



# DMH/DD/SAS BLOCK GRANT EDUCATION AND ENVIRONMENTAL STRATEGY/ INTERVENTION GUIDANCE

Updated for FY25

To be utilized by DMH/DD/SAS Block Grant Providers for planning  
and implementation of Education and Environmental programming  
in FY25

**REVISED: August 2024**

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## UTILIZING THIS GUIDANCE DOCUMENT:

This guidance document is designed for Block Grant providers to plan/implement education and environmental strategies/interventions beginning in FY21.

The document features:

A listing and definition of each DMH approved environmental or prevention strategy/intervention with additional information about:

- Substances addressed
  - Target population/context
  - General Capacity and Readiness Considerations:
    - Fiscal
    - Human
    - Organizational
  - Best Practice Steps for each strategy/intervention to be integrated as ECCO Action Steps and utilized to explain work completed toward each intervention.
  - ECCO Process Data and Documentation to collect per strategy/intervention
- NOTE: The guide is not reflective of all alcohol strategy revisions possible for FY26.**

Terminology:

1. Best Practice Steps-the action steps that are fundamental and proven to be the basic steps to complete in order to have an effective intervention with strong outcomes. In ECCO, these will be the action steps which will require explanations of work completed in the “Actions Taken” section.
2. ECCO-the statewide online reporting system
3. Evaluation-Information listed in the Evaluation section can be included in ECCO and the Audit as a demonstration of progress and process outcomes for the intervention.
4. Hours- Hours is considered the calculation of time spent by those employees funded by the block grant funds. These are to be inputted by intervention within ECCO. See Hours Chart.
5. Process Data measures-these are outputs, outcomes, or documentation that can be tracked to show process outcomes for each intervention, this is data to be collected for each intervention in order to show progress within an intervention. **NOTE:** These sections identify the data to be entered in the Process Data section of ECCO and those documents to be uploaded in the ECCO Briefcase. **Refer to Process Data Chart.**
6. Reach-is the unduplicated “count” and is tracked in ECCO under Master Reach per intervention. Refer to the Reach tool to count population impact. See Reach Chart.
7. Strategy/Intervention-These are interchangeable terms to explain the models below, but it is specific program, practice, policy, or activity that is considered acceptable through block grant funding
8. Target population-the audience that is the primary focus of an intervention/strategy

**Note about Youth Engagement:**

In the context of the Substance Use Prevention Treatment and Recovery Services Block Grant, Youth Engagement (YE) refers to prevention organizations effectively engaging youth as leaders or partners in planning, tailoring, implementing or evaluating prevention programming. YE is not itself a “strategy” for prevention; it is an approach that can be used alongside numerous prevention strategies.

- YE is optional within the NC Prevention system.
- YE is allowable within most pre-approved strategies in NC.
- There are some pre-approved strategies where YE is allowable (but with some limitations, and some strategies where YE is not allowable.
- **Below, we indicate where YE is NOT allowable or is allowable with limitations.**

**Unless noted**, YE is allowable within all pre-approved strategies listed below if youth are engaged as partners in planning, tailoring, implementing, or evaluating within the pre-approved strategy or intervention.

Specific activities may include training programs for youth (on topics such as ATODs, prevention, leadership skills) that support participation in the pre-approved strategy; training adults to partner with youth; and youth group and youth coalition work.

**In ECCO within the process data section, you will report within the strategies you engaged youth in, how many youth, which model you used, and in which of the best practice steps.**

Refer to [Engaging Youth to Improve Substance Misuse Prevention: Information Guide Series](#) for more information on how to meaningfully engage with young people in various strategies for prevention.

## EDUCATION AND ENVIRONMENTAL STRATEGY/INTERVENTION OVERVIEW

### Multi-Substance Interventions

| Strategy/Intervention                                   | Description   |
|---|---|
| <b>Education</b>  |   |
| <b>Youth and Parent/Family Education</b>                | Education for youth and parents aimed at decreasing ATOD use by youth by increasing refusal/resistance skills of youth and increasing parental communication and monitoring   |
| <b>YPE Support</b>                                      | Supporting, monitoring, and providing technical assistance to individuals within the community who have been trained to properly deliver and implement YPE with fidelity and best practices   |
| <b>Communication Campaigns</b>                          |   |
| <b>Social Norms</b>                                     | Campaign designed to utilize marketing techniques to change misperceptions regarding audience behavior in order to change behavior by communicating accurate group norms of a specific, targeted audience   |
| <b>Support for Prevention (Policy/Advocacy)</b>         | Campaign designed to support the creation, enhancement or enforcement of policy efforts   |
| <b>Policy Work</b>                                      |   |
| <b>Safe Stores (Support for Policy)</b>                 | Businesses who agree to/sign a pledge not to sell alcohol or tobacco to youth by checking for proper identification, training employees, and creating/following policies with consequences for violations   |
| <b>Establish, Review or Change School ATOD Policies</b> | School policies prevent and/or decrease the use of ATOD on school property and/or during school-sponsored events and promote fair consequences for all persons who violate policies   |
| <b>Festival/Event Restrictions</b>                      | Restrictions at community events including policies focusing on the availability and use of alcohol or tobacco at public venues such as concerts, fairs/festivals and sporting events<br><br>Could Include: Modifying Alcohol and tobacco advertising practices, Restrictions on drinking promotions or on hours and days of sale |
| <b>Establish, Review or Change Workplace Policies</b>   | Workplace policies to prevent the use and misuse of ATOD at the workplace; during work time and/or during workplace sponsored events and activities. Policies should promote fair and consistent consequences and resources for all persons who violate policies  |

|   |  |
|---|--|
|   | Could Include: Drug Testing policies, Impairment while working, substance use on work property or work events, referral system for employees, Hospital/Clinic employee theft of prescription drugs, etc.   |
| <b>Establish, Review or Change Community Policies</b> | <p>Community policies to prevent the use and/or misuse of ATOD in the community. Policies should promote fair and consistent consequences for all persons who violate the policies</p> <p>Could Include: Hospital/Clinic Prescription Drug Monitoring Program (PDMP) Policy Change, Modifying Alcohol and tobacco advertising practices, Restrictions on drinking promotions, restrictions on hours and days of sale, product pricing strategies</p> |

