

**Washington State Impaired Driving Prevention Report on Interviews with Subject Matter
Experts in Washington State**

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Statement of Purpose

This report was created as part of the Young Adult Riding and Driving (YARD) Study, a study conducted at the University of Washington on health and transportation behaviors among young adults in Washington State (WA). The YARD Study is funded by a grant (R01CE003129; PI: Hultgren) from the [National Center for Injury Prevention and Control \(NCIPC\)](#) within the [Centers for Disease Control and Prevention \(CDC\)](#), with initial pilot data collected within the Young Adult Health Survey (funded by the [Division of Behavioral Health and Recovery, Washington State Health Care Authority \(HCA\)](#) contract 1265-62496; PI: Kilmer). The YARD Study aims to inform risk and protective factors associated with impaired driving, specifically that of driving impaired by the simultaneous use of alcohol and cannabis, and its associated deaths and injuries. One objective of this project is to work with collaborators and partners across WA to understand the programs, supports, and barriers to reducing both driving under the influence of alcohol and/or cannabis, and riding with a driver under the influence of alcohol and/or cannabis among young adults (i.e., ages 18-25) and then disseminate these findings to those working in the field.

This report provides a summary of interviews conducted with 11 Working Partners across WA. At the time that these interviews took place, we referred to our interviewees as “*Stakeholders*,” but have replaced our use of this term with “*Working Partners*” to reflect the recommendations of the CDC to avoid the use of this term due to its history of use to “reflect a power differential between groups” and “violent connotation for some tribes and tribal members” ([CDC](#)). These interviews have helped our research team gain a better understanding of the current and past programs, benefits, and challenges to addressing impaired driving via a prevention lens in WA. We hope this report is informative for others who are working across the state on reducing impaired driving and its negative outcomes and provides conversational points to overcome challenges to developing and implementing effective prevention programs. We also hope this report is seen as an example of the continuation of partnerships between University of Washington researchers and state, regional, and community level organizations working toward reducing impaired driving. We look forward to continued feedback and collaboration.

Sincerely,

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Disclaimer

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Washington State Department of Health.

Interviews with Working Partners

A total of 11 Working Partners actively involved in implementation and/or review of Washington State (WA) prevention efforts provided comments across 10 interviews from November 2020 through March 2021. These individuals were invited to be interviewed through our team's knowledge of their pioneering and diligent work in prevention within the state of Washington. Interviewees also provided suggestions of other individuals to be interviewed because of their relevant prevention involvement. These Working Partners provided their personal insights and experience working in prevention at various levels in WA including at the community, regional, and state levels. Some of those interviewed have a long history in working to reduce impaired driving and its consequences that has led to significant prevention or policy changes. Interviewees included individuals who work directly with community members providing intervention and prevention materials and building important coalitions so that programs can reach individuals most in need. Their diverse and comprehensive experience has provided invaluable insight for this report.

Working Partners were told interviews would be approximately 30 minutes. Actual interview times ranged from 22-33 minutes. Interviews were conducted via Zoom, audio recorded, and then transcribed. Interviews were conducted in a semi-structured manner with the interviewer having a short set of questions (See [Appendix A](#)) with additional follow up questions for clarification and elaboration. Time was allotted for interviewees to communicate information that they felt was relevant that was not specifically asked about in the interview questions.

Introduction

Driving under the influence of alcohol and or drugs is an important public health concern that leads to numerous preventable deaths and injuries every day. However, between 2009 and 2020 the number of alcohol-impaired crash fatalities was relatively stagnant around 10,000 annually and recent reports show a substantial increase with over 13,000 fatalities in 2021 ([NCSA, 2023](#)). A 2018 report from the Washington Traffic Safety Commission (WTSC) indicated that polysubstance use was the most common type of impairment in fatal crashes and simultaneous alcohol and cannabis use was the most frequently occurring polysubstance combination. Unfortunately, during the COVID-19 pandemic, WA roadways have only become more deadly with increased crashes and fatalities, including those caused by drug and alcohol impairment ([WTSC, 2022a](#)). In WA, the serious injury rate per 100 million vehicle miles traveled increased in between 2019 and 2021 (from 3.604 in 2019 to 5.090 in 2021), as did the serious injury rate per 100,000 population (up from 29.9 in 2019 to 37.6 in 2021) ([WTSC, 2022a](#)).

WA State has long regarded impaired driving an important issue to address and employs several countermeasures to reduce its occurrence and the detriments it causes. Many of these countermeasures have focused on policy, DUI courts, and the legal consequences of driving under the influence. However, to reduce DUIs caused by not only alcohol, but also cannabis and simultaneous use of alcohol and cannabis and prevent the loss of more lives, additional prevention efforts must be made. As a 2018 report from the Washington Traffic Safety Commission (WTSC) states regarding driving impaired by alcohol and cannabis, “alcohol-specific countermeasures alone will not be sufficient for impacting this emerging issue” ([Grondel, Hoff, & Doane, 2018](#)).

This report takes an essential step towards new countermeasures. It provides a summary from interviews with a selection of Working Partners across WA State on the prevention efforts focused on impaired driving. This provides a recent “pulse” of where these efforts have been, where they are currently, the difficulties and challenges they have encountered, and what the perceived best parts of the programs have been. We also provide a brief overview of efforts in working to reduce driving under the influence (DUI), especially in regard to recidivism.

Since these programs span various levels across the state (e.g., community, regional, state) we first review the scope of **relevant Working Partners and Community Collaborators** who are addressing DUI in WA State. The interviewees were essential in providing this information because they are part of this network of Working Partners and Community Collaborators. Specifically, we discuss who they are and what role(s) they can or do take part in. The second section of the report summarizes the **types of funding** that interviewees discussed, how funding agencies can work together to support the programs, and challenges or restrictions of funding. The third section of this report reviews **prevention successes**, specifically what the Working Partners who were interviewed reported worked and what aspects of the program(s)

provided value to Working Partners and the overall community. Fourth, we review the **challenges and barriers to prevention efforts**, including those that occurred due to the COVID-19 pandemic. Lastly, the **future directions**, both as discussed by interviewed Working Partners and from our standpoint as researchers with the same goal of reducing DUIs, are detailed in the fifth and final section.

