge other than impaired driving					
Habitual impaired driving					
Aid and abet impaired driving					
Drive after consuming					
DWI level 1–5					
DWI commercial vehicle					

Question 5

Based on the data, how do rates of DWI in your county compare with rates across the state? Is your problem bigger, smaller, or about the same? Discuss the differences. Do you think the arrest data accurately reflect the related problems in your community? Why or why not?

Question 6

Based on the data, how does your community's conviction rate for alcohol-related crimes compare with the alcohol-related conviction rate across the state? Is your rate bigger, smaller, or about the same? Discuss the differences.

4.5.3 Key Law Enforcement Interviews

As part of this needs assessment, you will need to conduct interviews of key law enforcement officers. You are encouraged to interview the chief of police, the county sheriff, and the state highway patrol officer assigned to your county, but consider what interviews would be the most appropriate and informative for your community. You may also want to consider interviews with emergency room staff, school officials, or treatment facility administrators about their interactions with the justice system. A **sample protocol** for the law enforcement interviews and ideas on how to gather and analyze qualitative data from these interviews can be found in **Appendix I**. We have also included an **Enforcement Assessment Tool** that you can send to respondents to complete prior to your interview.

During the interviews with key law enforcement personnel, you need to find out how many officers are assigned directly to alcohol-related issues and crimes, especially dedicated DWI officers. Questions about this appear on the interview protocol in **Appendix I**.

Law Enforcement Officers Assigned to Alcohol-Related Issues and Crime (County) = _____

Question 7

Based on your interviews with law enforcement officers and the number of officers in your community assigned specifically to alcohol-related issues, what efforts are your law enforcement agencies pursuing or not pursuing when it comes to alcohol-related crashes/fatalities?

Where do they think problems arise?

Do they have a designated ALE officer in their unit?

Where do they usually conduct DWI surveillance?

Do they have a DWI unit?

When a driver is injured in a potentially alcohol-related crash, do officers have trouble following protocol to get evidential blood?

Have they ever used the BAT mobiles to conduct road blocks?

How do they feel the courts support their DWI arrests?

What do they need to do a better job?

4.5.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent criminal justice issues in your community may contribute to alcohol-related crashes/fatalities and their consequences in your community. For example, you may have information on unique policies or strong enforcement of underage drinking laws in your community, or specific laws relating to your community.

If you have other local data, describe the results here.

Summary Question: Enforcement and Adjudication

Based on information gathered in this section, what are the concerns around law enforcement and adjudication that might contribute to the alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.

Rating Question: Enforcement and Adjudication

Based on the above considerations, to what degree does your CAP believe the concerns around law enforcement and adjudication are contributing to the alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.
(Circle the appropriate number from 0 to 10.)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.5.5 Identifying Contributing Factors

If you have selected *enforcement and adjudication* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Enforcement and Adjudication

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.6 INTERVENING VARIABLE 4: SOCIAL/ COMMUNITY NORMS

4.6.1 Social/Community Norms

Social norms refer to the acceptability or unacceptability of certain behaviors in a community. It is the one intervening variable that most often overlaps with other factors. In this section, you will mostly gather data around community events. However, be aware that issues like social availability and law enforcement also reflect community norms.

The following table provides examples of possible contributing factors to social/community norms. Please review these factors as your CAP determines the degree to which social/community norms are or are not a problem in your community.

Table 4-12. Contributing Factors for Social Norms/Community

	Examples of Contributing Factors
Acceptance	Parents permit underage drinking (or think it's OK); parents don't care if teenagers drink; many adults think it's OK for youths to drink; he/she is 18 and can do what he/she wants; the more other drugs are an issue, the more alcohol is acceptable (i.e., lesser of two evils); some workplaces promote drinking as part of the culture
"Rite of passage"	Using alcohol and binge drinking are what kids do
Multigenerational use	Drinking is a normal pattern of parents and other relatives
Public alcohol use	Adults of all ages drink in public
Youths' perceptions	Drinking is a bonding activity; binge drinking is normal and not harmful; drunkenness/excessive consumption of alcohol is OK, even cool; it's not a party without alcohol
Culturally acceptable	Drinking is part of the everyday life of the community
Available in homes	Alcohol is available in the home

4.6.2 Town Hall Meeting

As part of this needs assessment, you may need to conduct a town hall meeting, and in that meeting you will need to find out about the general attitudes in your community toward alcohol and a description of the alcohol culture in your community. Two sample protocols for the town hall meeting and ideas on how to gather and analyze qualitative data from this meeting can be found in Appendix C.

4.6.3 Community Perception Survey

Surveying members of your community is another way to learn about social norms related to drinking, drinking and driving, and alcohol-related crashes/fatalities. Conducting a survey will allow you to gather data from a greater number of people than you can from holding a town hall meeting alone. You may want to conduct the survey and analyze the results before the town hall meeting so that you can use the results to guide the development of the discussion guide. It will also give the leader of the town hall meeting a feel for your community's norms on alcohol use and alcohol-related crashes/fatalities. A sample survey is included in Appendix J.

4.6.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent community norms may influence alcohol-related problems in your community. For example, you may have completed earlier focus groups or surveys of youths, parents, school personnel, or community members. If you have other local data, describe the results here.

Summary Question: Social Norms

Based on the data you gathered on social norms, what are the concerns around social norms that might contribute to alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.

Rating Question: Social Norms

Based on these considerations, to what degree does your CAP believe community norms are affecting the alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.

(Circle the appropriate number from 0 to 10.)

No impact					Major impact					
0	1	2	3	4	5	6	7	8	9	10

4.6.5 Identifying Contributing Factors

If you have selected *social norms* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem.

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Social Norms

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.7 INTERVENING VARIABLE 5: PRICING

4.7.1 Pricing

Pricing refers to the cost of alcohol and the extent to which changes (i.e., discounting or price increases) affect consumption. The following table provides examples of possible contributing factors to pricing. Please review these factors as your CAP determines the degree to which pricing is or is not a problem in your community.

Table 4-13. Contributing Factors to Pricing of Alcohol

	Examples of Contributing Factors
Drink pricing	Bars near campuses compete for student purchasers with drink specials; pricing specials that target young adults (e.g., 50-cent drafts); happy hours; density of bars creates competition and can lead to low pricing
Container pricing	Discount pricing is available in quantity alcohol purchases from warehouse retailers; convenience stores price beer cheaply to attract customers; holiday discounts on alcohol; density of alcohol retailers creates competition and can lead to low pricing

Please review and complete the Pricing Assessment Tool in Appendix K to determine the degree to which pricing is or is not a problem in your community.

Summary Question: Pricing

Based on the data you gathered on pricing, what are the concerns around pricing that might contribute to the alcohol-related crashes/fatalities in your community? Justify your decision.

Rating Question: Pricing

Based on these considerations, to what degree does your CAP believe pricing is affecting the alcohol-related crashes/fatalities in your community? Justify your decision.
(Circle the appropriate number from 0 to 10.)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.7.2 Identifying Contributing Factors

If you have selected *pricing* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem.

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Pricing of Alcohol

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.8 INTERVENING VARIABLE 6: PROMOTION

4.8.1 Promotion

Promotion refers to attempts by alcohol retailers and industry to increase demand through the marketing of their products. Once again, this will require some original data collection to acquire a sense of the depth of marketing surrounding alcohol in your community.

The following table provides examples of possible contributing factors to promotion. Please review these factors as your CAP determines the degree to which promotion is or is not a problem in your community.

Table 4-14. Contributing Factors for Promotion

Promotion	Examples of Contributing Factors
Local promotion	Stores have excessive numbers of alcohol ads; large number of alcohol ads on college campuses; drinking is often promoted at community festivals and other activities; placement of cold beer near entrance to convenience store; advertising and promotional practices encourage excessive alcohol consumption; inadequate media attention to promotional practices
National promotion	Pro-alcohol messages from alcohol industry; large number of pro-alcohol messages; alcohol ads promote use as sexy and fun-filled; movies are “alcohol-centric” and promote binge drinking; national campaigns target minority youths; Myspace/You Tube create expectations for youths around drinking behavior

4.8.2 Sponsorships

List all the major community events and festivals in your community between January 2007 and December 2007 under the heading Community Event or Festival in Table 4-15. Next, find out how many of these events or festivals had alcohol-related sponsors and in the column headed Alcohol-Related Sponsorship write the sponsors name(s) if there is an alcohol-related sponsorship and no if there is not. For example, Budweiser is the official sponsor of the Downtown Raleigh Summer Concert season. Calculate the percentage of festivals and events in your community that had alcohol-related sponsorships.

Table 4-15. Community Events and Festivals and Their Alcohol-Related Sponsors

Community Event or Festival	Dates	Alcohol-Related Sponsorship

Community alcohol-related sponsorship percentage = _____

4.8.3 Advertising

To gain a better sense of the magnitude of alcohol advertising in your community, you are going to follow a specific research protocol to gather data on alcohol marketing in a sample of local newspapers and on billboards across your community.

Table 4-16. Local Alcohol Advertisements and Promotional Events

Name of Paper	Frequency of Paper	Time Period	Total Number of Alcohol Advertisements in Local Newspaper	Total Number of Promotional Event Advertisements in Local Newspaper

Community average = _____

4.8.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent the promotion of alcohol in your community may influence alcohol-related problems. For example, you may have information on alcohol advertising in grocery stores, convenient stores, etc., or flyers passed out around town or other ways that alcohol might be promoted on college campuses or at schools.

If you have other local data, describe the results here.

Summary Question: Promotion

Based on information gathered from alcohol sponsorship of events, billboards, newspaper advertisements, and other local data, what are the concerns around promotion that might contribute to the alcohol-related crashes/fatalities and their consequences in your community? Is your alcohol advertising smaller, greater, or about the same as other alcohol advertising across the state? Justify your decision.

Rating Question: Promotion

Based on these considerations, to what degree does your CAP believe promotion is influencing the alcohol-related crashes/fatalities and their consequences in your community? Justify your decision.

(Place an "X" next to a number from 0 to 10.)

No impact							Major impact			
0	1	2	3	4	5	6	7	8	9	10

4.8.5 Identifying Contributing Factors

If you have selected *promotion* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem.

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Promotion

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

4.8.6 Low Perceived Risk

The following table provides examples of possible contributing factors to low perceived risk.

The NAE should develop a set of focus group questions or identify local surveys that address the factors contained in the contributing factor table. The NAE and CAP should analyze these data to determine the extent to which low perceived risk is or is not a problem in their community.

Table 4-17. Contributing Factors to Low Perceived Risk

Perceived Risk	Examples of Contributing Factors
Low perceived risk of arrest/penalties	Belief that there is a low risk of getting caught drinking; police are not summoned by schools for alcohol law violations; belief that penalties for underage drinking are not serious; belief that there are too few law enforcement officers to catch underage drinkers; perception that there is a risk for drinking and driving but nothing else related to alcohol use; lack of knowledge of penalties around providing alcohol to minors
Low perceived risk of alcohol use	Alcohol is not as dangerous as other drugs; belief that alcohol is safe as long as you are not driving; belief that hard liquor is dangerous but beer is not

Summary Question: Low Perceived Risk

Based on the data you gathered on social norms, what are the concerns around low perceived risk that might contribute to the alcohol-related crashes/fatalities in your community? Justify your decision.

Rating Question: Low Perceived Risk

Based on these considerations, to what degree does your CAP believe low perceived risk is affecting the alcohol-related crashes/fatalities in your community? Justify your decision. (Circle the appropriate number from 0 to 10.)

No impact						Major impact					
0	1	2	3	4	5	6	7	8	9	10	

4.8.7 Identifying Contributing Factors

If you have selected *low perceived risk* as having a major impact on alcohol-related crashes/fatalities, please indicate up to three factors (based on your data) that contribute most to this problem.

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol-Related Crashes/Fatalities

Intervening Variable: Perceived Risk

Contributing Factor:

Whom does this affect/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

5

Prioritization

5.1 PRIORITIZING

The next stage involves prioritizing the intervening variables that you explored in the previous chapter. The first step is for each member of the CAP to record the appropriate scores from each of the seven ranking questions (retail availability, social availability, enforcement and adjudication, social norms, pricing, promotion, and low perceived risk) from Chapter 4. Based on the scores, rank each intervening variable, with 1 being the highest priority (the area with the highest score) and 6 the lowest. In the case of a tie, decide which area is of higher priority for your community in terms of alcohol-related crashes/fatalities.

<u>Score</u>	<u>Rank</u>	<u>Intervening Variables</u>
<input type="text"/>	<input type="text"/>	Retail Availability
<input type="text"/>	<input type="text"/>	Social Availability
<input type="text"/>	<input type="text"/>	Law Enforcement and Adjudication
<input type="text"/>	<input type="text"/>	Social Norms
<input type="text"/>	<input type="text"/>	Pricing
<input type="text"/>	<input type="text"/>	Promotion
<input type="text"/>	<input type="text"/>	Low Perceived Risk

5.2 CHANGEABILITY ASSESSMENT

In addition to prioritizing the intervening variables, you'll need to think about your community's readiness and capacity to address each factor. For this exercise, you will consider the **top three intervening variables** (those ranked 1-3).