Tobacco Interventions

| Strategy/Intervention                       | Description   |
|---|---|
| <b>Synar</b>                                |   |
| <b>Community Education and Mobilization</b> | Identify and partner with community partners to develop, educate and plan strategies to reduce youth access to tobacco and tobacco retailer training.   |
| <b>Merchant Education</b>                   | Identify, contact and visit tobacco retail outlets to provide information and materials (retailer information) on youth access to tobacco laws. NOTE: This includes tobacco surveys that are used to mobilize community partners to reduce youth access to tobacco. |
| <b>Law Enforcement Related Activities</b>   | Contact and assist local law enforcement/ALE officers to conduct tobacco compliance checks  |
| <b>Media and Public Relations</b>           | Collaborate with community partners and/or youth organizations to increase awareness and publicize youth access to tobacco laws, penalties and compliance inspection results and recruit/publicize merchants who pledge not to sell tobacco products to youth       |

## Prescription Drug Interventions:

| Strategy/Intervention   | Description  |
|---|--|
| <b>Safer Prescriber Training (to include PDMP Registration/utilization efforts)</b> | Training for prescribers to learn about safer prescribing options and use of the CSRS NC’s prescription drug monitoring program collects controlled substance prescription data for prescribers and dispensers in order to improve patient care and safety while avoiding potential drug interactions and identifying individuals in need of referral to treatment services  |
| <b>Lock Your Meds</b>   | Campaign to promote safe medication and storage disposal through a combination of media messages, print materials and efforts to increase the availability of medication locking mechanisms; must be combined with at least one Secure Medication Storage and Safe Disposal Strategy   |
| <b>Secure Medication Storage and Safe Disposal</b>                                  | <p>Strategies focused on reducing access to prescription medication through promoting safe medication storage and safe disposal of medications.</p> <p>This strategy could include, but is not limited to:</p> <p>Lockbox Distribution: Distribution of medication lock boxes for families at increased risk of prescription medication misuse including, but not limited to: emergency department patients, foster families and WIC participants</p> <p>Locking cabinet installation: Locking cabinets provides safe and responsible ways for people to store prescription drugs kept in their homes</p> <p>Permanent Medication Drop Box: Secure storage boxes, located in law enforcement offices or pharmacies, where individuals can safely dispose of no longer needed medication</p> <p>Take Back Events: Events organized with law enforcement to collect and safely dispose of no longer needed medications</p> <p>Chemical Medication Disposal: Distribution of chemical medication disposal kits: containers used to chemically dissolve medications at places such as, but not limited to: end of life/late in life serving organizations (i.e. hospice, funeral homes, assisted living centers)</p> |



## Alcohol Interventions

| Strategy/Intervention                           | Description  |
|---|--|
| <b>Alcohol Education/Enforcement Strategies</b> |  |
| <b>Retailer Alcohol Compliance Checks</b>       | This strategy is focused on reducing underage retail access to alcohol. Support for Alcohol Compliance Checks: Enforcement effort to identify, educate and potentially penalize alcohol establishments that sell alcohol products to underage youth  |
| <b>Alcohol Purchase Surveys</b>                 | Alcohol purchase <b>surveys are NOT a law enforcement activity</b> and can be performed without the assistance of law enforcement as a youthful-looking young adult attempting the “purchase” ( <b>no alcohol will actually be purchased</b> ) must be at least 21 years of age. Prevention providers should conduct off-premise surveys only, unless written approval has been given and additional training received. They are educational activities to identify alcohol establishments that would sell alcohol to youthful appearing adults without checking for proper identification |
| <b>Social Host</b>                              | Local ordinance holding adults responsible for “hosting” (knowingly providing) a place for underage drinking to occur. “Social host” is a term for an adult allowing underage drinking on property he/she owns, leases or controls.  |
| <b>Responsible Beverage Service Training</b>    | Training to educate owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth and/or intoxicated patrons (Responsible Alcohol Sales Training (RAST) and Be a Responsible Server/Seller (BARS) Training) Ideally, this is done in connection with compliance checks.  |
| <b>Publicized Sobriety Checkpoints</b>          | Publicized sobriety checkpoint programs are a form of high visibility enforcement where law enforcement officers stop drivers systematically to assess whether they are alcohol-impaired. Media efforts are critical to publicize programs. The program goal is to reduce alcohol-impaired driving by increasing the public's perceived risk of arrest while also arresting alcohol-impaired drivers identified at checkpoints. Publicized sobriety checkpoints are allowable in NC and must be conducted with law enforcement.  |
| <b>Talk it up, Lock it up</b>                   | Campaign to promote communication about alcohol use and alcohol storage through a combination of media messages, print materials and efforts to increase the availability of alcohol locking mechanisms; must be combined with Alcohol Safe Storage Initiatives.   |
| <b>Alcohol Safe Storage Initiatives</b>         | Strategies focused on reducing access to alcohol through secure storage. Methods for implementing this strategy could include Lock Distribution or Locking Cabinet Installation  |

## MULTI-SUBSTANCE STRATEGIES

### Youth and Parent Family Education

*Education for youth and parents aimed at decreasing ATOD use by youth by increasing refusal/resistance skills of youth and increasing parental communication and monitoring*

|  |  |
|--|--|
| <b>Substances addressed:</b>   | <b>All, depending on the curriculum</b>  |
| <b>Target population/context:</b>  | Youth and Parents/Guardians  |
| <b>General Capacity Considerations:</b>  |  |
| <b>Fiscal:</b>   | Money for materials, curriculum, training (as necessary)   |
| <b>Human:</b>  | Staff or implementer training<br>Recommended Staff Skills: People who work well with youth and/or parents, possess classroom management skills and/or group facilitation skills, communicate well with parents/guardians, teachers, administration and/or other staff and are willing to learn basic prevention principles |
| <b>Organizational</b>  | Agreements in place between agency and schools/organizations outlining roles/responsibilities, dates, shared resources etc.  |
| <b>General Readiness Considerations:</b> Support from school and/or other community partners to allow entry into the school or other setting |  |

### **Best Practice Steps:**

#### PLANNING:

***NOTE: YE is allowable during planning with any YPE intervention.***

1. The prevention provider must receive approval for each curriculum
2. Each prevention provider delivering the program has completed Youth Prevention Education (YPE) training
3. Each prevention provider delivering the program has meet required developer training requirements, as necessary

#### IMPLEMENTATION:

***\*YE not allowed: youth should not be implementing evidence-based programs unless allowable by the specific program or developer.***

1. The prevention provider must deliver an education program with:
  - a. The prescribed number of required core curriculum sessions
  - b. The core curriculum implemented in the appropriate setting as recommended by the program developer

- c. All sessions at least 30 minutes long
- d. All sessions delivered no more than two times per week for all programs
- e. For additional information please refer to:  
<https://ncpreventionta.zendesk.com/hc/en-us/articles/360049271412-YPE-Supplemental-Information-Detail-Grid>

**EVALUATION:**

Reach: Count all participants one time per program, the first time they attend Part B in ECCO: Locations should be provided for Prevention Education Programs.