The Network of Working Partners in Reducing Driving Under the Influence in Washington State

“The future of public health is crossing sectors. Working with partners outside of traditional public health, with everybody doing the part they do best to bring together all the players who impact the social determinants, because it’s all linked. It’s all about health. That means we need to partner with... education, employment, housing, food, transportation, and healthcare. Public health is the right group to bring stakeholders to the table, or to many tables, to positively impact the social determinants.” **Lisa M. Carlson, MPH, MCHES, Immediate Past President, American Public Health Association**

Who Are the Key Working Partners in DUI Prevention Efforts?

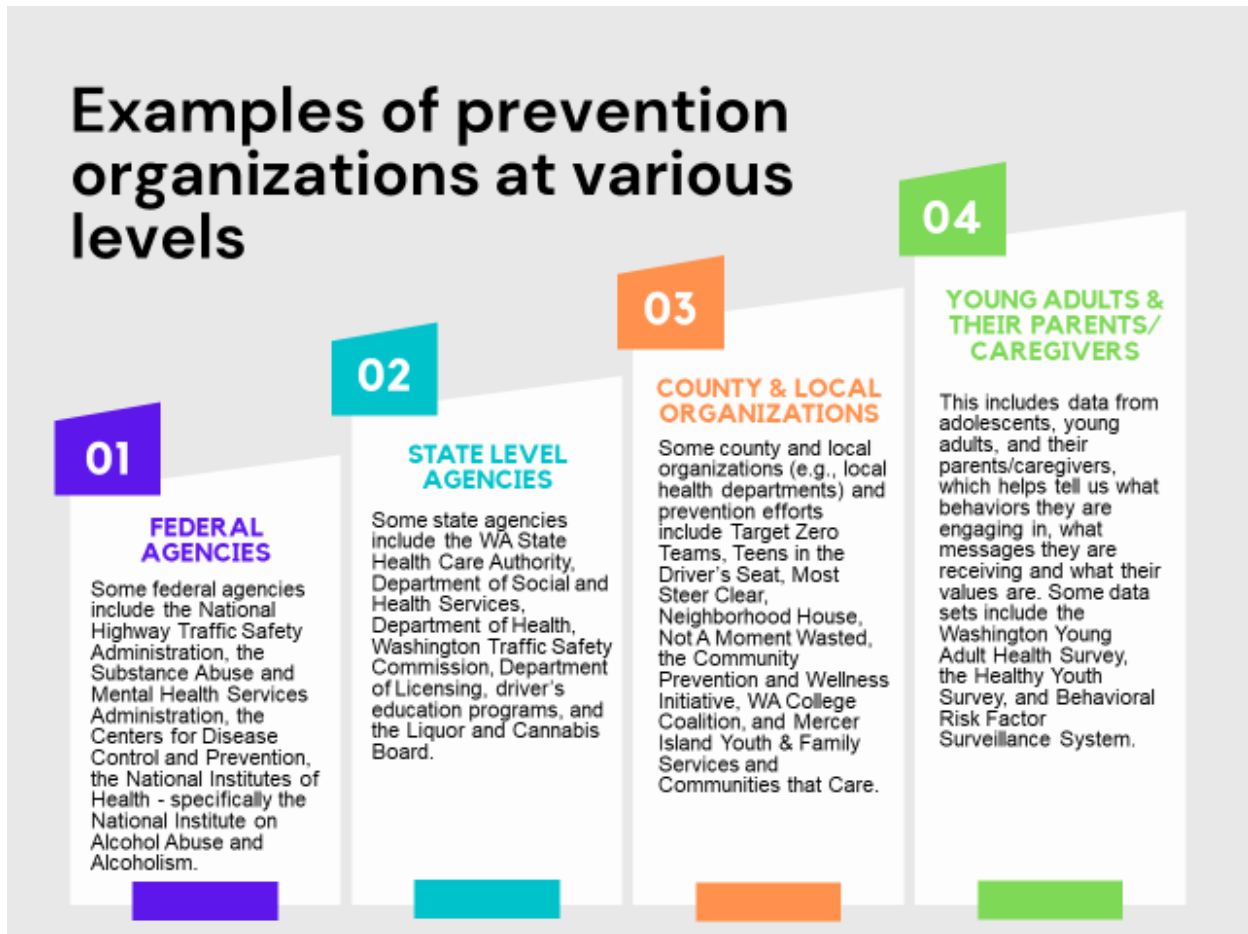
The prevention of impaired driving is not accomplished by the actions of a few; it requires Working Partners across various levels to be aware, engaged, and communicative to other Working Partners and communities. In **Figure 1** we detail four key types of Working Partners that were discussed during interviews. These groups of Working Partners are not exhaustive of

Figure 1. Key Working Partners in Reducing DUI



everyone who is or can be involved with reducing DUI in WA State, but rather those that were discussed as key figures. **Figure 2** provides examples of these 4 key types of Working Partner groups.

Figure 2. Examples of **Working Partners** in Reducing DUI



1. Federal Agencies

Federal agencies mainly provide funding for various state and local level impaired driving prevention efforts and substance use treatment initiatives. These include funding for impaired driving countermeasures, programs designed to prevent and treat mental and/or substance use disorders, and research on safe driving and substance use prevention and intervention.

Agencies that support these initiatives include the [National Highway Traffic Safety Administration \(NHTSA\)](#), the [Substance Abuse and Mental Health Services Administration](#)

[\(SAMHSA\)](#), the [Centers for Disease Control and Prevention \(CDC\)](#), and the [National Institutes of Health \(NIH\)](#), including the [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#).