Some questions to consider are as follows:

- What community resources are available to address this intervening variable?
- What are the gaps in community resources?
- How ready is the community to address this intervening variable?

Based on the rankings of each intervening variable and your assessment of its changeability, record each factor in the grid below. Factors that fall into the shaded box are the community's highest priorities.

	More Important	Less Important
High likelihood to change	High Priority for Planning	Low Priority
Difficult to change	Low Priority	No Priority

Adapted from the following: Green, L.W., & Kreuter, M.W. (1999). *Behavioral and environmental assessment in health promotion planning, an educational and ecological approach* (3rd ed., p. 138). New York, NY: The McGraw-Hill Company.

Example: Binge Drinking by College Students

For the purpose of this example, we will assume that after completing the scoring and ranking, the top three intervening variables were social availability, law enforcement and adjudication, and social norms.

Social Availability: After thinking about the questions above, you might decide that the social availability of alcohol does contribute to binge drinking by college students, but it would be difficult to make an impact on it with the resources your group has available. Therefore, you decide to place social

availability in the More Important/Difficult to Change box, which makes it a low priority.

Law Enforcement and Adjudication: After thinking about the data that you collected, you might decide that law enforcement and adjudication is less important than other factors in changing the drinking behavior of college students. It might also be difficult to make changes to how law enforcement deals with binge drinking by college students, so you decide to place law enforcement and adjudication in the Less Important/Difficult to Change box, making it not a priority.

Social Norms: After thinking about the data that you collected and the questions above, you might decide that social norms about drinking in the college community have a large impact on students' drinking behavior. You might have some ideas on how you can change social norms about binge drinking. For example, you could work with the university's health center to create educational materials about the effects of binge drinking. Because you view social norms as an important factor and you think you can affect it with the resources that your community has, you place it in the More Important/High Likelihood to Change Box, making it a high priority for planning.

Next Steps: Now that Social Norms has been identified as a priority area for planning, you would evaluate the contributing factors that fall under Social Norms.

Your Final Conclusions

Now that you have considered the data surrounding your community's alcohol-related crash problems, as well as each intervening variable for these problems, you need to decide what to do. This decision ultimately will be part of your community's SPF Strategic Plan and will lead to very specific evidence-based strategies for you to implement. For now, think about your data and especially your final rankings and the Priority Risk Factor table you completed in this chapter. Also, mull over the possible connections among the seven intervening variables. Would it be possible to target social availability without also targeting social norms? Will changes in retail availability necessarily require changes in the enforcement of policy? Now answer the following question.

5.3 FINAL NEEDS ASSESSMENT QUESTION

It is very unlikely that your community can or needs to address every possible intervening variable and its contributing factors or implement every possible evidence-based strategy to reduce alcohol-related crashes and fatalities. Instead, your NAE, in collaboration with your CAP, will have to decide what combination of intervening variables you are going to target and why. Please revisit your prioritization worksheet and answer the following questions. Use as many sheet as necessary if you determine that your community should focus on several intervening factors. However, we caution the selection of more than three intervening factors .

Who (should we target a demographic subgroup)?



Where (should we target a geographic location)?



When (does the time of year matter)?



Why (list the top 2–3 contributing factors)?

Justify your prioritization of the intervening variables based on the ranking and changeability exercise.

6

Next Steps

The needs assessment process presented in Chapters 1–5 represents the first phase toward your community implementing evidence-based strategies to reduce alcohol-related crashes and fatalities. Below we have provided descriptions of complementary activities that will aid your community efforts to determine what the best prevention strategies to implement are, and deadlines for needs assessment milestones and upcoming trainings.

6.1 CAPACITY ASSESSMENT

Capacity is the second step in the SPF process and determines what, how, and when a community addresses its targeted problem. During the needs assessment process, RTI staff will gather data to assess your community's capacity to affect alcohol-related crashes and fatalities. RTI and CPR staff will conduct a Resource and Community Readiness Assessment to measure capacity and an evidence-based strategies resource guide to facilitate the development of a strategic plan. Each tool is described below.

Resource Assessment: While you are completing this workbook, we will be gathering information on existing resources in your county. We will review state block grant funding to determine what your community is currently doing to target substance use. We will also survey members of the CAAB to identify complementary strategies occurring in the community. We will provide you with data on all of the existing community groups and initiatives working to prevent alcohol-related crashes in your community. You will use this information in conjunction with the data that you gathered to think about

how to address the intervening variables/contributing factors that you identified as your focus.

Community Readiness Assessment: As part of the resource capacity assessment, we will conduct a Community Readiness Assessment with prevention experts from the Local Management Entity (LME) and the Center for Prevention Resources (CPR) serving your county.

Strategies Selection Resource Guide: During early next year, we will develop a guide that will provide you with information on individual and environmental strategies that have proven effectiveness in reducing alcohol-related crashes, fatalities, and the over consumption of alcohol.

After each county completes its needs assessment, it will then work with its designated CPR to write a strategic plan (SPF Step 3), which must include plans for local capacity building and monitoring outcomes (SPF Steps 2 and 5, respectively).

6.2 STRATEGIC PLANNING TRAINING

A strategic planning training will be held in January 2008 to share findings from the resource capacity assessment, the Community Readiness Assessment, and the strategies selection resource guide. More specifically, each strategic plan must include the following:

- A vision for prevention at the community level;
- A statement acknowledging the state's priority area and the county's commitment to addressing it;
- Needs assessment results, including the identification of high-problem areas and intervening variables that contribute to alcohol-related traffic crashes/fatalities;
- A statement of the community's capacity and infrastructure to address alcohol-related traffic crashes/fatalities, and a plan to increase capacity, where needed;
- Appropriate (i.e., logically connected and culturally competent) evidence-based programs, policies, and practices to address alcohol-related traffic fatalities;
- Identification of—and letters of support from—the primary prevention partners in the county that will be responsible for implementing the evidence-based programs, policies, and practices;

- Methods and measures for monitoring community-level outcomes;¹
- A discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funds have been depleted; and
- A realistic timeline for implementing the strategic plan.

Draft Strategic Plan: Your draft strategic plan is due April 1, 2008.

Final Strategic Plan: Your final strategic plan is due June 1, 2008. SPF-SIG staff and members of a CAAB subcommittee will review the strategic plans and recommend that they be approved or sent back to the county for revisions with further assistance from the CPR. Upon approval of the strategic plan, a county will receive its implementation funds (SPF Step 4).

6.3 EVALUATION TRAINING LEARNING COMMUNITY

This session will take place in February or March 2008.

6.4 IMPLEMENTATION

Your selected implementation organization will begin project-related activities around July 1, 2008. Implementation funds will vary for each community based on an assessment of each community's needs relative to the needs of the other selected communities.

¹ Subrecipients will collaborate with PIRE to develop their evaluation plans.

Appendix A: Sources of Alcohol- Related Data

The following web resources and organizations may have data of interest to your community. Most of the resources listed provide information for counties or other geographic regions of the state, but statewide data are provided for comparison when available. The North Carolina SPF-SIG project Web site is <http://www.ncspfsig.org>.

The **ABC Commission** provides information about the sale of alcohol in North Carolina counties. <http://www.ncabc.com/> From their Web site, find the link to alcohol law enforcement districts http://www.ncabc.com/legal/ale_locations.aspx. If you click on the district containing your county you may find more information. By clicking on http://www.ncabc.com/abc_boards/, you can find specific information about your county's board. Find information on local alcohol permits by going to http://www.ncabc.com/search/advanced_search.aspx and clicking on your county.

Community Anti-Drug Coalitions of America (CADCA). You may find many resources on this site including a useful tool kit. You do not have to be a member to use the toolkit. http://www.coalitioninstitute.org/SPF_Elements/Assessment/AssessmentHome.asp

The **Division of Medical Assistance** within the North Carolina Department of Health and Human Services (DHHS) is the state Medicaid agency in North Carolina. They produce an annual report with some county-level data called *Medicaid in North Carolina Annual Report*. Many of their reports are now available on their Web site. From their main page, go to Publications to view their annual report, as well as additional Medicaid data and information. <http://www.dhhs.state.nc.us/dma/>

The **Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS)** in the North Carolina Department of Health and Human Services (DHHS) collects statistics from state-operated mental health facilities in North Carolina. Annual reports, containing facility and county-level information, are available on community mental health centers, state psychiatric hospitals, alcohol and drug treatment centers, mental retardation centers, and other mental health facilities. To view their reports, from the main page, go to Statistics and Publications. <http://www.dhhs.state.nc.us/mhddsas/>

The **Division of Social Services** in the North Carolina Department of Health and Human Services (DHHS) collects information in a number of human services areas, including child abuse and child protective services, Food Stamps, and the Temporary Assistance to Needy Families (TANF) program. To view their statistical reports, from their main page, click on Statistics and Reviews. You can then choose to select data regarding Child Welfare, Child Support, Food Stamp Program, or Work First. www.ncdhhs.gov/dss

The **Employment Security Commission of North Carolina** collects a variety of information related to employment, occupations, industries, wages, and unemployment in North Carolina. On their Labor Market Information page, they have links to labor force statistics, occupational information such as employment and wages, industry information, and information access tools and links to statistical sources. In their Information Access Tools section, several Web query systems, such as WebSARAS, NC Profile, Workforce-in-Depth, and County Profile, provide labor and employment information for counties and other geographic areas of the state. For further information or for special requests, contact the Labor Market Information Division at (919) 733-2936. <http://www.ncesc.com/>

Health Departments. Most North Carolina county and district health departments now have Web sites. A list of health departments, as well as their contact information and Web site addresses, are available on the North Carolina Association of Local Health Directors Web site:
<http://www.ncalhd.org/county.htm>

The **State of North Carolina** Web site is <http://www.state.nc.us>. Some of the state department Web sites described below can be accessed through this main state home page. In addition, there are links to many other state agencies from this North Carolina home page, and many of these state agency Web sites have links to other Web sites related to their topic area. Click on NC Agencies from the main state home page. <http://www.schs.state.nc.us/SCHS/>

North Carolina Action for Children (formerly the North Carolina Child Advocacy Institute) has a Web site that provides county-level information on child health and well-being. Areas covered include demographics, physical well-being, intellectual well-being, social well-being, and economic well-

being. Extensive county-level data are available in their North Carolina Children's Index County Data Cards, which include more than 75 indicators of child and youth well-being. They also provide links to CLIKS (Community-Level Information on Kids) which allows users to access maps and tables containing data at both state and county levels. <http://www.ncchild.org>

The **North Carolina Council for Women/Domestic Violence Commission** compiles information on domestic violence, sexual assault, and rape prevention programs. Their Web site provides a variety of county-level data on domestic violence, including the number of calls, the number of clients served, education /training, and shelter services use. <http://www.doa.state.nc.us/cfw/cfw.htm>

The **North Carolina Department of Commerce** (919-733-4151) has a Web site that contains a variety of useful data for each county in the state. From the main page select NC Statistics and click on County Profiles to access economic data from the Economic Development Information System (EDIS). Data can be downloaded into Microsoft Excel. <http://www.commerce.state.nc.us>

The **North Carolina Department of Public Instruction** (919-807-3300) collects a variety of information related to education in North Carolina, much of which is available through their Web site. From the top of the main page, select Data & Statistics and then the *NC Statistical Profile*. This report contains detailed educational data at the county level. This page also has a link to Education Statistics Access System (ESAS)—a Web-based interactive data extraction and distribution tool designed to enable everyone with access to the Internet to extract basic data for the North Carolina school systems, create custom reports, and then save a copy to their computer. <http://www.dpi.state.nc.us>

The **North Carolina Department of Transportation**. There is a wealth of information on highway safety/crash problems in your county available on line. Please check the following

Main DOT Safety Page:

<http://www.ncdot.org/doh/preconstruct/traffic/safety/>

Crash Facts:

http://www.ncdot.org/dmv/other_services/recordsstatistics/CrashReports.html

County Profiles:

<http://www.ncdot.org/doh/preconstruct/traffic/safety/ses/profiles/profiles.html>

High-Frequency Crash Location Maps:

<http://www.ncdot.org/doh/preconstruct/traffic/safety/reports/HFCL/default.html>

County Rankings:

<http://www.ncdot.org/doh/preconstruct/traffic/safety/ses/rankings/rankings.html>

The **North Carolina Rural Economic Development Center** serves as a resource for rural people and communities. The center serves the state's 85 rural counties, with a special focus on individuals with low to moderate incomes and communities with limited resources. Their Web site hosts a Rural Data Bank which includes County Profiles as well as the ability to perform custom data searches.

<http://www.ncruralcenter.org/databank/index.html>

The **North Carolina State Data Center** (SDC) maintains a comprehensive Web site with a great deal of data available by county. Most useful is LINC (Log Into North Carolina), which provides Web access to over 1,300 data items from state and federal agencies. The site includes the ability to query Census data, including information on housing and on the demographic, social, and economic characteristics of the population. These data are available even for very small geographic areas. In addition, via their LINC query system, the State Data Center provides data on vital statistics and health, social and human services, education, law enforcement, and a variety of other topic areas.