ECCO Process Data to Collect:

- Projected Start/End Date
- Groups/populations served
- Format
- Recurring Intervention (Y/N)
- Number of groups started/completed
- Number of sessions implemented
- Number of youth completing 80% of sessions

ECCO Briefcase Process information to collect:

- Email/letter of approval for each curriculum (not to be uploaded annually)
- YPE certificate (not to be uploaded annually)
- Developer training certificate (not to be uploaded annually)
- Attendance logs for each curriculum
- Number of sessions, setting, length and dates of delivery for each curriculum delivery (i.e. schedule, plan)

**YPE Support**

Supporting, monitoring, and providing technical assistance to individuals within the community who have been trained to properly deliver and implement YPE with fidelity and best practices

**Best Practice Steps:**

1. Prevention providers determine the readiness or need for YPE within a school or community environment.
2. Prevention providers will recruit participation from adults (teachers, after school providers, etc) within those community sectors that are responsible for providing education to the target audience of a needed curriculum.
3. Prevention providers will train or assist appropriate individuals within the community (i.e. teachers, afterschool providers, etc) to gain access to curriculum training or resources.

4. Prevention providers will monitor, support, provide technical assistance, and encourage fidelity for proper implementation and delivery of a YPE curriculum according to state standards, developer requirements, and best practices.
5. Prevention providers will collect needed attendance, schedules, and completion records from curriculum for statewide reporting.

**EVALUATION:**

Reach: Count all participants one time per program, the first time they attend Part B in ECCO: Locations should be provided for Prevention Education Programs.

Count volunteers, staff, teachers, administrators trained one time. Provide a description of the work within the Actions Taken

ECCO Process Data to Collect:

- Projected Start/End Date
- Groups/populations served
- Format
- Recurring Intervention (Y/N)
- Number of groups started/completed
- Number of sessions implemented
- Number of youth completing 80% of sessions

ECCO Briefcase Process information to collect:

- Email/letter of approval for each curriculum (not to be uploaded annually)
- Letter of Agreement or MOU with partnering school or community agency
- Developer training certificate (not to be uploaded annually)
- Attendance logs for each curriculum
- Number of sessions, setting, length and dates of delivery for each curriculum delivery (i.e. schedule, plan)
- Technical assistance plan or meeting minutes
- Fidelity Checklist

## Communication Campaigns (Social Norms/Support for Prevention)

Communication campaigns utilize purposeful promotional strategies to change norms, behaviors, and policies, both formal and informal, in a specific audience via marketing and advertising techniques) Examples could include secure storage, locking up cabinets

Please utilize the following tools to further support best practices within communication campaign implementation:

Effective Substance Use Prevention Communication Campaigns Information Guide Series

Communication Campaigns: Focus Group Guide for Message and Channel Testing

Located at: Home Page Campaign Box (<https://ncpreventionta.zendesk.com/hc/en-us>)

|  |   |
|--|---|
| <b>Substances addressed:</b>   | <b>Any, depending on the campaign</b>   |
| <b>Target population/context:</b>  | Youth, Parents and the Community, depending on the campaign   |
| <b>General Capacity Considerations:</b>  |   |
| <b>Fiscal:</b>   | Money for material creation/design and testing  |
| <b>Human:</b>  | Staff and volunteer training<br>Recommended Staff Skills: People who can communicate effectively with schools, policy makers, local law enforcement and youth/adult volunteers (depending on the nature of the campaign), understand and utilize data for planning, have access and/or knowledge about creating media and are willing to learn basic prevention principles<br>Adult and youth volunteers to plan, set-up and implement the campaign |
| <b>Organizational</b>  | Technology resources (for social media components)<br>Survey evaluation   |
| <b>General Readiness Considerations:</b> Support from school or other community partners to allow entry into the school or other settings; Support from policy makers and local law enforcement (when changing/enforcing/promoting policy) |   |

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.
2. Prevention providers must identify the target audience.
3. Prevention providers have collected reliable baseline survey data from the target audience. (Note: data must be collected at least once every 3 years to assist in the

refinement of campaign messages and measure progress toward the achievement of objectives)

4. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.
5. Prevention providers have created campaign materials that do not include moral or fear appeals (ex. images intended to scare or shock viewers, such as mock crashes, etc.) Or reviewed and utilized current materials that exist
6. Create a timeline including a marketing plan for distribution of messages
7. Prevention providers have collected feedback about campaign messages and materials from a representative sample of the target audience.
8. Prevention providers have tested messages and channels locally

#### IMPLEMENTATION:

1. Using the marketing plan, prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.)
2. Prevention providers have distributed messages through sources that are popular and credible with the target population.
3. Prevention providers have released campaign materials at least once every six weeks for 9 consecutive months.
4. Prevention providers have distributed messages using supplemental methods (e.g. contests, promotional materials etc.) at least once every 3 months for 9 consecutive months
5. Integrate process evaluation for the campaign. (Within the Actions Taken section in ECCO describe how the campaign effectiveness and outcomes were evaluated and how evaluation information was disseminated.)