[The Drug Free Communities Support Program](#) is a federally supported initiative that “provides grants up to \$125,000 per year for five years to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use” ([The White House, 2023](#)).

2. State Agencies

Washington State agencies provide funding to local organizations, conduct research, and implement prevention and enforcement efforts. These efforts include state-wide analyses of driving fatalities and impaired driving trends among young adults, social media prevention campaigns, and increased DUI law enforcement visibility. Some state agencies in WA include the [Health Care Authority \(HCA\)](#)—including the Department of Behavioral Health and Recovery (DBHR), the [Department of Health \(DOH\)](#), the [Washington Traffic Safety Commission \(WTSC\)](#), the [Liquor and Cannabis Board \(LCB\)](#), the [Department of Social and Health Services \(DSHS\)](#), and the [Washington State Board of Education \(SBE\)](#). Most of these organizations work in collaboration with each other to research substance use and impaired driving trends and implement prevention strategies.

Some examples of programs these state agencies have implemented or other key Working Partners they have funded are:

- Statewide billboard and highway sign campaigns about impaired driving
- High visibility enforcement efforts
- Promotion or feedback on DUI-related bills and legislation
- Funding for DUI courts
- Support of Toxicology laboratories for quick turn arounds after crashes
- Statewide educational campaigns and media buys
- Funding for [Community Prevention and Wellness Initiative](#)
- Funding for data collection for the [Washington Young Adult Health Survey](#)

WTSC provides an annual report of activities completed and activities planned, including those associated with addressing impaired driving ([WTSC, 2022b](#)). These reports include the funding source for the activity, how much has been expended, and organizations or working partners involved with completing the activity.

3. County and Local Organizations

County and local agencies, organizations, and other entities engage in a wide range of prevention activities and/or support for these activities. We also include in this group organizations that may function statewide but are a part of state government or legislation.

While State Agencies may oversee these groups, there may be variability across the state in how they function or are implemented in their local capacities.

Types of such Working Partners include:

- County, regional, or local municipalities that create or fund prevention efforts
- Statewide, county, regional, or local organizations that collect data, implement or host prevention efforts, and/or organize collaboration, support, and communication between other Working Partners
- Community partners such as businesses, law enforcement, school systems, and universities that can provide support and buy-in for prevention efforts in numerous ways
- Research centers and groups (such as our [UW Center for the Study of Health & Risk Behaviors](#)) who collect data, work to develop and evaluate the efficacy of prevention programs, and collaborate with other Working Partners to implement and evaluate effectiveness of programs.

Some examples of these Working Partners in WA State are:

- [Target Zero Taskforces, Teams and Managers](#)
- [Neighborhood House](#)
- [The Community Prevention and Wellness Initiative](#)
- [Mercer Island Youth & Family Services](#)
- [Communities that Care](#)
- [Washington Association for Substance Abuse and Violence Prevention](#)
- [Accountable Communities of Health](#)
- [Washington Healthy Youth Coalition](#)
- [Washington Impaired Driving Advisory Council](#)
- [College Coalition on Substance Misuse Advocacy and Prevention \(CCSAP\)](#)

Some examples of the programs these Working Partners implement or support are:

- [Most Steer Clear](#)
- Peer-to-Peer based programs (e.g., [Teens in the Driver's Seat](#))
- Social-emotional learning programs (e.g., [Not A Moment Wasted](#))
- Family Based Prevention Education Workshops (e.g., [Strengthening Families, Guiding Good Choices](#))
- Marijuana Information Cards provided to cannabis retail shops

4. Young Adults & Their Parents/Caregivers

Since the focus of this report and overlapping goal is to prevent impaired driving among young adults (i.e., ages 18-25) in WA State, young adults themselves are an important group to inform these efforts. Young adulthood encompasses a developmental period that is full of transitions,

such as from adolescent roles to adult roles; from living with family to living alone or with roommates; and from being in high school to going to college, technical school, or starting a job or career. It is also a period of increased risk taking, substance use, and experiencing related consequences from substance use, including impaired driving-related behaviors ([Berg et al., 2017](#); [Oh et al., 2020](#)). Despite young adults increasing their autonomy, research has indicated that parents/caregivers still play an active and important role in health behaviors and prevention during this period ([Fairlie, et al., 2012](#); [Lau et al., 1990](#); [Shope et al., 2001](#); [Velleman et al., 2005](#)), and young adult prevention programs that include parents have been successful in specific settings such as during high school years, in the transition between high school and college, and during young adulthood ([Bo, Hai & Jaccard, 2018](#); [Turrisi et al., 2009](#); [2013](#)). Therefore, we include young adults' parents/caregivers as important figures in reducing impaired driving behaviors in young adults.

Engagement with young adults and their parents/caregivers can occur in several ways. First, gaining feedback across the development and implementation of prevention programs is essential. It is necessary to understand if material provided to young adults is viewed as relevant, important, and trustworthy. It is also imperative to understand what prevention efforts young adults and their parents/caregivers will and will not engage in and what incentives may change this. Interviewees specifically mentioned, if a program is being provided in-person, knowing what services and incentives (e.g., childcare, free meals, transportation) need to be offered to both young adults and their parents/caregivers for them to be able to attend is important for attendance and engagement. Providing these opportunities for input and program delivery can help us understand how impaired driving both is perceived by and impacts young adults and their parents/caregivers through their experiences.

Interviewees mentioned some limitations and concerns surrounding available programs and funding on impaired driving for the full age range of young adulthood. One peer-to-peer program, [Teens in the Driver's Seat](#), is available in some high schools in WA State (and 14 other states), and involves youth serving as members of the prevention team that actually provides material on traffic safety, including impaired driving, to their peers. While this program can include some young adults, it focuses primarily on older adolescents, and evaluation is limited especially for the effects within WA State. Further, interviewees stated a concern that much of the prevention program funding available in WA State is focused on either adolescents under the age 18 or young adults under the age of 21 (i.e., the legal age for alcohol use and adult cannabis use). This leaves a significant gap in programs focused on older young adults (i.e., aged 21-25).