The **Odum Institute for Research in Social Science** (919-962-3061) at the University of North Carolina at Chapel Hill provides a variety of public opinion poll and other data through their Web site. See especially the Data Archive section where under Data Holdings you will find North Carolina data. Also accessible from the Data Archives section are North Carolina Vital Statistics data, where complete public use data files for births, deaths, and other vital events can be downloaded for further analysis. Full documentation of these files is provided. Also, much of the other data through this site can be downloaded into a variety of file formats. Though the data from this site are

primarily for the state and the nation as a whole, some county-level information is available.

<http://www.unc.edu/depts/irss/>

The **Office of Drug Control Policy** has some local and county-level information available at the following Web site:

<http://www.whitehousedrugpolicy.gov/statelocal/nc/nc.pdf>

The **State Bureau of Investigation** collects detailed information on crimes that occur in North Carolina, and has a variety of county data available on its Web site. See particularly the Crime Statistics section with links to Uniform Crime Report (UCR) data by county for several years. Some crime indicators are also included in the LINC data system (described above in North Carolina State Data Center). For questions about the crime data or to make special requests, contact:

stats@ncdoj.gov or 1-888-498-9429. <http://www.ncsbi.gov/>

The **State Center for Health Statistics** (919-733- 4728) has maintained a Web site for more than a decade. This site describes the programs and services of the SCHS, and offers a plethora of county-level data that can assist communities in performing their assessment. Most useful in this regard is the County Health Data Book, which is now published annually. The latest edition of the Data Book can be found at

<http://www.schs.state.nc.us/SCHS/data/databook/>

The **State Center for Health Statistics** offers additional information by county, such as the recent addition of the biannual *Trends in Key Health Indicators* report, which presents graphs depicting county and statewide trends for select health measures.

<http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

Other county-level information, such as the North Carolina Health Statistics Pocket Guide and Leading Causes of Death, can also be accessed on the SCHS Web site from

<http://www.schs.state.nc.us/SCHS/data/county.cfm>

<http://sdc.state.nc.us/>

The **Highway Safety Research Center** at the University of North Carolina (UNC) collects data on motor vehicle crashes, including alcohol involvement and seat belt use, as well as other information related to highway safety. They have a North

Carolina Crash Data Query Web site which enables users to create tables reflecting crash, vehicle, and person/driver information for crashes occurring in North Carolina. All of the data are available by county, city, Highway Patrol area, or NCDOT division. HSRC also maintains the North Carolina Alcohol Facts (NCAF) Web site, a separate query system specific to alcohol-related crashes and injuries. In addition, special research publications prepared by the HSRC are available for download from their Research Library.

<http://www.hsrc.unc.edu>

Appendix B:

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Appendix C: Town Hall Meeting Protocol

TOWN HALL MEETING PROTOCOL

Holding a town hall meeting is an efficient way to gather qualitative data through the use of a focused group discussion. The reward for this work is dynamic information not just about what people feel, but about *why* people feel the way they do about a particular subject or idea. Group discussions have the potential to provide both accurate and in-depth data.

The town hall meeting is intended as a complement to the rest of the needs assessment. What follows is a discussion of the general system for running a town hall meeting successfully.

The Moderator

Fundamental to the town hall meeting is a moderator who facilitates the discussion. This person should feel at ease speaking in front of the group, but he or she is not a teacher. The moderator's goal is to make the participants feel comfortable in expressing themselves openly, while keeping the discussion on track.

Becoming a talented moderator takes practice. For most novices, the best strategy is to play the role of a *seeker of wisdom*. This role assumes that the participants have the wisdom you need and will share it if asked the right questions.

Most importantly, *moderators must learn to listen and not talk*.

Choosing the Participants

You can do one town hall meeting or a series of meetings. These meetings should consist of at least 10 people who either volunteer or who have been chosen specifically. Most meetings are made up of a homogeneous group of strangers, but don't be afraid to invite specific individuals to attend the meeting. Key participants may include a community member, a police officer, a parent, an adolescent, someone from your advisory council, a bar owner, and any other individuals who may have insight into the topic.

Setting the Rules

Prior to starting the discussion, the moderator should lay down a few ground rules. Generally, rules should include the following:

- only one person talking at a time;

- no side discussions among participants;
- no members should be put down because of their opinions;
- all thoughts and ideas are valued; and
- there are no wrong or right answers.

Like with selection of group members, care and creativity should be used when setting rules.

Conducting the Discussion

The discussion itself should last between 1 and 2 hours and follow a structured format. The moderator should make every attempt to find a balance between keeping the group discussion on track and allowing it to flow naturally. In order to accomplish this, a “funnel” structure is often used. This approach is best outlined as a series of questions that move from general to specific.

Opening Question

This is a round robin question that everyone answers at the beginning of the meeting. It is designed to be answered quickly and to identify those characteristics that participants have in common. It should make everyone in the group feel more at ease.

Introductory Questions

These are questions that introduce the topic for discussion. Usually, they are not critical to the research; rather, they are intended to foster conversation and interaction among the participants.

Key Questions

These are questions that drive the research. Answers to these questions provide the best data for later analysis. Key questions should be focused on the topic of interest and open-ended. The moderator's goal with these questions is to illicit discussion among the participants. You should avoid both questions that allow for short answers and yes/no questions.

Ending Questions

These questions bring closure to the discussion and enable participants to look back upon previous comments. Once again a round robin approach is best, and participants should be asked to summarize their thoughts in some way.

SAMPLE PROTOCOL YOU MAY CHOOSE TO USE FOR YOUR TOWN HALL MEETING(S)

Opening Question:

Tell us your name and what brought you here today. (Round robin)

Introductory Questions:

What are the alcohol-related problems in our community?

What factors are causing these problems?

A number of alcohol-related concerns and possible causes for those concerns have been mentioned. Let's think about three possible causes of alcohol misuse in particular. For the remainder of this discussion, let's think about social availability, community norms, and individual factors.

Key Questions

Let's start with social availability. Social availability refers to the procurement of alcohol through social sources such as friends and family.

Where are the youths in our community getting alcohol? Give examples.

Where are high school-aged youths and younger getting alcohol?

Where are minors out of high school getting alcohol?

Where do adults in the community obtain alcohol?

Where is the alcohol consumed? By youths and adults?

What are your experiences with underage drinking at parties, or with adults providing alcohol to minors?

There's been a lot of talk about alcohol-related crashes being a problem in our community, but to what extent do you think *social availability* really contributes to the problem? (Round robin)

Next, let's talk about community norms. Community norms reflect general attitudes about alcohol use and societal expectations regarding the level and type of use that is considered appropriate.

What are the norms of our community?

What are the general attitudes about drinking in our community?

What is the alcohol culture like?

In our community, is it okay to serve alcohol to a minor and, if so, under what circumstances?

In our community, at what age is it acceptable to use alcohol?

What is our community's attitude toward drinking and driving?

What kind of groups or organizations promote the use of alcohol in our community?

Now that we've had this discussion, to what extent do you think *community norms* contribute to the alcohol-related crashes in our community? (Round robin)

Finally, let's think about individual factors. Individual factors could be biological, socio-economic, or individual attitudes.

What makes the people in our community different and unique?

What individual characteristics contribute to the alcohol-related crashes in our community?

Based on the things we've just talked about, to what degree do you think the *individual characteristics* of the people in our community contribute to alcohol-related crashes? (Round robin)

Ending Question:

Considering the three causes that we've talked about today—social availability, community norms, and individual factors—which one is the leading cause of the alcohol-related crashes in our community? (Round robin)

Our goal is to find out what is contributing to the alcohol-related crashes in our community. Have we missed anything? Do you have any final comments?

Thank you for participating.

RECORDING AND USING THE INFORMATION

Every effort should be made to record the town hall meeting by having a colleague take notes and by using a tape or video recorder. The use of recording equipment allows the meeting to be revisited when needed. This discussion can also be transcribed or at least listened to for quotes and general ideas. We suggest using a data matrix like the one found on the next page to keep track of major themes and quotes from the discussion. Feel free to expand the table as needed.

The information gathered from this meeting should be used to complement other quantitative work, using participant quotes and the grouping of ideas. The grouping of ideas refers to the categorizing of attitudes, feelings, or beliefs of the group toward the topic. This may simply involve discussions revolving around a single question. In other cases, this may involve outlining the major topics brought up by the group.

Notes for Town Hall Meeting about Alcohol-Related Crashes

Date: _____ Location: _____
Number of People in Attendance: _____ Note Taker: _____

Section	Major Ideas of Themes	Quotes	Consensus or Disagreement?
Question 1			
Question 2			
Question 3			
Other thoughts, ideas, comments, or themes that arose during the town hall meeting:			

Appendix D: Community Access Assessment Tool

COMMUNITY ACCESS ASSESSMENT TOOL

DIRECTIONS: You will need to tour your community to answer the questions on the first page of this tool. If you have a large community, you might look at only a sample of bars and stores in your community. If you are in a small community and have no retail source in one of the categories below for alcohol, note that fact in Q2 and skip the remainder of the column. Discuss the best approach with your NAE prior to beginning data collection for all of the information on this tool.

RETAIL AVAILABILITY: This section addresses how alcohol is bought and sold in your community.

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores
1. Is alcohol sold in these outlets in your community?	Yes No	Yes No	Yes No	Yes No	Yes No
2. How many of these alcohol outlets are there in your community?					
3. How many days a week are they open?					
4. How many hours a day are they open?					
5. Are there restrictions on where they can be? (e.g., proximity to schools)	Yes No	Yes No	Yes No	Yes No	Yes No
5a. Describe these restrictions.					
6. Are there restrictions on how many outlets can be in your community?	Yes No	Yes No	Yes No	Yes No	Yes No
6a. Describe these restrictions.					
7. Do they sell high-strength alcohol?	Yes No	Yes No	Yes No	Yes No	Yes No
8. Do they sell alco-pops?	Yes No	Yes No	Yes No	Yes No	Yes No
9. Do they sell single-unit sales (e.g., single cans of beer)	Yes No	Yes No	Yes No	Yes No	Yes No

D-2

DIRECTIONS: For the questions that require a Yes/No response, please circle the appropriate answer. In your report, please clearly describe how you collected this information. For the open-ended questions, please provide as much detailed information as possible. For the remaining pages, please convene your coalition or planning group and answer the questions based on the input of the group.

Describe from whom and how you collected this information. _____

10. Are there other outlets where alcohol is sold in your community? Yes [Go to 10a] No [Skip to 11]

10a. What are these outlets?

10b. What kind of alcohol do they sell?

11. Is there home-brewed alcohol (moonshine) available in your community? Yes [Go to 11a] No [Skip to 12]

11a. From what type of sources(s) is moonshine available?

11b. How easy is it to get moonshine? Very easy Easy Difficult Very difficult

12. Is there home-brewed "ocean" (alcohol-based) available in your community? Yes [Go to 12a] No [Skip to 13]

12a. From what type of sources(s) is ocean available?

12b. How easy is it to get ocean? Very easy Easy Difficult Very difficult

13. How big of a problem is cross-county drinking in your community? A big problem Somewhat of a problem Not a problem
- 13a. If youths or young adults cross the border to drink, please describe the problem. _____
14. Are there dry communities in your community (i.e., areas where alcohol cannot be sold legally)? Yes No [Skip to PR1]
15. Who/where are they (e.g., name of county, reservation, township, etc.)? _____
16. Do underage youths travel from these dry communities to places where alcohol is sold to buy/drink alcohol? Yes No
17. Do young adults (21-24 years old) travel from these dry communities to places where alcohol is sold to buy/drink alcohol? Yes No
18. How big of a problem is traveling from dry communities to places where alcohol is sold in your community?
- A big problem Somewhat of a problem Not a problem
- 18a. If youths or young adults travel from dry communities to buy or drink alcohol in other communities, please describe the problem. _____

Appendix E:

Bar Assessment Tool

BAR ASSESSMENT TOOL

DIRECTIONS: You will need to do a tour of your community to answer the following questions. If you have a large community, you might only look at a sample of bars. As a general rule, if you have less than 10 bars, visit all of them. If you have more than 10, visit at least 10 to 20 and provide a justification for your choice of bars. Discuss the best approach with your evaluator prior to beginning data collection. For the questions that require a Yes/No response, please circle the appropriate answer. For the open-ended questions, please provide as much detail as possible. Make as many copies of this form as needed.