#### EVALUATION:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

ECCO Process Data to Collect:

- Number and type of partnerships with community sectors
- Target audience
- How audience is engaged in the campaign development and/or implementation
- Target for your communication campaign
- Type of policy for implementation, modification, or enforcement
- Communication Campaign name
- Number and type of campaign materials (Media Sources and reach)

ECCO Briefcase Process information to collect:

- Training Certificate
- Collection of baseline survey data
- Number and list of campaign objectives (measurable): Include why these were selected and the data source used (specifying new or existing data)
- Number of feedback (i.e. ballot testing, focus groups etc.) collected on messages and materials with summary
- Schedule for Campaign release with media sources listed
- Campaign Timeline (including campaign development, implementation and evaluation plans)
- Examples of campaign materials (specifying the messages)
- Process for developing new materials/choosing materials
- Minutes for Planning
- Methods for Distribution of campaign messages (Channels)

## Policy Strategies

*Strategies designed to establish, review, change or enforce ATOD policies in communities and schools Used to address multiple substances.*

|   |   |
|---|---|
| <b>Substances addressed:</b>  | <b>Any, depending on effort</b>   |
| <b>Target population/context:</b>   | Schools, Youth, Parents, Community, Retailers, Servers/Sellers  |
| <b>General Capacity Considerations:</b>   |   |
| <b>Fiscal:</b>  | Incentives for youth volunteers (food, small stipend, gift card etc.)   |
| <b>Human:</b>   | Staff training, staff/volunteer time<br>Recommended Staff Skills: People who can communicate effectively with parents, law enforcement, retailers and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles |
| <b>Organizational</b>   | Well-designed plans in place that do not violate state or local law and that ensure participation and involvement   |
| <b>General Readiness Considerations:</b> Coalition/collaborative/group, school, business and/or community support for each policy event |   |

## Establish, Review or Change School ATOD Policies

*Well-written and enforced school ATOD policies prevent and/or decrease the use of ATOD on school property and/or during school-sponsored events and promote fair consequences for all persons who violate policies. It is important that all school administration consider reviewing, changing and/or establishing ATOD policies on a regular basis to ensure effectiveness.*

### **Best Practice Steps:**

#### PLANNING:

1. The prevention provider will research existing policies, if any, and identify policies that need to be changed/modified to achieve the objective
2. The prevention provider will engage/partner with schools and other community partners responsible for establishing or changing school policies



## IMPLEMENTATION:

1. When reviewing, establishing or changing school policies, consider that a comprehensive school policy should:
  - a. Clearly define the population to which the policy applies (students, staff and/or visitors)
  - b. Clearly define where the policy applies (school building, grounds, vehicles on grounds, school-sponsored, off campus events such as athletic events and field trips)
  - c. Clearly define what substances are prohibited and what constitutes “use” and/or “possession”
  - d. Communicate the policy to all affected populations (e.g. students, staff, visitors, parents) on a regular basis-at minimum annually. Encourage schools to mandate that everyone (faculty, staff, students, parents) acknowledge that they have read and understand the policy.
  - e. Schedule a periodic review of the policy (at least every two years)
  - f. Clearly state consequences of first and subsequent policy violations that include opportunities for intervention and/or treatment as alternatives to suspension/expulsion
  - g. When implementing intervention as a consequence of policy violation, ensure the following:
    - i. Substance abuse assessment is completed by someone with training to complete an assessment
    - ii. Ensure confidentiality for those who are assessed and participate in substance misuse intervention
    - iii. One-to-one counseling is provided rather than group counseling if education rather than treatment is the intervention goal
  - h. Incorporate provisions for prevention, intervention, treatment and return to use prevention

## EVALUATION:

Reach: If the policy is established or changed for staff, count school staff

If established or changed for students, count students impacted

If the policy is reviewed, count the people reviewing the policy

For population-based reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

ECCO Process Data to Collect:

- Number and type of school policy researched
- Number of new policies/protocols/ordinances enacted
- Number of policies/protocols/ordinances in planning/production?
- Number of planning meetings with school and other community partners
- Number of violations/Type of violations (specific drug, location etc.)

- Number of new partners/organizations/agencies
- Number of policy makers contacted
- If partner training is needed:
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
  - Format of the training (Training for Environmental Influencers)
  - Type of new groups trained (Training for Environmental Influencers)
  - Training Topic (Training for Environmental Influencers)
- If enforcement of the policy/protocol is involved:
  - Number of new organizations/agencies engaged with supporting enforcement
  - Type of agencies supporting enforcement
  - Type of policy enforcement supported
  - How the policy enforcement was supported

ECCO Briefcase Process information to collect:

- Minutes
- Copy of new or modified school policy

### Establishing, reviewing or changing community and/or workplace ATOD policies

*Workplace policies to prevent the use and misuse of ATOD at the workplace; during work time and/or during workplace sponsored events and activities. Policies should promote fair and consistent consequences and resources for all persons who violate policies. Could Include: Drug Testing policies, Impairment while working, substance use on work property or work events, referral system for employees, Hospital/Clinic employee theft of prescription drugs, etc.*

*Community policies to prevent the use and/or misuse of ATOD in the community. Policies should promote fair and consistent consequences for all persons who violate policies. Community and/or workplace policies could include, but are not limited to, Modifying Alcohol and Tobacco Advertising Policies, Restrictions on Hours and days of sale or Restrictions on Drinking promotions. Support should be requested from the state on specific policy work as these best practice steps are broad to encompass the fundamental steps for all policy work.*

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will engage/partner with communities and/or workplaces responsible for establishing or changing community and/or workplace policies. Some policy work may require specific partners, such as law enforcement, policy makers, or other agencies.
2. Prevention providers will research existing policies, if any, and/or identify policies that need to be changed/modified to achieve the objective based on local data

3. Prevention providers will partner with others to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of potential advertising issues at tobacco and alcohol retailers if needed.
4. Prevention providers will assist communities and/or workplaces in choosing and developing written protocols/procedures with consequences for violations.
5. Prevention providers will assist partners in choosing and developing written protocols/procedures and consequences for violations based on local data (i.e. the environmental scan).

For Advertising policies they could include, but are not limited to: prohibiting alcohol advertising within close proximity (500 ft. or less) to youth oriented locations including schools, playgrounds and churches; limiting the amount of alcohol/tobacco advertising inside and outside of windows (with a certain percentage limit); limits on promotional items to anyone 21 years or older (such as giveaways as a result for winning a contest at fairs and/or community events); prohibiting the distributing of promotional materials at commercial or civic events to anyone under 21 years old. Ensure policies are carefully crafted to address the specific identified issue supported by data, and be aware of potential preemption issues.