Young adults also provide important data on the prevalence, consequences, and factors influencing impaired driving related behaviors. There are several datasets that other Working Partners can use to track these behaviors or use in the creation of prevention material including the [Washington Young Adult Health Survey \(YAHS\)](#), the [Healthy Youth Survey \(HYS\)](#), and the [Behavioral Factor Surveillance System \(BRFSS\)](#). Lastly, some programs seek to have young

adults increase the awareness of prevention programs and material, especially through use of social media.

Prevention Successes

Partnerships and Collaborations

The most consistent message conveyed by interviewees was how the building of and collaboration in partnerships was the “best part” of prevention efforts. As mentioned in the previous section, numerous Working Partners across varied levels have laboriously and financially invested in various prevention efforts, especially over the past 10 years. Partnerships that were specifically mentioned as helpful to facilitating prevention efforts included those with community organizations, companies and businesses (including cannabis retailers), state agencies (i.e., WTSC, HCA, and LCB), coalitions, and colleges and universities. The importance of having representation of or coalitions with diverse communities (such as Latinx communities) was also detailed.

Here is a summary of some points interviewees said about partnerships:

- Community partnerships make programs work and have connections to different populations. They are the ones that create buy-in for the programs. Funding doesn’t support incentives like food and childcare, even though these provide the greatest buy-in and community partners are able to provide these.
- WTSC alignment has been a huge asset. Not all states have this sort of “Everybody is all in,” mentality. We all want to work together.
- Coalition building provides us with multiple voices coming together to solve problems.
- Statewide partnerships created more collaboration for campaign materials.
- Colleges and universities were able to review materials to provide feedback on the young adult audience.
- Partnerships across the state related to policy, environment, and systems change are essential in order to make more far-reaching impacts and deserve more investment.

Partnerships and Buy-in

One aspect of partnerships that was mentioned to be beneficial was the ability to increase buy-in of prevention efforts. Buy-in has allowed programs, campaigns, and other efforts to be as successful as they have been. For example, program managers from the [Community Prevention and Wellness Initiative \(CPWI\)](#) collaborate with community leaders around WA to address substance use in those leaders’ own communities. As a result of collaborating with communities to create sustainable, realistic prevention efforts, 95% of CPWI programs implemented between July 2015 and June 2016 delayed first time underage substance use, decreased risk factors and increased protective factors ([WAHCA, 2019b](#)). Additionally, the [WA State Liquor and Cannabis Board \(LCB\)](#) collaborated with licensed cannabis retailers to put cannabis fact cards in licensed cannabis stores. Community based prevention efforts typically get more

buy-in from community members and allow efforts to be sustainable after professionals leave. Examples of this include: CPWI has partners from county prevention systems to help connect them with local communities, [Educational Service Districts \(ESD\)](#) provide student assistant professionals to CPWI to connect them to a high-need school in the area, and other educational support has been provided by HCA, LCB, DOH and OSPI for the [Healthy Youth Survey](#). Driver education programs were also mentioned by the working partners as opportunities for additional implementation of DUI prevention programs.

These collaborations are essential for connecting prevention efforts with communities and preventing initiation and escalation of substance use. When organizations share similar goals, it provides opportunities for collaboration. In the case of the [Not a Moment Wasted](#) campaign, the [Department of Health](#) and the [Division of Behavioral Health and Recovery, Washington State Health Care Authority \(HCA\)](#) collaborated with the [Washington Healthy Youth Coalition](#) and the [College Coalition on Substance Misuse, Advocacy, and Prevention \(CCSAP\)](#). Organizations provided feedback on the campaign and website. Each organization had different experiences working with young adult audiences and creating different educational materials, resulting in the design of materials that captured a wider perspective. Overall, this helped the website and campaign to be as successful as possible.

Strategic Planning and Buy-in

Several interviewers also discussed the importance of the strategic planning process and how this improved buy-in with partners and focus to secure support for prevention efforts. Strategic planning was discussed as occurring both at a macro level—where a call to all community partners including community organizations, healthcare, law enforcement, emergency response cities, states, public works was put out for feedback—as well as at local levels, where coalitions worked with community members and residents to create strategic plans.

Cultural Competency

While interviewees indicated cultural competency and expansion in diversity as areas of improvement for prevention in WA, successes in these areas were also discussed. For instance, cannabis fact cards from the WA Liquor and Cannabis Board were available in 9 languages in addition to English. Furthermore, CPWI's community-specific prevention model allows prevention efforts to be specific to the cultural norms and perceptions of substance use in communities of color. Lastly, Washington State University (WSU) collaborated with Spanish-speaking educators to tailor parent-focused prevention efforts to the large percentage of Latinx parents of WSU students.

Tapping into and Recruiting Help with Social Media

Substance use prevention media campaigns are a large part of prevention efforts in Washington State. While campaigns have historically been conducted through print media

efforts (billboards, flyers), there has been a shift in recent years to utilize online messaging efforts, such as social media. As the age in which youth start using social media gets younger, social media is a very effective way to bring messaging to youth and young adults. However, as the way that youth and young adults use social media rapidly changes, it can be beneficial to recruit help. The [Division of Behavioral Health and Recovery, Washington State Health Care Authority \(HCA\)](#) recruited the help of a social media agency to work on their campaign a couple of years ago. Factors such as engagement with the advertisements online and other social media performance indicators suggested it was successful at reaching the target audience. According to one of our interviewees, social media is an area that can be “tapped into a bit more” in regard to prevention efforts.