Number of Bars Visited: _____ Number of Bars in Community: _____

RETAIL AVAILABILITY: This section addresses how alcohol is bought and sold at bars in your community.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
RA1. What is the name of the bar?					
RA2. What is the bar's address?					
RA3. How many days a week is the bar open?					
RA4. How many hours a day is the bar open?					
RA5. What type of alcohol does the bar sell? [CIRCLE ALL THAT APPLY]	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor
RA6. Does the bar sell single units of alcohol (e.g., a can of beer, glass of wine, etc.)?	Yes No	Yes No	Yes No	Yes No	Yes No

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
RA7. Does the bar sell high-strength alcohol?	Yes No	Yes No	Yes No	Yes No	Yes No
RA8. Does the bar sell alcohol pops?	Yes No	Yes No	Yes No	Yes No	Yes No
RA9. Does the bar sell moonshine?	Yes No	Yes No	Yes No	Yes No	Yes No

PRICE: The next several questions are related to the price of alcohol. For the questions that require a Yes/No response, please circle the appropriate answer.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
PR1. Are happy hours with discounted drinks offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No
PR2. Do prices increase to their normal level after happy hour is over?	Yes No	Yes No	Yes No	Yes No	Yes No
PR3. Are all-you-can-drink specials offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No
PR4. Are two-for-one-drink specials offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No

PROMOTION: The next several questions address advertising at each bar. For the questions that require a Yes/No response, circle the appropriate answer.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
PRO1. Is alcohol advertising visible from the outside of the store (e.g., neon signs)?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO2. Is there alcohol advertising on the inside of the store?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO3. Does the bar offer free alcohol-related merchandise or promotional gifts?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO4. Are there “no sales to minors” signs posted?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO5. How does this bar typically advertise?					
PRO6. Does this bar sponsor community events?	Yes No	Yes No	Yes No	Yes No	Yes No

**Appendix F:
Strategic Prevention
Framework: Youth
Focus Group
Questions
(15- to 24-Year-Olds)**

YOUTH FOCUS GROUP QUESTIONS ON RETAIL AVAILABILITY, SOCIAL AVAILABILITY, PERCEPTION OF RISK, AND SOCIAL NORMS

Directions: Convene at least six focus groups with youths in your communities to discuss the following questions. Focus groups generally work best with six to eight participants. Conduct at least one focus group with 15- to 17-year-olds (in high school), one with 18- to 20-year-olds (underage for buying alcohol and of college age), one with 21- to 24-year-olds (of legal age), at least one group with Hispanic males, and, if a substantial portion of the population of your community is Native American, one group with Native American males.

Steps to running a focus group:

1. **Find a community leader who is comfortable talking in front of groups to lead the discussion.** Some things to look for when choosing a discussion leader are
 - experience leading discussions,
 - knowledge of the topic to be discussed, and
 - ability to relate to the group participants.
2. **Find a note-taker.** A lot of important information will be discussed at a fast pace, so you'll need someone experienced at taking notes to make sure important information is not lost. Also, try to tape record the group discussion so you can go back and listen to it.
3. **Invite people who represent the community you're working with.** Select people that are similar to the population or community you are working with (e.g., age range, education level, smoking status). This will help ensure that you get opinions that are representative of the different subgroups within the community. Other things to consider:
 - Divide participants into groups based on gender, race, education level, or other characteristics that may affect their ability to speak openly and honestly. This can be an issue when discussing sensitive topics, such as sex. For example, some women may be uncomfortable talking openly if men are present.
4. **Decide whether to give incentives.** Depending on your budget, you may choose to reward people for

participating. This can be money, a gift certificate, or something else of value to your audience.

5. Plan the group meeting.

- Day: What is the best day to hold the group session? Are certain days of the week not very convenient?
- Place: The meeting should be held in a central location that is easy for people to get to.
- Time: What time of day is best? Do members of the community generally work day or night hours?
- Length: Groups should be scheduled for 1 to 2 hours, depending on the amount of material you have to cover.
- Number of groups: It is a good idea to conduct a minimum of two groups with each set of people (if you are conducting separate groups with men and women, you will want to have at least four groups—two with men and two with women).

6. Prepare for the topics you want to discuss ahead of time. You should always make sure you have a discussion guide that the leader refers to in the group. A discussion guide usually consists of a list of topics and some questions you want to be sure to ask

7. Use the information that you gain. After the session is over, it is helpful for the leader and note-taker to meet briefly to discuss how the group went and compare observations. The next step is to review the notes and tapes to look for patterns in what participants said.

INSTRUCTIONS TO READ TO PARTICIPANTS: I am going to ask you some questions around drinking alcohol. You will not be asked questions about your own behavior, but rather your views about what people your age in your community think and do.

1. When you think about people your age, where do you think that they usually obtain alcohol?

PROMPTS

- a) a liquor store
- b) a grocery store
- c) a bar
- d) a restaurant
- e) friends
- f) parents
- g) other family members
- h) strangers

2. How easy would it be for people your age to get alcohol from those sources?

PROMPTS: Reflect sources they mentioned in Q1.

3. If people your age in your community drink alcohol, how likely do you think it would be that people would find out?

PROMPTS

- a) parents
- b) other family members
- c) the police
- d) teachers at school (if applicable)
- e) your employer (if applicable)

4. How much do you think that people would disapprove if people your age were to drink?

PROMPTS

- a) your parents
- b) other family members
- c) your friends
- d) teachers at school (if applicable)
- e) your employer (if applicable)

5. How much do you think that drinking and driving is a problem for people your age?

6. How much do you think that people would disapprove if people your age were to drink and drive?

PROMPTS

- a) parents
- b) other family members
- c) your friends
- d) teachers at school (if applicable)
- e) your employer (if applicable)

7. If you were to drink and drive, what do you think would happen to you?

PROMPTS

- a) the police would catch you
- b) you would get a ticket and pay a fine
- c) (FOR MINORS) your parents would find out and punish you in some way (such as taking away your car)
- d) anything else?

**Appendix G:
Forensic Tests for
Alcohol Results by
Agency Type, 2002-2006**

Alexander County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	85	12	17	39	17	0
Taylorsville PD	69	14	18	27	10	0
Wildlife Com.	3	2	0	1	0	0
County Total	157	28	35	94	27	0
State Total	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	93	21	12	46	14	0
Taylorsville PD	75	20	7	31	17	0
Wildlife Com.	11	3	3	5	0	0
County Total	179	44	22	82	31	0
State Total	59,711	11,237	7,855	27,446	13,298	198

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	102	19	14	45	24	1
Taylorsville PD	79	24	13	30	14	0
Wildlife Com.	2	0	0	2	0	0
County Total	183	43	27	77	38	1
State Total	60,107	11,348	8,142	27,446	13,265	198

Alexander County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	104	17	24	41	22	0
Taylorsville PD	77	14	13	30	20	0
Wildlife Com.	9	1	2	6	0	0
County Total	190	32	39	77	42	0
State Total	61,123	11,104	8,949	28,086	13,079	254

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	100	22	12	45	21	6
Taylorsville PD	74	19	14	28	13	1
Wildlife Com.	2	2	0	0	0	0
County Total	176	43	26	73	34	7
State Total	65,656	11,847	9,521	30,473	13,882	312

Brunswick County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	422	101	60	185	76	0
Boiling Spring Lakes PD	12	5	2	2	3	0
Brunswick Co SD	24	3	2	12	7	0
Caswell Beach PD	1	0	0	0	1	0
Holden Beach PD	25	5	1	11	8	0
Leland PD	41	7	6	20	8	0
Navassa PD	16	3	0	9	4	0
Northwest PD	30	5	2	14	9	0
Oak Island PD	11	5	1	5	2	0
Ocean Isle Beach PD	33	7	1	13	12	0
Shallotte PD	47	7	6	18	16	0
Southport PD	29	9	6	8	6	0
Sunset Beach PD	1	0	0	0	1	0
Wildlife Com.	1	0	0	0	1	0
Other	8	1	2	4	1	0
County Level	702	158	89	301	155	0
State Level	56,878	11,066	6,868	25,531	13,540	151

Brunswick County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	483	98	83	208	74	0
Boiling Spring Lakes PD	22	6	4	9	1	0
Brunswick Co SD	68	11	9	23	22	0
Caswell Beach PD	2	0	0	2	0	0
Holden Beach PD	17	6	1	7	3	0
Leland PD	25	7	3	9	1	0
Oak Island PD	25	7	5	8	2	0
Ocean Isle Beach PD	46	9	8	20	7	0
Shallotte PD	3	1	0	2	0	0
Southport PD	13	7	0	7	0	0
Sunset Beach PD	5	2	0	2	1	0
Wildlife Com.	6	2	1	2	1	0
Other	15	5	1	6	1	0
County Level	731	161	115	305	113	0
State Level	59,711	11,237	6,775	27,446	9,541	198

Brunswick County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	467	82	78	221	87	0
Boiling Spring Lakes PD	15	2	3	6	4	0
Brunswick Co SD	92	21	14	33	24	0
Caswell Beach PD	4	2	0	2	0	0
DMV Enforcement	1	0	0	1	0	0
Holden Beach PD	36	11	2	17	6	0
Leland PD	38	7	1	17	14	0
Northwest PD	7	0	0	7	0	0
Oak Island PD	80	28	9	28	15	0
Ocean Isle Beach PD	65	14	10	26	15	0
Shallotte PD	29	9	3	14	4	0
Southport PD	32	8	7	9	8	0
Sunset Beach PD	5	0	0	4	1	0
Wildlife Com.	6	3	0	1	2	0
Other	16	7	5	1	3	0
County Level	894	194	132	387	183	0
State Level	60,107	11,348	8,142	27,446	13,265	198

Brunswick County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	327	57	53	143	62	1
Boiling Spring Lakes PD	19	6	5	5	3	0
Brunswick Co SD	95	24	15	30	26	0
Caswell Beach PD	1	0	0	1	0	0
Holden Beach PD	6	2	1	2	1	0
Leland PD	25	7	2	12	4	0
Navassa PD	5	1	1	1	2	0
Oak Island PD	66	16	6	23	21	2
Ocean Isle Beach PD	41	12	3	15	11	0
Shallotte PD	50	13	5	22	10	0
Southport PD	21	5	0	12	4	0
Sunset Beach PD	4	1	1	1	1	0
Other	18	3	4	7	4	0
County Level	677	147	107	274	149	3
State Level	61,123	11,104	8,949	28,086	13,079	254

Brunswick County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	379	67	80	164	68	0
Boiling Spring Lakes PD	26	2	6	12	6	0
Brunswick Co SD	111	26	17	45	23	0
Caswell Beach PD	7	2	0	4	1	0
DMV Enforcement	5	1	0	4	0	0
Holden Beach PD	10	4	0	5	1	0
Leland PD	17	5	0	9	3	0
Navassa PD	2	0	0	1	1	0
Northwest PD	4	3	0	1	0	0
Oak Island PD	70	15	6	29	20	0
Ocean Isle Beach PD	34	10	6	8	10	0
Shallotte PD	39	12	4	15	8	0
Southport PD	18	8	1	5	4	0
Sunset Beach PD	3	0	0	2	1	0
Other	8	2	0	4	2	0
County Level	733	157	120	308	148	0
State Level	65,656	11,847	9,521	30,473	13,882	312

Cherokee County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	94	13	23	40	19	1
Andrews PD	14	1	4	4	6	0
Cherokee Co PD	39	7	5	19	8	0
Murphy PD	5	1	0	0	4	0
Tennessee Valley Auth Police	1	0	1	0	0	0
Wildlife Com.	2	0	0	2	0	0
Other	16	4	2	9	1	0
County Level	171	26	35	74	38	1
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	77	11	18	33	15	0
Andrews PD	15	2	5	4	4	0
Cherokee Co PD	21	5	7	7	2	0
Murphy PD	24	5	3	10	6	0
Tennessee Valley Auth Police	3	0	0	2	1	0
Wildlife Com.	1	0	0	1	0	0
Other	4	0	1	3	0	0
County Level	144	23	34	60	28	0
State Level	59,711	11,237	7,855	27,446	13,298	198

Cherokee County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	81	11	20	31	19	0
Andrews PD	22	2	2	12	6	0
Cherokee Co PD	33	4	4	18	7	0
Murphy PD	23	5	5	10	3	0
Tennessee Valley Auth Police	1	0	0	1	0	0
Wildlife Com.	4	0	1	3	0	0
Other	13	1	2	5	5	0
County Level	177	23	34	80	40	0
State Level	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	80	8	11	40	21	0
Andrews PD	43	3	11	17	12	0
Cherokee Co PD	36	3	9	17	7	0
Murphy PD	11	4	2	3	2	0
Tennessee Valley Auth Police	7	0	0	4	3	0
Wildlife Com.	4	0	2	1	1	0
Other	1	0	0	0	1	0
County Level	182	18	35	82	47	0
State Level	61,123	11,104	8,949	28,086	13,079	254

Cherokee County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	65	12	18	22	13	0
Andrews PD	21	6	2	13	0	0
Cherokee Co PD	36	10	8	16	2	0
DMV Enforcement	1	0	1	0	0	0
Murphy PD	19	2	4	8	5	0
Tennessee Valley Auth Police	5	0	0	2	3	0
Wildlife Com.	4	0	1	3	0	0
Other	6	0	4	1	1	0
County Level	157	30	38	65	24	0
State Level	65,656	11,847	9,521	30,473	13,882	312