6. Prevention providers will assist communities as necessary in advocating for and receiving support for the written protocols/procedures for community ATOD policies from appropriate city/local governance as necessary. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy.

#### IMPLEMENTATION:

1. Prevention Providers will assist communities/agencies in adopting and finalizing policy/protocol integration.
2. Prevention providers will assist communities and/or workplace in reviewing and/or monitoring the enforcement of policies and report violations as necessary.

#### EVALUATION:

Reach: Varies depending on the nature of the policy. Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz:

[mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

ECCO Process Data to Collect:

- Number of partnerships created to work on community and/or workplace policy
- Number of policies researched/reviewed
- Number of new policies/protocols/ordinances enacted
- Number of policies/protocols/ordinances in planning/production
- Number of policy makers contacted
- If enforcement of the policy/protocol is involved:

- Number of new organizations/agencies engaged with supporting enforcement
- Type of agencies supporting enforcement
- Type of policy enforcement supported
- How the policy enforcement was supported
- Number of violations, as necessary (for community policy efforts only)
- If partner training is needed:
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
  - Format of the training (Training for Environmental Influencers)
  - Type of new groups trained (Training for Environmental Influencers)
  - Training Topic (Training for Environmental Influencers)

ECCO Briefcase Process information to collect:

- Copy of new or modified policy
- Written protocols/procedures for community and/or workplace policy
- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Meeting Minutes
- Readiness Survey feedback (if applicable)
- Summary of policies

### Festival/Event Restriction

*Restrictions at community events include policies that control the availability and use of alcohol or tobacco at public venues such as concerts, fairs/festivals and sporting events. Other policies could include, but are not limited to, Modifying Alcohol and Tobacco Advertising Policies, Restrictions on Hours and days of sale or Restrictions on Drinking promotions.*

*Support should be requested from the state on specific policy work as these best practice steps are broad to encompass the fundamental steps for all policy work. **NOTE:** It is highly recommended that festival and event restrictions be paired with Responsible Beverage Service Training and Alcohol Compliance Checks.*

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will engage/partner with agencies/individuals responsible for planning/implementing Festival/Event restrictions to assess readiness/support. Evidence of no readiness could be strong business or political groups opposing alcohol restrictions at community events. If no readiness exists, count as community based processes work (consider gathering information about any problems associated with

specific events by contacting local police, facility managers, security personnel, event coordinators and business and property owners near the event) until support is in place.

2. Prevention providers will assist partners in choosing and developing written protocols/procedures for festival/event restrictions (and consequences for violations) including, but not limited to: restricting and/or limiting alcohol/tobacco at youth-oriented and family events; prohibiting alcohol sales at specific venues popular with young people; designating alcohol-free days or periods of time within longer events such as community fairs; establishing restricted alcohol sections at special events where young people are not permitted to enter; prohibiting participants from bringing alcohol into events; requiring responsible beverage service management policies and training for staff at each event; security considerations such as how to handle intoxicated drinkers, banning alcohol consumption in parking lots and monitoring parking lots; limiting cup size, using cups for alcohol beverages that are different than non-alcoholic cups, limiting the number of servings per person/per purchase to one or two at a time, stop selling alcohol at least one hour prior to closing; modifying alcohol and tobacco practices, Restrictions on Hours and days of sale or Restrictions on Drinking promotions
3. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for festival/event restrictions from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of ways to address those that may not support the policy

#### IMPLEMENTATION:

***\*YE is not allowable in Steps 3 and 4 below.***

1. Prevention providers will assist partners in festival/event setup including, but not limited to: set up of non-drinking areas, posting alcohol restriction or warning posters; providing registration and logistical support for responsible beverage service training for servers and sellers prior to the event
2. Prevention Providers will assist partners with formalizing and adopting protocols/procedures/policies with signage, policy handbooks, event marketing, etc.
3. Prevention providers will assist partners in festival/event participation/staffing as necessary ***\*YE is not allowable in this step.***
4. Prevention providers will collect information from local law enforcement facility managers, security personnel, event coordinators and business and property owners near the event concerning any problems associated with specific events including, but not limited to: intoxicated patrons, fighting/assaults, noise disturbances, litter/trash on property, traffic and parking issues, property damage or vandalism and public urination for documentation about the nature/extent of issues (and for comparison over time and use in planning each similar event). ***\*YE is not allowable in this step.***

## EVALUATION:

Reach: Count individuals reached unless you cover the catchment area.

Population reach varies depending on the nature of the policy. Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

Counting will vary depending upon type of festival/event restriction. To count the catchment area population, at least 90% of festivals and events must include restrictions. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify a smaller catchment area, use the interactive Population Map to identify census tracts or block groups, <https://www.census.gov/2010census/popmap/>.

Use the reach tool to calculate the population impacted.

This should only count youth not captured by Responsible Beverage Service Training, alcohol compliance checks, or safe stores.

ECCO Process Data to collect:

- Number of planning meetings
- Number of protocols/procedures/policies adopted
- Number of protocols/procedures/policies modified
- Number of people who registered/attended RBS training for event servers/sellers
- Number of alcohol/tobacco related-issues at each event/violations
- Number of new partners/organizations/agencies
- Number of policy makers contacted
- If partner training is needed:
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
  - Format of the training (Training for Environmental Influencers)
  - Type of new groups trained (Training for Environmental Influencers)
  - Training Topic (Training for Environmental Influencers)
- If enforcement of the policy/protocol is involved:
  - Number of new organizations/agencies engaged with supporting enforcement
  - Type of agencies supporting enforcement
  - Type of policy enforcement supported
  - How the policy enforcement was supported

ECCO Briefcase Process information to collect:

- Copy of new or modified policy
- Written protocols for each event

- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Meeting Minutes
- Readiness Survey feedback (if applicable)
- Summary of violations
- Follow-up process

### Safe Stores (Support for Policy)

*Businesses who agree to/sign a pledge not to sell alcohol or tobacco to youth including checking for proper identification, training employees, and creating/following policies with consequences for violations. **Note: Safe Stores must include participation in Responsible Sales***