Prevention Challenges

Funding Limitations

Most interviewees discussed funding as a limitation in DUI prevention endeavors in one capacity or another. Not having enough funding was one challenge. Some discussed that underfunding led to a lack of personnel to conduct or lead prevention efforts. Others discussed that funding cuts and gaps or delays in funding impacted the types of programs that could be provided and could impact already ongoing programs and their ability to effectively evaluate them. The limitations on how funding could be obtained and used were also detailed. Certain entities or programs are not able to apply for funding at various levels because they do not qualify. Also described was difficulty expanding impaired driving prevention programs specifically because funding for innovative programs and trainings is limited and there are currently no evidence-based educational, skills-based, or social-emotional community programs for cannabis impaired driving. Many interviewees discussed how impaired driving prevention was only a small part of the program(s) they provided. Some funding provided specific restrictions on how it could be used, for example to only be used on cannabis-only outcomes, so prevention efforts that include alcohol or polysubstance use outcomes can be difficult. Additionally, an interviewee stated most of WA State prevention funding is focused on youths under the age of 18 and therefore securing funding for young adult prevention efforts can be especially difficult. Much of the funding provided does not include ways to evaluate the programs, incentives for surveys, or incentives for individuals to attend programs like providing childcare or food. Lastly, funding is directly related to the “dose” of what can be provided especially in regard to media campaigns and buys. Thus, lack of funding can lead to insufficient doses of prevention being provided.

Challenges in Evaluation

Almost all prevention efforts discussed in interviews did not formally evaluate effects on DUI outcomes, and interviewees clearly detailed this as a challenge for programs. There are two main reasons for the lack of evaluation: 1) there was not enough team capacity or funding to follow up with an evaluation and 2) there was difficulty setting up an evaluation because it was unclear how to isolate effects of the prevention efforts amongst cultural and societal influences. Working Partners said they could look at how the rate of substance use changed before or after their work in certain areas, but how could they know if it was due to their program or not? Ways Working Partners can improve their evaluation capacity include financial planning to include evaluation in their budgets or fundraising efforts specific for evaluation, as well as designing their efforts in a way that will allow effectiveness to be evaluated and searching out collaborations with research teams or institutions to plan and conduct the evaluation.

Contradicting Goals

Collaboration between Working Partners was often facilitated by converging goals which made prevention efforts easier to implement. However, interviewees also discussed challenges when goals or values varied between different groups. For example, some groups' efforts focus on the goal of harm reduction whereas others focus on zero tolerance. This divergence in goals can lead to groups not agreeing on messaging or material and limit partnerships.

Politics can "Make Work Difficult"

Potentially one of the more sensitive subjects that interviewees discussed was how politics are intertwined with prevention efforts and can impede the work being done. Many of the interviewees emphasized the importance of this challenge even while broaching the topic cautiously. "Politics" were described at larger governmental levels as well as at organizational and institutional levels. For example, the timeline of healthcare reform was mentioned and how after 2011 the behavioral health primary care reform emphasized a focus on treatment elements and in 2021 emphasized a focus on integration, moving funding and support away from prevention. It was also discussed that politics were especially involved with any changes that were focused on the state level and when focusing on changing impaired driving, concerns regarding the impact on alcohol and cannabis sales that have direct impact on state revenue can interfere with progress. One interviewee emphasized the need for increased advocacy and lobbying to increase political support of prevention efforts but also mentioned it is a great challenge to obtain funding to support such efforts. On a more localized level, it was reported that there can be difficulty getting buy-in from higher administration individuals at college campuses, and at times there is reluctance to work with researchers. Part of this difficulty is thought to be due to opposition from alumni who can be opposed to aims of prevention efforts.

COVID-19

There is not a person, organization or entity that has not been impacted by effects of the COVID-19 pandemic in some way. Interviewed Working Partners detailed the pausing of programs, moving to virtual formats, and reduced ability to reach targeted audiences all as challenges during this time. Specifically, programs that had in-person elements which typically could provide childcare, meals, and other incentives could not be provided and had reduced buy-in and uptake in communities. Additionally, programs that moved to virtual formats were typically reduced in length and it is unclear whether the fidelity of these programs is maintained when adapted in this manner. Another concern was that COVID changed how and where substances were being used, making already-developed messaging less relevant.

Programs were also stopped or paused because personnel were moved off those prevention efforts to help with public health programs dedicated to COVID-19, and some of that work is only just starting to be reestablished. One interviewee summarized this challenge by stating:

“It’s been 2 years now and some of that work hasn’t been touched. So, I think that’s probably the biggest challenge ahead of us, is to just like pick it back up, figure out where the pieces are even. Where communities are now, how they’ve been changed because of COVID and I think there’s a lot of work ahead of us.”

There is a further concern that, for young adults in particular, restrictions of COVID-19 may have impacted development of healthy social norms and personal boundaries around substance use, both in general and regarding impaired driving behaviors. Working Partners and Community Collaborators are left with feelings of uncertainty on how efforts can either be adapted, or potentially amplified to address this concern.

Future Directions and Recommendations

Acknowledge What is Working and Evolve Efforts

Reports on countermeasures detail efforts that have previously worked for alcohol-impaired driving ([National Academies of Sciences, Engineering, and Medicine, 2018](#); [Venkatraman, Richard, Magee, & Johnson, 2021](#)). WA State continues to engage in many of these countermeasures. WTSC provides an annual report of activities completed and planned including those associated with addressing impaired driving. These activities have likely contributed to reduction of DUI-related deaths from the 1980's to 2020 ([Stewart, 2023](#)). We still recommend these efforts be continued; however, a recent report shows an increase in these fatalities in 2021 ([NCSA, 2023](#)). Further, it is unclear how well existing countermeasures address cannabis-impaired driving and polysubstance-impaired driving, and what, if any, adjustments should be made to impact these behaviors. Therefore, funding should be considered to evaluate existing efforts as well as the effects of adaptations.