**Columbus County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006**

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	196	32	40	97	27	0
Chadbourne PD	6	1	2	0	3	0
Columbus Co PD	20	3	6	7	4	0
Tabor City PD	10	2	0	4	4	0
Whiteville PD	20	5	2	9	4	0
Other	1	0	0	1	0	0
County Level	253	43	50	118	42	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	277	27	68	121	61	0
Chadbourne PD	12	2	1	3	6	0
Columbus Co PD	34	7	10	11	6	0
Lake Waccamaw PD	1	1	0	0	0	0
Tabor City PD	18	10	0	4	4	0
Whiteville PD	6	2	0	2	2	0
Other	1	0	1	0	0	0
County Level	349	49	80	141	79	0
State Level	59,711	11,237	7,855	27,446	13,298	198

Columbus County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	307	36	77	137	57	0
Chadbourne PD	11	2	1	3	5	0
Columbus Co PD	34	8	6	13	7	0
Tabor City PD	4	1	0	2	1	0
Whiteville PD	12	3	1	3	5	0
Wildlife Comm	1	0	0	1	0	0
Other	3	0	0	3	0	0
County Level	372	50	85	162	75	0
State Level	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	336	40	95	148	53	0
Chadbourne PD	32	10	5	11	6	0
Columbus Co PD	13	2	3	7	1	0
Tabor City PD	12	3	1	5	3	0
Whiteville PD	44	10	4	20	10	0
Wildlife Comm	1	0	0	1	0	0
County Total	438	65	108	192	73	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Columbus County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	336	36	78	160	62	0
Chadbourn PD	37	11	4	13	9	0
Columbus Co PD	10	3	4	0	3	0
DMV Enforcement	8	1	3	3	1	0
Tabor City PD	11	7	2	2	0	0
Whiteville PD	57	13	9	23	12	0
Other	8	0	2	4	2	0
County Total	467	71	102	205	89	0
State Total	65,656	11,847	9,521	30,473	13,882	312

**Dare County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006**

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	140	18	19	76	27	0
Cape Hatteras Nat'l Seashore	11	1	2	12	2	0
Dare Co SD	110	16	8	61	25	0
Duck PD	6	2	0	2	2	0
Kill Devil Hills PD	228	49	10	108	61	0
Kitty Hawk PD	81	13	10	46	12	0
Manteo PD	42	9	6	18	9	0
Nags Head PD	94	27	3	43	21	0
Southern Shores PD	34	6	4	18	6	0
Wildlife Comm	2	0	0	0	2	0
Other	9	1	0	8	0	0
County Level	757	142	62	386	167	0
State Level	56,878	11,066	6,868	25,531	13,540	151

Dare County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	97	13	13	46	25	0
Cape Hatteras Nat'l Seashore	16	5	3	6	2	0
Dare Co SD	133	28	9	66	30	0
Duck PD	4	1	1	0	2	0
Kill Devil Hills PD	328	68	18	142	100	0
Kitty Hawk PD	43	10	2	24	7	0
Manteo PD	28	8	4	11	5	0
Nags Head PD	173	24	9	97	43	0
Southern Shores PD	28	8	3	8	9	0
Other	50	8	2	32	8	0
County Level	900	173	64	432	231	0
State Level	59,711	11,237	7,855	2,746	13,298	198

Dare County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	130	14	24	66	26	0
Alcohol Law Enforcement	1	0	0	1	0	0
Cape Hatteras Nat'l Seashore	16	1	3	8	4	0
Dare Co SD	105	27	10	52	16	0
Duck PD	2	0	1	1	0	0
Kill Devil Hills PD	351	68	20	153	110	1
Kitty Hawk PD	59	12	4	34	9	0
Manteo PD	51	12	7	23	9	0
Nags Head PD	136	31	9	70	26	0
Southern Shores PD	32	7	2	19	4	0
Other	1	0	0	1	0	0
County Total	884	172	80	428	204	1
State Total	60,107	11,348	8,142	27,446	13,265	198

Dare County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	129	6	22	77	24	0
Cape Hatteras Nat'l Seashore	15	1	4	6	4	0
Dare Co SD	93	15	8	50	20	0
Duck PD	2	0	0	1	1	0
Kill Devil Hills PD	273	53	14	149	57	0
Kitty Hawk PD	110	21	10	58	21	0
Manteo PD	26	6	0	15	5	0
Nags Head PD	165	37	13	81	34	0
Southern Shores PD	38	11	6	16	5	0
Other	17	1	3	9	4	0
County Total	868	151	80	462	175	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Dare County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	112	15	14	54	29	0
Cape Hatteras Nat'l Seashore	16	0	5	10	1	0
Dare Co SD	72	14	5	33	20	1
Kill Devil Hills PD	279	51	16	153	59	2
Kitty Hawk PD	89	14	10	49	16	0
Manteo PD	26	5	2	11	8	0
Nags Head PD	111	24	10	51	26	0
Southern Shores PD	26	2	6	14	4	0
Other	27	7	2	12	6	0
County Total	758	132	70	387	169	3
State Total	65,656	11,847	9,521	30,473	13,882	312

Duplin County
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	353	54	81	144	74	1
Duplin Co SD	28	4	9	10	6	0
Kenansville PD	3	0	0	1	2	0
Magnolia PD	6	3	14	1	1	0
Rose Hill PD	1	0	0	1	0	0
Wallace PD	18	4	2	6	6	0
Warsaw PD	15	4	3	5	3	0
County Level	424	69	96	168	92	1
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	503	77	114	233	79	1
Duplin Co SD	60	7	10	28	15	0
Kenansville PD	3	1	1	0	1	0
Magnolia PD	1	0	0	1	0	0
Wallace PD	21	4	2	7	8	0
Warsaw PD	22	5	6	7	4	0
Other	2	0	1	0	1	0
County Level	612	94	134	276	108	1
State Level	59,711	11,237	7,855	27,446	13,298	198

Duplin County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	567	128	125	232	84	0
Duplin Co SD	31	8	5	14	4	0
Kenansville PD	6	2	3	1	0	0
Rose Hill PD	8	1	1	5	1	0
Wallace PD	36	6	7	11	12	0
Warsaw PD	39	4	4	20	11	0
Other	2	0	1	0	1	0
County Total	689	149	146	283	113	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	538	153	87	206	94	1
Duplin Co SD	2	1	0	0	1	0
Kenansville PD	1	0	1	0	0	0
Rose Hill PD	9	2	1	4	2	0
Wallace PD	38	5	2	22	9	0
Warsaw PD	38	9	3	9	18	0
County Total	625	170	94	241	124	1
State Total	61,123	11,104	8,949	28,086	13,079	254

Duplin County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	589	129	112	262	86	2
DMV						
Enforcement	9	1	2	4	2	0
Duplin Co SD	5	2	0	1	2	0
Rose Hill PD	11	4	1	3	3	0
Wallace PD	43	7	5	21	10	0
Warsaw PD	39	9	7	18	5	0
Other	1	0	0	1	0	0
County Total	697	152	127	310	108	2
State Total	65,656	11,847	9,521	30,473	13,882	312

**Franklin County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006**

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	209	42	24	110	34	2
Franklinton PD	61	7	13	29	12	0
Louisburg PD	89	20	10	35	24	2
Youngsville PD	15	2	4	6	3	0
Other	8	2	0	2	4	0
County Level	382	73	51	182	77	4
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	234	33	23	117	61	3
Franklin Co SD	9	1	1	2	2	0
Franklinton PD	9	1	0	1	4	0
Louisburg PD	80	29	8	28	15	1
Wildlife Comm	2	0	0	0	2	0
Youngsville PD	19	2	2	10	5	0
Other	19	2	2	8	8	0
County Level	366	68	36	166	97	4
State Level	59,711	11,237	7,855	27,446	13,298	198

Franklin County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	275	40	46	135	54	6
Franklinton PD	62	6	8	37	11	1
Louisburg PD	55	16	6	19	14	1
Wildlife Comm	1	0	0	1	0	0
Youngsville PD	16	3	3	8	2	0
Other	4	1	0	2	1	0
County Total	413	66	63	202	82	8
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	268	38	50	124	56	7
Bunn PD	2	0	0	2	0	0
Franklin Co SD	1	1	0	0	0	0
Franklinton PD	34	9	4	12	9	0
Louisburg PD	82	21	6	27	28	0
Youngsville PD	8	1	1	4	2	0
Other	13	8	1	3	1	1
County Total	408	78	62	172	96	8
State Total	61,123	11,104	8,949	28,086	13,079	254

Franklin County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	254	39	46	112	57	9
Bunn PD	2	0	1	1	0	0
Henderson PD	1	0	0	0	1	0
Louisburg PD	73	27	6	22	18	0
Youngsville PD	14	4	0	6	4	0
Other	11	1	3	5	2	0
County Total	355	71	56	146	82	9
State Total	65,656	11,847	9,521	30,473	13,882	312

Gates County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	50	9	8	23	11	0
Gates Co SD	10	1	1	4	4	0
County Level	60	10	9	27	15	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	64	11	11	34	8	0
Gates Co SD	14	1	4	9	0	0
County Level	78	12	15	43	8	0
State Level	59,711	11,237	7,855	27,446	13,298	198

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	44	6	11	17	10	0
Gates Co SD	18	3	7	7	1	0
County Total	62	9	18	24	11	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	59	9	12	23	15	0
Gates Co SD	15	2	2	8	3	0
County Total	74	11	14	31	18	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Gates County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	80	11	13	44	12	0
Gates Co SD	9	1	1	5	2	0
Other	1	0	0	0	1	0
County Total	90	12	14	49	15	0
State Total	65,656	11,847	9,521	30,473	13,882	312

Hoke County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	271	34	35	136	66	0
Hoke Co SD	15	4	2	5	4	0
Raeford PD	25	7	1	9	8	0
Other	22	2	2	11	7	0
County Level	333	47	40	161	85	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	224	25	35	120	44	0
Hoke Co SD	5	1	1	3	0	0
Raeford PD	10	1	1	3	5	0
Other	3	0	0	3	0	0
County Level	242	27	37	129	49	0
State Level	5,911	11,237	7,855	27,446	13,298	198

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	244	21	49	117	57	0
Hoke Co SD	38	8	9	16	5	0
Raeford PD	32	5	5	13	9	0
Other	3	0	0	1	2	0
County Total	317	34	63	147	73	0
State Total	60,107	11,348	8,142	27,446	13,265	198

Hoke County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	303	35	51	159	58	0
Hoke Co SD	8	1	0	4	3	0
Raeford PD	34	2	2	17	13	0
Other	15	3	1	7	4	0
County Total	360	41	54	187	78	0
State Total	61,123	11,104	8,949	28,086	13,079	254

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	328	22	68	170	68	1
Hoke Co SD	1	0	1	0	0	0
Raeford PD	10	1	2	5	2	0
Other	4	1	0	2	1	0
County Total	343	24	71	177	71	1
State Total	65,656	11,847	9,521	30,473	13,882	312

**Jackson County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006**

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	82	21	7	36	18	0
Jackson Co SD	69	17	5	26	21	0
Sylva PD	44	8	5	23	8	0
Western Carolina Univ PD	21	3	5	8	5	0
Wildlife Comm	5	1	0	4	0	0
Other	10	2	1	5	2	0
County Level	231	52	23	102	54	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	82	11	6	42	23	0
Jackson Co SD	51	8	9	22	12	0
Sylva PD	58	18	4	22	14	0
Western Carolina Univ PD	51	11	7	24	9	0
Wildlife Comm	3	0	1	2	0	0
Other	22	6	2	8	6	0
County Level	267	54	29	120	64	0
State Level	59,711	11,237	755	27,446	13,298	198

Jackson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	82	17	10	36	19	0
Jackson Co SD	60	15	6	20	19	0
Sylva PD	63	12	3	34	14	0
Western Carolina Univ PD	36	5	7	19	5	0
Wildlife Comm	8	0	4	2	2	0
Other	9	0	2	3	4	0
County Total	258	49	32	114	63	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	109	10	14	48	37	0
Jackson Co SD	38	3	3	21	11	0
Sylva PD	51	15	3	21	12	0
Western Carolina Univ PD	27	9	0	12	6	0
Wildlife Comm	1	0	0	0	1	0
Other	9	1	1	5	2	0
County Total	235	38	21	107	69	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Jackson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	108	22	2	51	23	0
Jackson Co SD	60	10	10	25	15	0
Sylva PD	44	12	3	16	13	0
Western Carolina Univ PD	12	0	3	7	2	0
Wildlife Comm	1	0	0	1	0	0
Other	8	2	0	2	4	0
County Total	233	46	28	102	57	0
State Total	65,656	11,847	9,521	30,473	13,882	312