***Training/Responsible Beverage Service Training, the creation of store policies, media, either compliance checks or purchase surveys, and recommendation to promote retailer mystery shopper programs and Use of ID Scanners. \*Be careful of ID scanners, and do not provide that the use of them creates a defense for the retailer. Scanners should not become a substitute for engaging in good ID verification.***

|   |   |
|---|---|
| <b>Substances addressed:</b>  | <b>alcohol, tobacco and prescription drugs for store pledge</b>   |
| <b>Target population/context:</b>   | Parents and retailers, servers/sellers or medication dispensers   |
| <b>General Capacity Considerations:</b>   |   |
| <b>Fiscal:</b>  | Money for materials, promotion and/or incentives, as necessary  |
| <b>Human:</b>   | Trained staff, adult and youth volunteers<br>Recommended Staff Skills: People who can communicate effectively with parents, retailers and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles<br>Media coverage and/or promotion of businesses that are identified as “Safe Stores” pledges |
| <b>Organizational</b>   | Well-designed process to ensure participation and involvement   |
| <b>General Readiness Considerations:</b> Community support and buy-in for not providing and/or selling alcohol/tobacco and/or other prescription drugs to youth |   |

## **Best practice steps:**

### PLANNING:

1. Prevention providers will work with partners to create a comprehensive Safe Stores Pledge and protocols/plans for recognition, follow-up, and monitoring to ensure proper adherence to the pledge by business owners.
2. Safe Stores Pledges should include the following:
  - a. Commitment for employees to check for proper IDs for all appearing younger than 30
  - b. All employees will attend a Responsible Beverage Service training or similar approved training
  - c. Creating, revising, or enforcing selling policies with consequences for violations.
  - d. Participation in purchase surveys and/or compliance checks.

*(Review best practice steps for RBS training, purchase surveys and compliance checks for more information about prevention provider's role)*

3. Prevention providers will create a recognition plan, which includes a list of media sources, messages for recognition, and a timeline for media messages.
4. Prevention providers will create a list of local businesses who sell alcohol, tobacco and/or dispense prescription drugs and schedule visits with store managers or decision makers to garner support for Safe Stores pledges.
5. Prevention providers will engage/partner with local organizations and/or businesses to promote and recruit businesses for Safe Stores pledges. Businesses agreeing to pledges will commit to all pledge requirements previously outlined.

### IMPLEMENTATION:

1. Prevention providers will engage/partner with local organizations and/or businesses to obtain signatures for Safe Stores pledges. Consider several outreach events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months during which underage use of substances may increase.
2. Prevention providers will engage/partner with local organizations/media to publicize which businesses have signed the Safe Stores pledges according to the recognition plan created.
3. Prevention providers will engage/partner with local organizations to assist businesses, as necessary, in promoting and/or registering employees for RBS training, providing information about responsible selling policies
4. Prevention providers will utilize their follow-up and monitoring protocols/plans to check in with outlets to ensure adherence to the pledge including but not limited to: conducting alcohol purchase surveys and encouraging local law enforcement/ALE to conduct compliance checks.
5. Prevention providers will assist with creation of internal store policies if needed and recommend retailer mystery shop programs and the use of ID scanners.



## EVALUATION:

Reach: Population reach varies depending on the nature of the policy. Count those individuals trained. Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)  
Count 16–20-year-olds in the catchment area for Safe Stores policies focused on alcohol sales policy enforcement and 16-20-year-olds for policies focused on tobacco and alcohol sales policy enforcement

### ECCO Process Data to Collect:

- Number of businesses outreached/completed a Safe Store pledge
- Number and Type of positive media related to Safe Stores (Media Reach)
- Number of businesses adhering to safe store guidelines (annually)
- Number of businesses who passed/failed alcohol purchase surveys/compliance checks (record under Retailer Alcohol Compliance Checks)
- Number of policies created/modified
- Number of employees participating in Responsible sales training (training of environmental influencers)
- Number of retailers using ID scanners
- Number of retailers participating in mystery shop programs
- Number of new partners/organizations/agencies

### ECCO Briefcase Process information to collect:

- Planning Minutes
- Plan (Follow-up, Monitoring, Recognition)
- Recruitment/Outreach tools
- Pledge
- Media example
- List of employees registering for a training
- Follow-up retail manager information

## TOBACCO STRATEGIES

Synar:

*Federal law prohibits the sale and distribution of tobacco products to individuals under the age of 21. North Carolina state law prohibits the sale and distribution of tobacco products to individuals under the age of 18.*

| <b>Substances addressed:</b>  | <b>Tobacco</b>   |
|---|--|
| <b>Target population/context:</b>   | Tobacco retailers/merchants  |
| <b>General Capacity Considerations:</b>   |  |
| <b>Fiscal:</b>  | Incentives for young adult volunteers (food, small stipend, gift card etc.) as necessary/allowable   |
| <b>Human:</b>   | Trained law enforcement, adult, and young adult volunteers<br>Recommended Staff Skills: People who can communicate effectively with retailers, local law enforcement and young adult volunteers, possess group facilitation skills when working with community groups, are willing to learn youth access to tobacco state laws and basic prevention principles |
| <b>Organizational</b>   | Well-designed process in place that does not violate state or local law  |
| <b>General Readiness Considerations:</b> Community support from law enforcement, policy makers and businesses |  |

### Synar: Community Education and Mobilization

*Identify and partner with community partners to develop, educate and plan strategies to reduce youth access to tobacco.*

**Best Practice Steps:** *(These steps are NOT Recorded in ECCO but are the state protocols. These first describes overall best practices steps for community education and mobilization and then details best practice steps for tobacco purchase surveys.)*

#### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of community partners who share the goal of reducing youth access to tobacco products. If no readiness exists, count as community-based processes work until support is in place.

2. Prevention providers will engage in planning with partnering agencies (to develop strategies to reduce access to tobacco) in their service area(s). **Note: Prevention providers cannot pay for tobacco enforcement activities.**

#### IMPLEMENTATION:

1. Prevention providers will provide information on youth access (i.e., laws, penalties) to policy makers, community leaders, youth, and civic groups to educate and actively involve them in efforts to reduce youth access to tobacco products.
2. Assisting in coordination and recruitment of store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations of the youth access to tobacco law(s) will be recruited to attend the training.

#### EVALUATION:

Reach: Count collaborative members as well as community education participants. This includes people reached trying to develop law enforcement relationships.

Must pair with merchant education and/or law enforcement, as such youth reach is counted there.

Reach is counted per fiscal year.