Additionally, through these interviews it is clear much has been done to create partnerships in local and regional communities to initiate a range of prevention efforts. There is some concern that if a focus is placed on expansion, as opposed to working to solidify and evolve the efforts in place to instill self-sustainability, that the prevention efforts and relationships could suffer. Further, some programs need updated materials in terms of verbiage and images, with some materials dating back to the '80s and '90s. One Working Partner mentioned small, needed updates such as these might impact how relevant and trustworthy youth and young adults perceive the material. Another Working Partner reflected that they believed they needed more integration of prevention efforts for impaired driving with intervention and treatment efforts. Others discussed that many of the prevention efforts focused on DUI detailed in WA State in the interviews have been done under the umbrella of or in combination with traffic safety, injury and violence prevention, or substance use prevention, potentially making it difficult to put as much focus on DUI as needed. Interviewees stated that although DUI may have been touched on in their programs or other efforts, the material and time spent was limited.

RECOMMENDATIONS

- State-level funding should be dedicated to updating and adapting existing programs to address both outdated materials and cannabis-impaired and polysubstance-impaired driving. Evaluation of these updated materials is also needed.
- Steps should be taken to add additional personnel dedicated to existing DUI efforts.
- State and local efforts should provide clear goals on how to integrate substance use and other mental health treatment with DUI prevention efforts and countermeasures.

Increase Information on DUI Prevention Programs and Available Funding Opportunities

While partnerships and collaborations have been detailed as highly supported and a strong positive within WA State, there seems to be a lack of clarity about all the DUI-related programs and available funding within the state and which entities or organizations qualify for what type of funding.

RECOMMENDATIONS

- Create resources that list the programs, locations they are being implemented, and how they are being funded. This may allow both for increased knowledge about options available as well as potential partnerships to increase evaluation of ongoing efforts.
- Provide information about data on any informal and formal evaluations of efforts. This would increase communities' ability to decide whether to implement certain programs.
- Similar resources have been created for other risk behaviors, such as the [College Alcohol Intervention Matrix \(CollegeAIM\)](#) on college prevention and intervention efforts on alcohol use, and [Blueprints for Healthy Youth Development](#).
- Funding to create and maintain these resource(s) should be considered.

Collaborating with Researchers for Data-Driven Decision Making

In almost all our interviews, Working Partners expressed the importance of using data to inform prevention efforts and many indicated they wanted to collaborate with researchers to either obtain data and/or create or update prevention materials. Some of this data does exist and has been utilized in prevention efforts. For example, one interviewee stated:

"The WA Young Adult Health Survey' has been an incredibly valuable tool to understand what is going on with young adults related to driving and substance use. Without this data we would not be able to conduct positive community norms media campaigns related to impaired driving. You can't have solid media messaging without the data to back it up."

In fact, the largest ask from interviewed Working Partners was to have localized data. There was an emphasis that local and regional prevention coalitions could most effectively utilize these data and local data would be helpful in engaging their communities. Aid, both financially and functionally, to collect data would also be beneficial in determining various outcomes of prevention efforts from reach, to buy-in, to evaluation of the programs. Lastly, sharing of data in meaningful ways was discussed, both with state, regional and community Working Partners mentioned in this report, but also for advocacy and lobbying. As one interviewee stated,

“Data needs to be presented in a way to give advocates and lobbyists the right language to speak to politicians.”

Data were also mentioned more specifically in the creation of prevention programs and materials. Some entities are only funded for evidence-based prevention programs. NHTSA details several countermeasures to DUI, such as high visibility enforcement efforts and utilizing interlocking devices on vehicles, which have evidence to reduce DUI when impairment is caused by alcohol ([Venkatraman et al., 2021](#)). However, NHTSA also specifies that the majority of media campaigns, including those utilizing social norms, have not been evaluated for effectiveness and that “despite some positive research findings,” the evidence for effectiveness of youth programs for impaired driving is insufficient and therefore inconclusive.

Therefore, continued collaborations are essential between various levels of prevention Working Partners and researchers, from the start of data collection, to development and refinement of materials, to evaluation of effectiveness of those programs. While there have been successes in these aspects separately, creating a strategic plan on this entire spectrum of prevention may improve prevention programs and their outcomes and expedite changes that need to be made due to an everchanging alcohol and substance use landscape, including use trends, policies, law, and enforcement. For example, one interviewee reflected that cannabis research is ongoing and that prevention messages need to be specific but cannot always address things like per se laws or “impairment” because if new evidence comes out, it could make the program less credible or receive pushback. Collaborators also commented on the need for research funding to support implementation of existing prevention strategies and to further assess efficacy of programs related to driving under the influence of cannabis, especially in light of legalization of cannabis.

RECOMENDATIONS:

- When available, prevention efforts should use recent existing data sources to create prevention messaging. Localized data may be available in some cases upon request, and creating strong partnerships between those collecting data and those implementing prevention efforts may allow for quicker dissemination of information for more relevant and effective messaging.
 - Some potential data sources include:
 - [Washington Young Adult Health Survey](#)
 - [International Cannabis Policy Study](#)
 - [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
 - [Washington Healthy Youth Survey](#) (for adolescents)
- Research and institutions should provide academic papers and lay-language information about results to state and local entities as soon as they are available.

- State and local entities should continue to increase partnerships with researchers and institutions to collect data.
 - Requests to provide reports and important analyses within so much time after data collection or at specific intervals can reduce the research-to-practice timeline.
 - Liaisons between [CPWI local community coalitions](#) and researchers can help to provide rapid release of data and recommendations and real-time communication of new and emerging issues in impaired driving.

Improve Policy-Related Relationships

Policy has historically been a very influential factor for curbing DUI behavior and its enforcement and legal ramifications. Improving communication and partnerships between those involved in prevention effort activities and policymakers or advocates may allow for increased efficacy of these efforts. Of note, interviewees described the difficulty in achieving these partnerships due to the extremely limited funding available for such efforts.