McDowell County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	133	22	18	61	33	0
Marion PD	53	14	4	21	14	0
McDowell Co SD	14	4	2	5	3	0
Old Fort PD	9	4	2	3	0	0
Wildlife Comm	6	2	1	2	1	0
Other	2	2	0	0	0	0
County Level	217	48	27	92	51	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	144	39	11	58	36	0
Marion PD	56	13	4	19	21	0
McDowell Co SD	8	0	1	4	3	0
Wildlife Comm	4	0	0	3	1	0
Other	2	0	0	1	1	0
County Level	214	52	16	85	62	0
State Level	59,711	11,237	7,855	27,446	13,298	198

McDowell County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	126	32	16	50	28	0
Marion PD	61	14	5	22	20	0
McDowell Co SD	4	0	1	2	1	0
Old Fort PD	1	0	1	0	0	0
Wildlife Comm	9	0	0	7	2	0
Other	1	0	0	0	1	0
County Total	202	46	23	81	52	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	185	30	22	86	47	0
Marion PD	34	9	3	15	7	0
McDowell Co SD	11	1	3	5	2	0
Other	3	1	0	2	0	0
County Total	233	41	28	108	56	0
State Total	61,123	11,104	8,949	28,086	13,079	254

McDowell County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	176	38	23	85	30	0
Marion PD	38	12	0	16	10	0
McDowell Co SD	17	3	4	6	4	0
Other	5	2	0	3	0	0
County Total	236	55	27	110	44	0
State Total	65,656	11,847	9,521	30,473	13,882	312

Onslow County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	541	110	82	230	119	4
Holly Ridge PD	44	11	3	20	8	0
Jacksonville PD	338	94	36	124	84	5
Onslow Co PD	28	3	5	16	4	0
Richlands PD	26	5	4	13	4	0
Rocky Mount PD	2	1	0	0	0	0
Swansboro PD	21	5	1	12	3	0
USMC-Camp Lejune	180	24	34	87	36	1
Wildlife Comm	8	0	0	5	3	0
Other	50	15	3	22	10	2
County Level	1,238	268	171	529	271	12
State Level	56,878	11,066	6,868	25,531	13,540	151

Onslow County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	585	96	104	282	103	3
Holly Ridge PD	40	8	5	22	5	0
Jacksonville PD	332	64	42	151	76	4
Onslow Co PD	34	6	2	20	6	0
Richlands PD	31	2	9	17	3	0
Swansboro PD	27	8	0	11	8	0
USMC-Camp Lejune	223	37	64	78	44	0
USMCAS-New River	15	1	5	5	4	0
Wildlife Comm	6	1	3	2	0	0
Other	46	7	3	23	14	3
County Level	1,339	230	237	611	263	10
State Level	59,711	11,237	7,855	27,446	13,298	198

Onslow County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	574	96	89	276	113	9
Alcohol Law Enforcement	1	0	0	1	0	0
High Point PD	10	0	3	6	1	0
Holly Ridge PD	19	8	2	9	0	0
Jacksonville PD	311	77	33	129	73	4
Onslow Co PD	21	8	2	8	3	1
Richlands PD	34	3	9	15	7	0
Swansboro PD	29	6	3	14	6	0
USMC-Camp Lejune	180	29	44	80	27	0
USMCAS-New River	31	3	14	9	5	0
Wildlife Comm	7	3	0	3	1	0
Other	40	7	7	19	7	2
County Total	1,257	240	206	569	243	16
State Total	60,107	11,348	8,142	27,446	13,265	198

Onslow County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	714	117	126	343	128	11
Albemarle PD	1	1	0	0	0	0
Alcohol Law Enforcement	1	0	0	1	0	0
Holly Ridge PD	13	0	4	8	1	0
Jacksonville PD	228	43	23	96	66	3
Onslow Co PD	53	11	4	25	13	0
Richlands PD	16	3	2	8	3	0
Swansboro PD	20	5	3	7	5	0
USMC-Camp Lejune	230	22	69	96	43	0
USMCAS-New River	79	3	38	34	4	0
Wildlife Comm	9	1	3	3	2	0
Other	42	8	3	19	12	5
County Total	1,406	214	275	640	277	19
State Total	61,123	11,104	8,949	28,086	13,079	254

Onslow County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	780	129	166	384	101	14
Asheville PD	1	0	0	1	0	0
Holly Ridge PD	20	4	5	9	2	0
Jacksonville PD	276	58	31	122	65	6
Onslow Co PD	38	6	6	18	8	0
Richlands PD	24	7	5	6	6	0
Swansboro PD	34	13	2	16	3	0
USMC-Camp Lejune	319	38	93	145	43	0
USMCAS-New River	59	6	31	20	2	0
Wildlife Comm	8	1	2	2	3	0
Other	58	13	9	27	9	5
County Total	1,617	275	350	750	242	25
State Total	65,656	11,847	9,521	30,473	13,882	312

Richmond County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

Robeson County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	423	98	53	182	91	0
Fairmont PD	16	3	0	9	4	0
Lumberton PD	115	29	12	34	40	0
Maxton PD	3	0	0	3	0	0
Pembroke PD	7	1	2	3	1	0
Red Springs PD	8	0	1	3	4	0
Robeson Co SD	10	3	0	4	3	0
Saint Pauls PD	38	7	4	9	18	0
UNC Pembroke PD	3	0	0	3	0	0
Other	8	1	3	4	0	0
County Level	631	142	75	254	161	0
State Level	56,878	11,066	6,868	25,531	13,540	151

Robeson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	714	101	129	338	146	0
Fairmont PD	15	4	1	6	4	0
Lumberton PD	118	29	13	42	34	0
Maxton PD	1	0	0	1	0	0
Parkton PD	21	6	7	7	1	0
Pembroke PD	3	0	0	2	1	0
Red Springs PD	44	8	7	12	17	0
Robeson Co SD	21	5	4	6	6	0
Saint Pauls PD	36	3	4	16	13	0
Other	4	1	0	2	1	0
County Level	977	157	165	432	223	0
State Level	59,711	11,237	7,855	27,446	13,298	198

Robeson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	774	117	166	369	124	0
Fairmont PD	16	4	2	6	4	0
Lumberton PD	121	34	10	46	33	2
Maxton PD	16	1	6	4	5	0
Pembroke PD	20	1	3	13	3	0
Red Springs PD	62	8	7	29	18	0
Robeson Co SD	31	4	8	10	9	0
Rowland PD	6	0	0	6	0	0
Saint Pauls PD	45	8	3	22	12	0
Other	9	0	2	4	3	0
County Total	1,100	177	207	507	211	2
State Total	60,107	11,348	8,142	27,446	13,265	198

Robeson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	709	103	147	349	111	0
Fairmont PD	14	10	0	4	0	0
Lumberton PD	242	57	27	88	71	2
Maxton PD	42	4	1	23	14	0
Pembroke PD	8	0	0	7	1	0
Red Springs PD	74	4	8	37	25	0
Robeson Co SD	74	6	9	40	19	0
Saint Pauls PD	10	2	1	2	5	0
Other	15	3	0	5	7	0
County Total	1,188	189	193	555	253	2
State Total	61,123	11,104	8,949	28,086	13,079	254

Robeson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	725	125	139	342	119	0
DMV						
Enforcement	3	0	0	2	1	0
Fairmont PD	33	7	8	10	8	0
Lumberton PD	284	63	39	113	70	0
Maxton PD	39	5	4	23	7	0
Pembroke PD	12	2	1	6	3	0
Red Springs PD	68	7	5	36	20	0
Robeson Co SD	86	15	11	39	21	0
Saint Pauls PD	41	8	2	11	20	0
Other	18	6	2	7	3	0
County Total	1,309	238	211	589	272	0
State Total	65,656	11,847	9,521	30,473	13,882	312

Sampson County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	287	47	65	114	61	2
Clinton PD	179	45	26	73	35	0
Newton Grove PD	3	0	0	3	0	0
Sampson Co SD	75	16	10	36	13	0
Other	30	8	4	13	5	0
County Level	574	116	105	239	114	2
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	380	57	86	146	91	5
Clinton PD	140	27	26	55	33	0
Newton Grove PD	4	0	0	3	1	0
Sampson Co SD	83	15	14	44	12	0
Other	5	1	1	1	2	0
County Level	612	100	127	249	139	5
State Level	59,711	11,237	7,855	27,446	13,298	198

Sampson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	408	47	89	183	90	1
Clinton PD	146	27	29	62	28	0
Newton Grove PD	2	1	0	0	1	0
Roseboro PD	3	2	0	1	0	0
Sampson Co SD	7	0	0	4	3	0
Other	10	2	1	6	1	0
County Total	576	79	119	256	123	1
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	451	78	96	177	100	0
Clinton PD	147	33	22	54	38	0
Newton Grove PD	1	1	0	0	0	0
Roseboro PD	12	4	2	4	2	0
Other	1	0	0	1	0	0
County Total	612	116	120	236	140	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Sampson County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	530	84	106	222	118	0
Clinton PD	178	52	27	64	35	0
DMV Enforcement	2	1	0	1	0	0
Newton Grove PD	12	1	2	5	4	0
Roseboro PD	2	0	1	1	0	0
Other	3	0	1	2	0	0
County Total	727	138	137	295	157	0
State Total	65,656	11,847	9,521	30,473	13,882	312

Stokes County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	127	18	13	63	33	0
King PD	90	28	17	28	19	0
Stokes Co SD	33	10	5	16	2	0
Wildlife Comm	3	0	2	1	0	0
Other	5	1	1	0	3	0
County Level	258	57	38	108	57	0
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	122	12	30	60	20	0
King PD	119	29	20	48	22	0
Stokes Co SD	27	7	4	9	7	0
Walnut Cove PD	6	1	2	2	1	0
Other	2	2	0	0	0	0
County Level	276	51	56	119	50	0
State Level	59,711	11,237	7,855	27,446	13,298	198

Stokes County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	149	20	30	79	20	1
King PD	79	21	12	29	17	0
Walnut Cove PD	8	0	0	6	2	0
Other	4	0	0	3	1	0
County Total	240	41	42	117	40	1
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	166	30	25	86	25	1
King PD	106	34	12	41	20	0
Walnut Cove PD	3	0	1	1	1	0
Other	2	1	0	1	0	0
County Total	277	65	38	129	46	1
State Total	61,123	11,104	8,949	28,086	13,079	254

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	166	17	30	87	33	1
King PD	141	26	21	68	26	0
Walnut Cove PD	11	3	1	5	2	0
Other	5	1	1	0	3	0
County Total	123	47	53	160	64	1
State Total	65,656	1,147	9,521	30,473	13,882	312

Surry County
Forensic Tests for Alcohol Results by Agency Type, 2002-2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	249	31	40	122	56	0
Dobson PD	37	4	4	14	15	4
Elkin PD	96	12	9	57	18	0
Mount Airy PD	228	52	24	111	45	1
Pilot Mountain PD	16	5	0	7	4	0
Surry Co SD	2	1	0	1	0	0
Other	12	3	1	6	2	0
County Level	640	108	78	318	140	5
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08-0.14	BAC Levels >0.15	Aiding and Abetting
SHP	230	28	25	128	49	0
Dobson PD	13	1	1	7	5	0
Elkin PD	61	15	12	29	7	0
Mount Airy PD	182	34	14	89	45	2
Pilot Mountain PD	20	7	4	7	2	0
Surry Co SD	10	3	2	4	1	0
Other	20	2	4	10	4	0
County Level	536	90	62	274	113	2
State Level	59,711	11,237	7,855	27,446	13,298	198

Surry County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	305	33	42	158	72	0
Dobson PD	8	2	2	4	0	0
Elkin PD	99	26	13	52	11	0
Mount Airy PD	161	33	20	87	22	0
Pilot Mountain PD	25	6	2	9	8	0
Surry Comm Col PD	7	1	2	2	2	0
Surry Co SD	1	0	0	1	0	0
Other	22	4	4	11	3	0
County Total	628	105	85	324	118	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	232	28	37	106	61	1
Dobson PD	34	2	9	14	9	0
Elkin PD	84	12	14	49	14	0
Mount Airy PD	203	32	25	103	43	0
Pilot Mountain PD	36	7	5	15	9	0
Surry Co SD	1	0	1	0	0	0
Other	28	4	6	11	7	0
County Total	618	85	97	298	143	1
State Total	61,123	11,104	8,949	28,086	13,079	254

Surry County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	288	42	43	131	74	2
Dobson PD	43	8	13	12	10	0
Elkin PD	73	15	10	33	17	0
Mount Airy PD	176	34	31	78	33	1
Pilot Mountain PD	58	6	11	26	15	0
Surry Co SD	1	0	0	1	0	0
Other	47	11	4	23	9	0
County Total	686	116	112	304	158	3
State Total	65,656	11,847	9,521	30,473	13,882	312

**Vance County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006**

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	272	60	41	125	46	4
Henderson PD	95	27	13	25	30	0
Vance Co SD	28	6	2	11	9	0
Wildlife Comm	6	0	0	5	1	0
Other	5	2	0	2	1	0
County Level	406	95	56	168	87	4
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	341	82	61	147	51	12
Henderson PD	104	23	10	46	25	0
Vance Co SD	43	14	7	14	8	0
Wildlife Comm	8	1	2	5	0	0
Other	5	0	1	2	2	0
County Level	501	120	81	214	86	12
State Level	59,711	11,237	7,55	27,446	13,298	198