#### ECCO Process Data to collect:

- Community Partners identified: Number of new partners and status
- Community leadership: Number of meetings & type of strategies
- Community Education information: What groups did you provide information to
- Number of retailer training workshops offered in conjunction with local law enforcement
- Number of participants in retailer education workshops
- Number of retailers attended (who violated youth access to tobacco laws)

#### ECCO Documentation to Upload:

- Training PowerPoint if used or other Presentation materials
- Meeting minutes to show planning efforts
- Training Agenda
- Marketing Materials

## Synar: Merchant Education

*Identify, contact, and visit tobacco retail outlets to provide information and materials (Check ID handouts and decals, retailer training cards, and NC Online Tobacco Retailer Training Program information) on youth access to tobacco laws. This strategy includes tobacco purchase surveys.*

### **Prevention providers must adhere to the following protocol, effective 07/01/2022:**

#### Merchant education visit #1

- Check ID handout and retailer training card – **Required dissemination**
- We Check ID window decal
  - Providers are required to offer/request permission for decal to be posted
  - Providers should note establishments that decline decals and staff justification (i.e., corporate office approval required)

#### Merchant education visit #2

- We Check ID window decal
  - During follow-up visits/rechecks, providers are required to check for visibility of posted window decals

**Best Practice Steps:** *(These steps are NOT Recorded in ECCO but are the state protocols.)*

#### PLANNING:

1. Prevention providers will ensure they have adequate materials (i.e., We Check ID window decal, Check ID handout, and retailer training card), accessible via the AlphaGraphics ordering portal: <http://us398.agstorefront.com/ustore/36/home>. Effective 07/01/2022, providers will be required to adhere to the following merchant education material dissemination protocol:
  - a. Check ID handout and retailer training card – **Required dissemination**
    - i. Providers are strongly encouraged to provide handouts and retailer training cards for each staff.
    - ii. Example – Manager or clerk indicates that there are a total of 8 staff (including managers and clerks) employed at the establishment and 2 breakrooms. Provider may offer 10 Check ID handouts and 10 retailer training cards to ensure sufficient materials for each staff and posting in each breakroom area.
  - b. We Check ID window decal
    - i. Providers are required to offer/request permission for decal to be posted.
    - ii. Providers should note establishments that decline decals and staff justification (i.e., corporate office approval required) in the Add Visit Note section of the Merchant Education Form.
2. Prevention providers will use their tobacco retailer lists within the merchant tracker in ECCO to plan merchant education efforts.

3. Prevention providers will ensure the person who talks to merchants (adult volunteers, staff, or youth, etc.) is knowledgeable and well versed in NC youth access, Federal Tobacco 21 laws and merchant education material information.

Tobacco Laws:

<https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>

[https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter\\_14/gs\\_14-313.html](https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_14/gs_14-313.html)

IMPLEMENTATION:

1. Prevention providers will contact tobacco retail outlets in their area(s) to ensure they have received specific information (i.e., merchant education materials) on their responsibilities, as they relate to the sale of age-restricted tobacco products.
2. Prevention providers, if applicable, will partner with community youth groups to visit tobacco retail outlets in their area(s) to provide information and materials (i.e., We Check ID window decal, Check ID handout, and retailer training cards) to comply with the law.
3. On the day of the visit, prevention providers and/or volunteers will wait for an opportunity to speak to the most responsible person on duty (suggested visit hours are between 10am-2pm).
4. Prevention providers and/or volunteers will introduce themselves and state the purpose for the visit (to provide education on youth access laws and offer free merchant education materials/training) and will ask to speak to an owner, manager, or assistant manager.
5. Prevention providers and/or volunteers will conduct a brief 1–3-minute conversation with the employee (or manager, if available) about the following information:
  - Asking for a valid form of identification such as a driver’s license, state ID card, military ID, or passport.
  - Ensuring the picture matches and birth date states the purchaser is 21 or older.
  - Promoting the free, North Carolina Online Tobacco Retailer Training Program and provide retailer training cards.
  - Reminding that NC law makes it illegal to sell, give, or distribute electronic or e-cigarettes to anyone under the age of 18. Federal Tobacco 21 law applies to all retailers nationally that sell tobacco.
  - Checking ID for anyone purchasing tobacco products that appears to be under the age of 27.
6. Prevention providers and/or volunteers will encourage the Manager/Assistant Manager/Owner, if available, to:
  - Ensure tobacco products are not easily accessible and/or available to youth.
  - Educate themselves on tobacco laws.
  - Establish policies and procedures for selling tobacco products and encourage every employee to read and sign the policies before they start selling tobacco products.

- Offer routine employee training to help employees comply with tobacco laws, which includes detecting fake IDs, refusing sales to minors, and penalties for violating the law.
7. Prevention providers and/or volunteers will consider reporting violations, as necessary, to the ALE or FDA. Issues of concern/violations include stores selling single cigarettes, commonly referred to as loosies, tobacco products by the cash register, etc.
  8. Prevention providers will complete a North Carolina Tobacco Merchant Education form for each tobacco retailer visited.
  9. Prevention providers will enter the information from the North Carolina Tobacco Merchant Education form into the ECCO merchant tracker under Part 1 Merchant Education Visit.
  10. Prevention providers will add new merchants identified and keep their tobacco retailer lists updated in the ECCO merchant tracker.
  11. Prevention providers will not visit tobacco retailers more than twice in a fiscal year unless warranted (i.e., additional merchant education materials requested, etc.).
  12. Prevention providers will be intentional in conducting merchant education by choosing one of the following approaches:
    - Provide merchant education for tobacco retailers with violations on FDA website: <https://www.accessdata.fda.gov/scripts/oc/inspections/index.cfm>
    - Administer merchant education for 90% of retail outlets in a given area (zip code, city, county, census tract/block, etc.) to count all the 16–20-year-olds in that census unit.

#### EVALUATION:

Reach: Count those trained and conducting merchant education, excluding staff and clerks receiving merchant education. Count merchants trained in their age categories and the 16–20-year-olds in your merchant education catchment area, if done comprehensively.

To count the catchment area population, at least 90% of the retail establishments must be trained. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <https://www.census.gov/2010census/popmap/>. Use the reach tool to calculate the population impacted.