RECOMMENDATIONS

- Increase partnerships that impact policy including, but not limited to:
 - Communication between research and community partners with policymakers and policy advocates.
- Special attention should be given to language from both researchers and community collaborators that policy advocates can use to communicate with policymakers.
- Increase funding for communication and partnership efforts aimed at policy-related relationships.

Untapped Potential with Social Media

For prevention efforts that target young adults, social media is an increasingly important platform to utilize, as more young adults use social media every day. Several Working Partners mentioned the untapped potential in social media with current prevention efforts. Along with this future direction, Working Partners also detailed difficulties working in the social media sphere including needing feedback from young adults (or other relevant audiences) on the language and visuals of social media content as well as with the dissemination of the material on social media. Some Working Partners discussed the benefits of hiring a social media agency/advertising agency to help with advertisements; however, others stated difficulty in receiving funding to support such efforts.

RECOMMENDATIONS

- Conduct cost analyses estimates to determine if social media agencies/advertising agencies would be beneficial for the specific prevention efforts.

- When planning for media campaigns, funding allocated to the creation and management of social media is needed. Some organizations or entities may consider hiring one or more staff members solely for social media content creation and advertising.
- Whenever social media is used, the voice of the population in focus should be considered. Focus groups may be needed to evaluate wording and graphics used. Alternatively, Young Adult Advisory Boards could be created to provide continued input.
- Entities providing funding may consider providing grants to organizations or local communities to develop their social media presence and learn how to maintain it.

More Evaluations

As detailed in the *Prevention Challenges* section, evaluations of prevention efforts are difficult both because of funding limitations and because of the difficulty in parsing out the effects of a specific effort (e.g., the effects of a mass media campaign during a time where legislation has changed). Despite these challenges, the majority of the Working Partner interviewees emphasized that more evaluations are needed. Evaluations should be considered when Working Partners meet for strategic planning, and they may need to take a forefront in conversations on funding and resources for them to be considered and implemented. Additionally, researchers and other organizations could collaborate on creating measures and methods to evaluate the prevention efforts as well as potentially aid in securing initial funding for data collection for program evaluations.

RECOMMENDATIONS

- Strategic planning both at the state and local levels should include evaluation of DUI efforts as an important goal.
 - Details on when and how evaluation will occur and be funded are needed.
 - Problem-solving discussions on solutions if changes to funding occur partway through a program or effort should also be considered.
 - If funding for evaluation is an issue, organizations should consider fundraising, seeking additional grants, or working with appropriate community sponsors to help support these efforts.
- Collaboration between researchers and organizations to create measures and methods of evaluating DUI prevention efforts is needed.
 - Consistency in measures can allow for comparison across efforts.
 - Creating sustainable evaluation systems such as auto-populating dashboards with relevant metrics can help provide more clarity on how efforts are working.

Exploring Possible Collaboration with Cannabis Retailers

An ongoing challenge with prevention efforts is how to best reach an intended audience (and to try to reduce the likelihood of people at high risk “slipping through the cracks”). Consequently, introducing prevention content at the point of purchase may be beneficial. Based on previous efforts, it does seem that cannabis retailers are open to collaborating in prevention efforts. Because getting cannabis through a retail store is one of the most prevalent ways of obtaining cannabis in WA State as of 2021, particularly for those 21–25 year of age ([WYAHS, 2022](#)), cannabis retailer-focused prevention efforts and collaborations with cannabis retailers could be explored further, including identifying what prevention strategies may be most helpful at the point of purchase. However, collaboration with cannabis retailers should be conducted with caution, as lessons learned from alcohol industry involvement in research should be considered carefully ([Bartlett & McCambridge, 2021](#); [McCambridge & Mialon, 2018](#); [Mitchel, Lesch, & McCambridge, 2020](#); [van Schalkwyk et al., 2022](#)). For example, we encourage funding to not be obtained directly from the cannabis industry in an effort to avoid financial conflicts of interest in prevention and research efforts.

RECOMMENDATIONS

- Prevention entities and organizations should build partnerships with cannabis retailers as a potential avenue to deliver prevention efforts.
 - This should be done cautiously and funding directly from the cannabis industry for prevention efforts should not be sought out due to conflicts of interest.

Conclusions

In summary, our interviews with Working Partners have elucidated various programs, identified challenges, and highlighted future directions to reduce impaired driving and its negative outcomes. Continued efforts of success in the areas of obtaining buy-in with partners, developing cultural competency, and utilizing social media are encouraged. Overcoming challenges in the areas of funding limitations, lack of formal evaluations, contradicting goals between Working Partners, and barriers in the aftermath of the pandemic remain. We encourage future collaborations to obtain outcome data and more formal program evaluation, exploring social media and marketing potential, and a focus on updating material to be relevant to the youth and cultural climate of today.

Further, it has long been suggested the best course of action to address impaired driving is likely utilizing a combination of strategies and countermeasures ([Shults et al., 2009](#)). However, many of the currently utilized strategies rely heavily on enforcement activities and mass media campaigns centered around high visibility enforcement. These are integral components in reducing DUI, however, as multiple Working Partners stated, “we can’t arrest our way out of

this, it comes down to behavior change.” Thus, we want to reinstate the importance of engaging in a combination of strategies that incorporate both enforcement and behavior change to effectively reduce DUI and its subsequent associated morbidity and mortality. Working partners and community collaborators are encouraged to utilize resources such as *Countermeasures that Work* ([Venkatraman et al., 2021](#)) and *Washington’s Prevention Tools: What Works, What Doesn’t* ([WSHCA, 2019a](#)) for information about the evidence for and against different strategies to reduce DUI.

In short, we applaud the prevention work conducted by organizations at various levels in WA and remain optimistic in future efforts continuing to promote behavior change in reducing impaired driving.