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	298	66	55	125	52	9
Henderson PD	124	32	13	45	34	0
Vance Co SD	26	5	5	10	6	0
Wildlife Comm	13	1	2	10	0	0
Other	1	0	0	0	1	0
County Total	462	104	75	190	93	9
State Total	60,107	11,348	8,142	27,446	13,265	198

Vance County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	312	64	53	140	66	9
Henderson PD	175	40	17	72	46	1
Vance Co SD	16	3	3	6	4	0
Other	10	2	1	5	2	0
County Total	513	109	74	223	107	10
State Total	61,123	11,104	8,949	28,086	13,079	254

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	337	77	51	150	60	16
DMV Enforcement	3	0	1	1	1	0
Henderson PD	153	39	21	61	32	0
Other	3	0	1	3	0	0
County Total	496	116	74	214	93	16
State Total	65,656	11,847	9,521	30,473	13,882	312

Watauga County
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	95	21	8	42	25	0
Alcohol Law Enforcement	2	1	0	1	0	0
Appalachian Univ Police	32	3	7	18	4	0
Blowing Rock PD	67	19	9	26	13	0
Boone PD	136	23	12	58	43	1
Watauga Co SD	57	15	4	20	18	0
Other	5	1	1	2	1	0
County Level	394	83	41	167	104	1
State Level	56,878	11,066	6,868	25,531	13,540	151

2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	95	23	14	40	18	0
Appalachian Univ Police	52	7	7	26	11	0
Blowing Rock PD	85	22	8	42	13	0
Boone PD	171	27	13	89	42	1
Seven Devils Public Safety	1	0	0	0	1	0
Watauga Co SD	44	9	5	24	7	0
Other	13	1	1	8	3	1
County Level	460	89	48	229	95	2
State Level	59,711	11,237	7,855	27,446	13,298	198

Watauga County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	90	17	19	37	17	0
Alcohol Law Enforcement	1	0	1	0	0	0
Appalachian Univ Police	35	6	5	16	8	0
Blowing Rock PD	76	17	12	34	14	0
Boone PD	164	26	16	71	51	0
Watauga Co SD	67	11	13	31	10	0
Other	12	2	0	8	2	0
County Total	445	79	66	199	102	0
State Total	60,107	11,348	8,142	27,446	13,265	198

2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	80	12	12	37	19	0
Alcohol Law Enforcement	24	0	4	14	6	0
Appalachian Univ Police	39	7	1	18	13	0
Blowing Rock PD	184	30	22	97	35	0
Boone PD	35	9	11	9	6	0
Watauga Co SD	16	1	3	6	6	0
Other	378	59	53	181	85	0
State Total	61,123	11,104	8,949	28,086	13,079	254

Watauga County (continued)
Forensic Tests for Alcohol Results by Agency Type, 2002–2006

2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <0.08	BAC Levels 0.08–0.14	BAC Levels >0.15	Aiding and Abetting
SHP	94	14	22	37	21	0
Appalachian Univ Police	10	4	0	4	2	0
Blowing Rock PD	24	5	3	10	6	0
Boone PD	141	26	18	66	31	3
Seven Devils Public Safety	15	1	3	6	5	1
Watauga Co SD	39	11	6	16	8	1
Other	29	6	5	7	11	0
County Total	352	67	57	146	84	5
State Total	65,656	11,847	9,521	30,473	13,882	312

**Appendix H:
Impaired Driving
Cases, 2001–2005
NC Judicial System—
Administrative Offices
of the Courts (AOC)
Court Management**

Impaired Driving Cases, 2001–2005
NC Judicial System—AOC Court Management

Alexander County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	228	218	264	218	378
Not Guilty	10	13	7	4	15
No Probable Cause	19	13	26	13	28
Voluntary Dismissal	22	32	48	42	73
Voluntary Dismissal/Leave to Reopen	19	7	17	7	17
Guilty of Charge Other than Impaired Driving	2	0	0	5	1
Habitual Impaired Driving	1	3	3	2	4
Aid and Abet Impaired Driving	0	0	0	1	0
Drive After Consuming	20	18	21	23	47
DWI Level 1-5	135	132	141	121	193
DWI Commercial Vehicle	0	0	1	0	0

Brunswick County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	1,052	1,101	926	889	1,157
Not Guilty	54	73	67	84	131
No Probable Cause	74	103	112	79	115
Voluntary Dismissal	243	283	195	183	172
Voluntary Dismissal/Leave to Reopen	150	95	80	91	91
Guilty of Charge Other than Impaired Driving	0	1	1	1	5
Habitual Impaired Driving	2	1	1	1	2
Aid and Abet Impaired Driving	0	0	0	4	1
Drive After Consuming	26	46	46	50	58
DWI Level 1-5	503	499	433	396	582
DWI Commercial Vehicle	0	0	0	0	0

Cherokee County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	220	211	208	231	272
Not Guilty	1	3	0	2	2
No Probable Cause	11	10	5	18	8
Voluntary Dismissal	82	57	54	57	95
Voluntary Dismissal/Leave to Reopen	16	15	17	8	17
Guilty of Charge Other than Impaired Driving	0	2	1	3	6
Habitual Impaired Driving	1	1	0	0	0
Aid and Abet Impaired Driving	0	0	0	0	1
Drive After Consuming	11	8	10	11	15
DWI Level 1-5	98	115	121	132	128
DWI Commercial Vehicle	0	0	0	0	0

Columbus County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	436	535	544	611	562
Not Guilty	40	57	70	94	66
No Probable Cause	63	68	74	97	83
Voluntary Dismissal	74	127	98	105	107
Voluntary Dismissal/Leave to Reopen	39	36	35	34	32
Guilty of Charge Other than Impaired Driving	0	1	0	0	1
Habitual Impaired Driving	0	0	0	0	0
Aid and Abet Impaired Driving	0	0	0	1	0
Drive After Consuming	19	24	33	35	29
DWI Level 1-5	201	221	234	243	244
DWI Commercial Vehicle	0	1	0	2	0

Dare County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	997	1,087	1,176	1,100	1,063
Not Guilty	19	12	16	10	13
No Probable Cause	29	39	41	31	36
Voluntary Dismissal	166	192	212	182	182
Voluntary Dismissal/Leave to Reopen	64	78	50	75	57
Guilty of Charge Other than Impaired Driving	150	167	276	303	231
Habitual Impaired Driving	1	1	0	0	1
Aid and Abet Impaired Driving	0	1	1	0	0
Drive After Consuming	92	98	96	95	142
DWI Level 1-5	476	509	483	404	401
DWI Commercial Vehicle	0	0	1	0	0

Duplin County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	806	895	861	875	1,070
Not Guilty	39	52	25	39	36
No Probable Cause	101	125	89	63	102
Voluntary Dismissal	147	118	96	128	158
Voluntary Dismissal/Leave to Reopen	60	90	150	115	181
Guilty of Charge Other than Impaired Driving	20	38	35	20	38
Habitual Impaired Driving	3	2	9	2	3
Aid and Abet Impaired Driving	1	0	3	2	3
Drive After Consuming	33	52	42	78	85
DWI Level 1-5	401	418	412	427	464
DWI Commercial Vehicle	1	0	0	1	0

Franklin County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	397	526	486	432	511
Not Guilty	11	12	11	22	44
No Probable Cause	27	25	58	51	41
Voluntary Dismissal	183	240	203	132	94
Voluntary Dismissal/Leave to Reopen	39	43	36	45	55
Guilty of Charge Other than Impaired Driving	1	0	5	2	3
Habitual Impaired Driving	0	1	0	1	0
Aid and Abet Impaired Driving	0	0	0	0	0
Drive After Consuming	10	9	15	14	21
DWI Level 1-5	126	196	158	165	252
DWI Commercial Vehicle	0	0	0	0	1

Gates County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	94	92	93	131	121
Not Guilty	2	2	0	3	3
No Probable Cause	10	9	13	13	7
Voluntary Dismissal	24	18	20	27	35
Voluntary Dismissal/Leave to Reopen	7	6	4	9	9
Guilty of Charge Other than Impaired Driving	7	12	15	21	12
Habitual Impaired Driving	0	0	0	0	1
Aid and Abet Impaired Driving	0	0	0	0	0
Drive After Consuming	6	6	2	11	10
DWI Level 1-5	38	39	39	47	44
DWI Commercial Vehicle	0	0	0	0	0

Hoke County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	327	392	460	437	440
Not Guilty	18	22	28	21	24
No Probable Cause	49	45	54	67	44
Voluntary Dismissal	31	75	93	79	76
Voluntary Dismissal/Leave to Reopen	43	55	82	52	63
Guilty of Charge Other than Impaired Driving	2	2	1	1	2
Habitual Impaired Driving	3	0	2	0	0
Aid and Abet Impaired Driving	0	0	1	0	0
Drive After Consuming	10	13	19	33	29
DWI Level 1-5	171	180	180	184	202
DWI Commercial Vehicle	0	0	0	0	0

Jackson County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	359	359	336	336	375
Not Guilty	7	13	5	2	7
No Probable Cause	10	4	6	9	6
Voluntary Dismissal	109	97	94	79	112
Voluntary Dismissal/Leave to Reopen	25	38	37	63	45
Guilty of Charge Other than Impaired Driving	3	3	0	2	4
Habitual Impaired Driving	0	0	0	1	1
Aid and Abet Impaired Driving	0	0	0	0	0
Drive After Consuming	27	31	16	16	24
DWI Level 1-5	178	173	178	164	176
DWI Commercial Vehicle	0	0	0	0	0

McDowell County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	304	257	302	275	361
Not Guilty	6	9	11	8	9
No Probable Cause	9	10	12	13	9
Voluntary Dismissal	42	32	49	39	58
Voluntary Dismissal/Leave to Reopen	32	32	17	24	32
Guilty of Charge Other than Impaired Driving	2	2	1	4	2
Habitual Impaired Driving	0	0	4	1	1
Aid and Abet Impaired Driving	0	1	0	0	0
Drive After Consuming	15	18	23	19	50
DWI Level 1-5	198	153	185	167	200
DWI Commercial Vehicle	0	0	0	0	0

Onslow County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	1,216	1,371	1,635	1,674	1,694
Not Guilty	66	80	108	106	62
No Probable Cause	63	65	78	102	135
Voluntary Dismissal	261	235	293	318	339
Voluntary Dismissal/Leave to Reopen	87	108	107	74	90
Guilty of Charge Other than Impaired Driving	82	62	85	87	156
Habitual Impaired Driving	3	4	2	6	4
Aid and Abet Impaired Driving	0	1	1	0	1
Drive After Consuming	99	120	170	179	183
DWI Level 1-5	555	696	791	802	723
DWI Commercial Vehicle	0	0	0	0	1

Richmond County

Charge Convicted	2005	2004	2003	2002	2001
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Robeson County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	1,392	1,610	1,552	1,588	1,601
Not Guilty	221	210	249	217	157
No Probable Cause	76	163	155	143	145
Voluntary Dismissal	193	182	234	176	232
Voluntary Dismissal/Leave to Reopen	269	329	252	286	256
Guilty of Charge Other than Impaired Driving	24	33	18	2	9
Habitual Impaired Driving	1	2	0	0	0
Aid and Abet Impaired Driving	0	2	0	0	2
Drive After Consuming	57	84	91	101	88
DWI Level 1-5	549	605	553	663	711
DWI Commercial Vehicle	2	0	0	0	1

Sampson County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	768	867	844	1,008	1,146
Not Guilty	19	25	31	46	59
No Probable Cause	87	93	82	72	88
Voluntary Dismissal	106	169	146	193	194
Voluntary Dismissal/Leave to Reopen	72	112	157	187	195
Guilty of Charge Other than Impaired Driving	48	60	35	16	48
Habitual Impaired Driving	4	5	1	15	2
Aid and Abet Impaired Driving	1	1	1	0	1
Drive After Consuming	48	49	60	41	79
DWI Level 1-5	381	353	331	438	480
DWI Commercial Vehicle	2	0	0	0	0

Stokes County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	366	373	365	402	477
Not Guilty	18	18	13	12	22
No Probable Cause	41	36	32	33	46
Voluntary Dismissal	36	46	39	49	44
Voluntary Dismissal/Leave to Reopen	15	31	35	34	53
Guilty of Charge Other than Impaired Driving	3	2	5	5	6
Habitual Impaired Driving	1	2	1	1	1
Aid and Abet Impaired Driving	3	0	1	0	0
Drive After Consuming	28	33	35	55	43
DWI Level 1-5	221	205	204	213	262
DWI Commercial Vehicle	0	0	0	0	0