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Behavioral Factor Surveillance System (BRFSS)	https://doh.wa.gov/data-statistical-reports/data-systems/behavioral-risk-factor-surveillance-system-brfss
Behavioral Risk Factor Surveillance System (BRFSS)	https://www.cdc.gov/brfss/index.html
Blueprints for Healthy Youth Development	https://www.blueprintsprograms.org/program-search/?programSort=title&localPageSize=5000&programType%5B%5D=896&programType%5B%5D=919&keywords=
Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/
College Alcohol Intervention Matrix (CollegeAIM)	https://www.collegedrinkingprevention.gov/collegeaim/
College Coalition on Substance Misuse, Advocacy, and Prevention (CCSAP)	https://sites.uw.edu/ccsaprev
Communities that Care	https://www.communitiesthatcare.net/
Community Prevention and Wellness Initiative (CPWI)	https://www.dshs.wa.gov/node/9041
CPWI local community coalitions	https://theathenaforum.org/community_prevention_and_wellness_initiative_cpwi
Department of Health (DOH)	https://doh.wa.gov/
Department of Social and Health Services (DSHS)	https://www.dshs.wa.gov/
Division of Behavioral Health and Recovery, Washington State Health Care Authority (HCA)	https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery
Drug Free Communities Support Program	https://www.dshs.wa.gov/node/9047
Educational Services District (ESD)	https://www.waesd.org/about-us/esds/
Health Care Authority (HCA)	https://www.hca.wa.gov/
Healthy Youth Survey (HYS)	https://www.k12.wa.us/student-success/health-safety/healthy-youth-survey
International Cannabis Policy Study	https://davidhammond.ca/projects/drugs-policy/illicit-drug-use-among-youth/

Liquor and Cannabis Board (LCB)	https://lcb.wa.gov/
Mercer Island Youth & Family Services	https://www.mercerisland.gov/yfs
Most Steer Clear	https://www.moststeerclear.org/
National Highway Traffic Safety Administration (NHTSA)	https://www.nhtsa.gov/
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	https://www.niaaa.nih.gov/
National Institutes of Health (NIH)	https://www.nih.gov/
Neighborhood House	https://nhwa.org/
Not A Moment Wasted	https://notamomentwasted.org/
Strengthening Families, Guiding Good Choices	https://www.dcyf.wa.gov/services/child-development-supports/sfwa
Substance Abuse and Mental Health Services Administration (SAMHSA)	https://www.samhsa.gov/
Target Zero Taskforces	https://targetzero.com/
Teens in the Driver's Seat	https://www.t-driver.com/
The Community Prevention and Wellness Initiative	https://theathenaforum.org/community_prevention_and_wellness_initiative_cpwi
UW Center for the Study of Health & Risk Behaviors	https://sites.uw.edu/cshrb/
WA State Liquor and Cannabis Board (LCB)	https://lcb.wa.gov/
Washington Association for Substance Abuse and Violence Prevention	https://wasavp.org/
Washington Healthy Youth Coalition	https://theathenaforum.org/WHY
Washington Healthy Youth Survey	https://www.askhys.net/
Washington Impaired Driving Advisory Council	https://wtsc.wa.gov/programs-priorities/impaired-driving/
Washington State Board of Education (SBE)	https://www.sbe.wa.gov/
Washington Traffic Safety Commission (WTSC)	https://wtsc.wa.gov/
Washington Young Adult Health Survey (YAHS)	https://sites.uw.edu/uwwyahs/

Appendix A

Semi-Structured Interview Script and Questions

Hello, thank you so much for agreeing to meet with me/us. My name is <NAME> and I am a <TITLE> at the University of Washington and work on the Young Adult Riding and Driving Study, also known as YARD. Just to give you a little background about YARD, we are assessing health and transportation behaviors among young adults in Washington State and as part of that we are conducting daily assessments with some young adults. We have a specific interest in understanding things that happen at the daily level that are associated with impaired driving outcomes. Ultimately, our goal is to be able to provide our results in a useful and impactful way to stakeholders involved with reducing impaired driving behaviors at the State, Region or Community Level. This is where our conversation today comes in. We think to be able to best provide results to these stakeholders (like who) we need to understand more about the programs that are currently in place.

This conversation should take about half an hour, and we will only be using the information in aggregate form. So, in any reports we make will not provide your name, the names of any individuals you mention, or the names of any of the programs you mention. Reports may be shared with other stakeholders and with our CDC scientific team but are not intended for publication in a peer reviewed journal. Again, I/we just want to thank you so much for giving us some of your time to answer a few questions. Before we start, do you have any questions for me/us?

Okay, would you be comfortable with me/us recording our conversation? The recording will only be used for note taking purposes. We'll only keep the audio portion until notes are complete, and then we will delete the file.

If stakeholder agrees to recording--- start recording now.

Okay, as you probably noticed I started the recording.

1. Assessing Programs
<i>Tell me about the current program(s) that your group has that address driving safety.</i>
<i>Tell me about the material in this program, if any, that focuses on substance use.</i>
2. Assessing Support and/or Buy-in

<i>In what ways <u>does your organization/the state</u> support these programs?</i>
<i>In what ways <u>does the community</u> support these programs?</i>
<i>Tell me about the “buy-in” of these programs from people you think are important stakeholders.</i>
<i>Who are these stakeholders?</i>
<i>What would it take to get the “buy-in” you would like to see of these programs?</i>
3. Assessing Evaluations or Data Used
<i>What evaluations of these programs, either formally or informally, have been done?</i>
<i>What types of data or information have you used to understand how the program is going and/or how well it has worked?</i>
4. Assessing Barriers
<i>What barriers have these programs faced?</i>
5. Assessing “The Best Parts”
<i>In your opinion, what are the best parts of this program?</i>
6. Assessing Ways to Improve
<i>How do you feel these programs could be improved upon?</i>