Surry County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	705	722	790	818	934
Not Guilty	37	26	27	32	42
No Probable Cause	38	47	47	62	68
Voluntary Dismissal	70	80	87	90	104
Voluntary Dismissal/Leave to Reopen	77	54	62	77	76
Guilty of Charge Other than Impaired Driving	3	2	1	2	5
Habitual Impaired Driving	2	8	2	1	2
Aid and Abet Impaired Driving	4	0	0	2	0
Drive After Consuming	37	47	49	75	78
DWI Level 1-5	437	457	512	473	558
DWI Commercial Vehicle	0	1	3	4	1

Vance County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	602	538	635	710	827
Not Guilty	8	22	49	37	51
No Probable Cause	53	48	59	58	54
Voluntary Dismissal	138	124	133	150	187
Voluntary Dismissal/Leave to Reopen	57	64	65	109	105
Guilty of Charge Other than Impaired Driving	123	102	110	120	115
Habitual Impaired Driving	0	0	1	1	1
Aid and Abet Impaired Driving	1	0	1	0	0
Drive After Consuming	24	15	16	23	35
DWI Level 1-5	198	163	201	212	279
DWI Commercial Vehicle	0	0	0	0	0

Watauga County

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed	526	417	488	476	556
Not Guilty	43	30	44	23	64
No Probable Cause	15	24	35	30	30
Voluntary Dismissal	106	65	88	108	124
Voluntary Dismissal/Leave to Reopen	18	33	19	23	33
Guilty of Charge Other than Impaired Driving	0	2	0	1	0
Habitual Impaired Driving	0	2	1	1	2
Aid and Abet Impaired Driving	0	0	0	0	0
Drive After Consuming	84	40	39	48	62
DWI Level 1-5	260	221	261	242	241
DWI Commercial Vehicle	0	0	1	0	0

Appendix I: Law Enforcement Interviews

One method for obtaining data is the face-to-face interview. With this method, you talk to each participant individually. This can be done in the participant's workplace, in your office, or in another private place. We recommend that you use a semistructured interview format. This means that you will ask a set of questions prepared in advance. Clarification to follow-up questions may still be used. By asking general questions and having your participants provide answers in their own words, you may gain more complete information. The interview should be structured, but not so structured that it doesn't allow participants to discuss the alcohol-related crashes in the community freely.

Although face-to-face interviews are a valuable way to collect data, they are not without drawbacks. The appearance and demeanor of the interviewer may affect the responses of the participants. Subtle changes in the way an interviewer asks a question may elicit different answers. Also, be aware that the interviewer may not respond similarly to all participants. For example, an interviewer may respond differently to a participant they know versus a participant they've never met before.

I.1 THE INTERVIEWER

Fundamental to the interview is an interviewer who leads the discussion. This person should feel at ease speaking in a one-on-one conversation. The interviewer's goal is to make participants feel comfortable expressing themselves openly while remaining unbiased and keeping the discussion on track. It is recommended that you use someone who has conducted face-to-face interviews before. The interviewer should be able to ask the questions the same way for each participant and be able to read the questions in a neutral manner. The interviewer should also be practiced in active listening techniques that encourage participants to honestly and openly respond to the interview questions.

I.2 CHOOSING THE PARTICIPANTS

As part of this needs assessment you will need to conduct interviews of key law enforcement officers. You are encouraged to do at least one interview with the chief of police and one with the county sheriff, but also you should consider what other

interviews would be most appropriate and informative for your community. In addition to the law enforcement interviews, you may want to interview emergency room staff, alcohol treatment providers, or community leaders. One thing to consider when you choose your participants may include the length of time they have held their current position. Be careful not to choose someone who is too new to be able to accurately answer your questions. The interviewer should keep in mind the questions they are trying to answer, and they should feel creative in how they choose participants.

I.3 CONDUCTING THE INTERVIEW

The interview should last about 30 minutes and follow a semistructured format. Only the interviewer and the participant should be present during the interview, and the interviewer should make sure the interview is being conducted in a private location where others cannot hear the conversation. The interviewer should ask the questions and let the participant respond without interrupting. The interviewer should allow the participant to talk freely but not ramble about unrelated issues. The interviewer should make every attempt to find a balance between keeping the conversation on track and allowing it to flow naturally. To accomplish this, a “funnel” structure is often used. This approach is best outlined as a series of questions that move from general to specific.

I.4 INTRODUCTORY QUESTIONS

These are questions that introduce the topic for discussion. They should make the participant feel at ease with the interviewer. Usually they are not critical to the research; rather, they are intended to foster conversation and get the participant to start thinking about the topic.

I.5 KEY QUESTIONS

These are questions that drive the research. Their answers provide the best data for later analysis. They should be focused on the topic of interest and open-ended. The interviewer’s goal with these questions is to illicit open responses from the participant. You should avoid questions that allow for short answers as well as questions that can be answered with yes/no.

I.6 ENDING QUESTIONS

These questions bring closure to the discussion and enable the participant to look back upon previous comments. Participant should be asked to summarize their thoughts.

I.7 SAMPLE QUESTIONS YOU MAY CHOOSE TO USE FOR YOUR INTERVIEWS

I.7.1 Introductory Questions:

What alcohol-related problems do you see in our community?

What factors do you believe are causing these problems?

I.7.2 Key Questions:

What percentage of arrests are a result of alcohol-related offenses in our community?

What percentage of convictions are a result of alcohol-related offenses in our community?

How many alcohol-related offenses do you think go undetected in our community?

Are any officers assigned specifically to alcohol-related issues or offenses in our community?

How many officers are assigned?

What does their work consist of?

What special training do officers receive in order to deal with alcohol-related offenses?

Do you hold sobriety check points?

How many sobriety check points were held in 2006?

How many drivers were tested?

How many positive BAC levels were obtained?

Where were the sobriety check points held?

Have you conducted any compliance checks for sales to intoxicated patrons?

How many compliance checks for sales to intoxicated patrons were conducted in 2006?

What else are law enforcement officers doing to reduce alcohol-related crashes in our community?

What else could law enforcement officers do to reduce alcohol-related crashes in our community?

What locations are known for alcohol-related incidents?

Are there particular people that are known for repeated alcohol-related incidents? If yes, what do you do to keep track of or work with those people?

How do you think law enforcement could better address the alcohol-related problems in our community?

I.7.3 Ending Questions:

How do you think the criminal justice system is helping reduce the alcohol-related problems in our community?

How do you think concerns in the criminal justice system are contributing to the alcohol problems in our community?

Our goal is to identify the contributing factors that lead to alcohol-related crashes in our community. Is there anything you would like to add or do you have any final comments?

Thank you for your time and input.

I.8 RECORDING AND USING THE INFORMATION

In addition to taking notes, every effort should be made to audio-record the law enforcement interview, but first you should seek permission from your participant. The use of recording equipment is important because it will allow you revisit the conversation and remember the exact words used by the participant. This recording can also be transcribed or at least listened to for quotes and general ideas. We suggest using a data matrix like the one found on the next page to keep track of major themes and quotes from the discussion.

The information gathered from these interviews should be used to complement other quantitative work by the use of participant quotes and the grouping of ideas. The grouping of ideas refers to the categorizing of attitudes, feelings, or beliefs of the

participant toward the topic. This may simply involve discussions revolving around a single question. In other cases this may involve outlining the major topics brought up during the interview.

Notes for Law Enforcement Interview

Date:_____ Location:_____
Participant's Title:_____ Interviewer:_____

Section	Major Ideas or Themes	Quotes
Question 1		
Question 2		
Question 3		
Other thoughts, ideas, comments, or themes that arose during the interview:		

Appendix J: Community Perception Survey and Social Norms Survey

COMMUNITY PERCEPTION SURVEY

DIRECTIONS: Use these questions as a paper survey that can be tabulated and as a beginning point for a documented community dialogue about the issues covered by this survey. Include representatives from multiple sectors of your community, including, at least youth and youth organizations, health care organizations or providers, businesses and employers, law enforcement, local government, and education. Parents and faith community leaders should also be represented. Except for very small communities, at least 50 paper surveys should be collected and tabulated. Your results should be described comprehensively in your progress report.

Describe from whom and how you collected this information: _____

COMMUNITY SURVEY

We plan to talk tonight about the high rate of alcohol-related motor vehicle crashes among youths and young adults in our community. Before beginning the discussion, we would appreciate you answering the following question. Please circle the response that you feel best fits the question. Your individual responses will be kept anonymous and only used to aggregate the responses of the entire group.

1. How wrong would most adults in your community think it is to binge drink?

Very wrong Wrong A little bit wrong Not wrong at all

2. How wrong would most adults in your community think it is to drink and drive?

Very wrong Wrong A little bit wrong Not wrong at all

3. How wrong would most adults in your community think it is for underage youths to drink?

Very wrong Wrong A little bit wrong Not wrong at all

1.3

4. How easy or difficult is it for underage youths to obtain alcohol from the following people in your community?

- | | | | | |
|---------------------------|----------------|-----------|------|-----------|
| a. <u>Older siblings</u> | Very difficult | Difficult | Easy | Very Easy |
| b. <u>Parents</u> | Very difficult | Difficult | Easy | Very Easy |
| c. <u>Friends</u> | Very difficult | Difficult | Easy | Very Easy |
| d. <u>Adult strangers</u> | Very difficult | Difficult | Easy | Very Easy |

5. How easy or difficult do you think it would be for underage youths to get beer, wine, wine coolers, or liquor from home without their parents knowing it?

Very difficult Difficult Easy Very Easy

6. How serious of a problem is parents in your community providing alcohol at parties that their children host?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

7. How serious of a problem is alcohol consumption by underage youths (15 to 20 years old) at unsupervised, informal gatherings (e.g., parties, at friends' houses) in your community?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

8. How serious of a problem are alcohol-related motor vehicle crashes in your community?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

9. Please describe at least two reasons why there are a high number of alcohol-related car crashes in your community.

SOCIAL NORMS: ADDITIONAL SURVEY QUESTIONS

SOCIAL NORMS: The next several questions ask about the availability of alcohol at community events. For the questions that require a Yes/No response, please circle the most appropriate answer.

Describe from whom and how you collected this information: _____

	Is it acceptable to get drunk at:	Do people drive home drunk from:	Is it acceptable for underage youths to drink at:
1. Graduation parties	Yes No	Yes No	Yes No
2. Baptisms	Yes No	Yes No	Yes No
3. Births/funerals	Yes No	Yes No	Yes No
4. Festivals/fairs	Yes No	Yes No	Yes No
5. Sporting events	Yes No	Yes No	Yes No
6. Other community rituals	Yes No	Yes No	Yes No
7. Other [please describe]:			
8. Other [please describe]:			
9. Other [please describe]:			
10. Other [please describe]:			
11. Summarize what the group said about this issue.			

Appendix K: Pricing Assessment Tool and Promotion Assessment Tool

**Pricing Assessment Tool: Alcohol Establishment Observation
On-Premise Consumption**

ALCOHOL PRICING (PR)

The next several questions are related to the price of alcohol:

	ID #	ID #	ID #	ID #
PR1. Are happy hours with discounted drinks offered at this establishment?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR2. Do prices increase to their normal level after happy hour is over?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR3. Are “all you can drink” specials offered at this establishment?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR4. Are “two for one” drink specials offered at this establishment?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR5. Are there price specials for larger amounts of alcohol purchased (e.g., 20 ounce beer specials vs. regular size of 12 ounces)?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR6. Are there specials for certain groups at this establishment (e.g. ladies night, college night, etc.)?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR7. Other notes on the price of alcohol sold				

**Pricing Assessment Tool: Alcohol Establishment Observation
Off-Premise Consumption**

ALCOHOL PRICING (PR)

The next several questions are related to the price of alcohol:

	ID #	ID #	ID #	ID #
PR1. Is the establishment offering sale prices on beer or wine?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR2. Is the establishment offering sale prices on hard alcohol?	Yes N/A No Unknown	Yes N/A No Unknown	Yes N/A No Unknown	Yes N/A No Unknown
PR3. Are there price specials for larger amounts of alcohol purchased (e.g., sales on larger packs of beer, larger bottles of wine, etc.)?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR4. Do they sell bottles of wine for less than \$5.00?	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
PR5. Other notes on the price of alcohol sold.				

Community: _____ Date: _____

Promotion Tool

PROMOTION: The next several questions address where underage youths or young adults hear or see advertising promoting alcohol. For the questions that require a Yes/No response, circle the appropriate answer. For the open-ended questions, please provide as much information as possible.

Describe from whom and how you collected this information: _____

	How is alcohol portrayed?	Are youth targeted?	Are specific groups targeted? (young women, Hispanics, etc.)
PRO1. On the radio		Yes No	Yes Which group(s)? No
PRO2. On billboards		Yes No	Yes Which group(s)? No
PRO3. On store fronts		Yes No	Yes Which group(s)? No
PRO4. At community events		Yes No	Yes Which group(s)? No
PRO5. At sporting events		Yes No	Yes Which group(s)? No
PRO6. In the newspaper		Yes No	Yes Which group(s)? No
PRO7. On TV commercials		Yes No	Yes Which group(s)? No
PRO8. Other (Describe)		Yes No	Yes Which group(s)? No