Use the reach tool to translate census demographics to block grant reporting categories. The reach tool can be found at the [TTA Center reach tool](#).

ECCO Process Data:

- Completion of Merchant Tracker information
- Process data in ECCO: Including all business information, visit outcome, materials provided, education provided.

- Number of tobacco retail outlets visited
- Number of adult and youth volunteers

ECCO Documentation to upload:

- Certificate of completion of merchant education training
- Active Roster of youth group participants if used

### **Tobacco Purchase Surveys:**

Tobacco purchase surveys are NOT a law enforcement activity and unlike compliance checks, can be performed without the assistance of law enforcement as a youthful-looking young adult attempting the “purchase” (no tobacco will actually be purchased) must be at least 21 and older. Prevention providers should conduct surveys only, as described below, unless written approval has been given and additional training received in order to conduct additional types of surveys.

**Best Practice Steps:** *(These steps are NOT Recorded in ECCO, but are the state protocols that can be found at <https://ncpreventionntta.zendesk.com/hc/en-us/sections/360002264791-SYNAR-Updates-and-Protocols->.) Must follow the purchase survey cycle that is addressed under implementation section. NOTE: TPS must be paired with Follow Up/Merchant Education and additional rounds of surveys in order to assess impact of the strategy.*

### **PLANNING:**

1. Prevention providers will attend a DMH approved Purchase Survey training prior to planning and implementation and must complete an acknowledgement and/or produce a training completion form for anyone listed conducting purchase surveys.
2. Prevention providers will schedule time to receive localized (ongoing) technical assistance prior to planning and implementation of TPS as outlined in the Purchase Survey training.
3. Prevention providers will utilize information from Purchase Survey training and technical assistance meetings to formalize their own localized policies, procedures and training manual for this strategy. This includes, but is not limited to: safety procedures, insurance/liability requirements, age testing and volunteer training protocols, data collection methods, etc.
4. Prevention providers will determine the location of all outlets (i.e. supermarkets, gas stations, vape/tobacco stores, etc.) in their service area. Selection of survey sites will depend on factors outlined below.

**Comprehensive TPS:** used to assess the overall retail landscape in your community. Start with the FDA violation list at the following link:

[https://www.accessdata.fda.gov/scripts/oc/inspections/oc\\_insp\\_searching.cfm](https://www.accessdata.fda.gov/scripts/oc/inspections/oc_insp_searching.cfm). Synar violator list can be provided by Contractor upon request.

- a. The approximate number of surveys to be conducted in the Comprehensive Tobacco Purchase Survey rounds should be calculated by using the chart below.

NOTE: In order to count service area wide reach (i.e. all of a catchment area, county, city or zip code), at least 90% of the retail establishments in that geographic area must be surveyed and receive a follow up visit/merchant education. Review the chart below and under EVALUATION for more details.

|  |                                      |                                |                                |                                |                                |                                 |                                 |                                 |                                 |                                 |
|--|--------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Total # of outlets in your service area</b><br><i>(not including Vape/tobacco Stores)</i>   | less than 25                         | 25+                            | 50                             | 75                             | 100                            | 150                             | 200                             | 250                             | 300                             | 600                             |
| <b>Required # of outlets to survey when counting individual merchants reached</b><br><i>(Comprehensive sample of outlets + all Vape/tobacco)</i>                         | All Outlets<br>+all vape/<br>tobacco | 23<br>+all<br>vape/<br>tobacco | 45<br>+all<br>vape/<br>tobacco | 61<br>+all<br>vape/<br>tobacco | 74<br>+all<br>vape/<br>tobacco | 94<br>+all<br>vape/<br>tobacco  | 110<br>+all<br>vape/<br>tobacco | 121<br>+all<br>vape/<br>tobacco | 131<br>+all<br>vape/<br>tobacco | 163<br>+all<br>vape/<br>tobacco |
| <b>Required # of outlets to survey when counting 16-20 year old population of a service area reached</b><br><i>(90%)(Comprehensive sample of outlets + Vape/tobacco)</i> | All Outlets<br>+all vape/<br>tobacco | 23<br>+all<br>vape/<br>tobacco | 45<br>+all<br>vape/<br>tobacco | 68<br>+all<br>vape/<br>tobacco | 90<br>+all<br>vape/<br>tobacco | 135<br>+all<br>vape/<br>tobacco | 180<br>+all<br>vape/<br>tobacco | 225<br>+all<br>vape/<br>tobacco | 270<br>+all<br>vape/<br>tobacco | 540<br>+all<br>vape/<br>tobacco |

**Focused TPS:** designed to use the data gathered from previous rounds of Tobacco Purchase Surveys to re-check merchants who intended to sell in a previous survey, specific stores/geographic regions and/or products of concern.

1. Prevention Providers will notify local law enforcement of upcoming survey rounds at least 2 weeks prior to implementation. If this is the first time implementing this strategy, a meeting should be scheduled to educate local law enforcement about the purpose of purchase surveys as a non-enforcement tool to assist in the determination of which stores might not be checking IDs to age restricted products.
2. Prevention providers will recruit youthful looking young adults (21 and over) and age test utilizing the procedures outlined in the Purchase Survey training and below.
  - a. All young adults for Tobacco Purchase Surveys must be (21 and over) but “look” younger. The process for age testing is included in the required Purchase Survey training.
  - b. Age testing should be conducted by having 12 adults of varying demographics guess the age(s) of the young adult(s) who will serve as the “young adult” for the survey. Calculate the average age of appearance. Age testing can be conducted



by taking the young adult to a well populated area (i.e. shopping center) or by using a clear headshot of the young adult taken within the last month. All young adults must appear under the age of 21. To avoid the perception of “entrapment”, the ideal age of appearance should be 18-19 but those who age test an average age of 20 can be used as well. Young adults should be dressed in the same way they will be during the TPS(same hairstyle, facial hair, amount of makeup, etc. is recommended) to ensure that the age test will be accurate for audit documentation and/or site visit.

3. Prevention providers will identify adult chaperone(s)/monitor(s).
4. Prevention providers will train adult chaperone(s)/monitor(s) and young adult in Tobacco Purchase Survey protocols, which include safety procedures and role plays/sample scripts.
5. Prevention providers will assist with inspection route planning using tobacco retailer lists within the merchant tracker in ECCO and will coordinate/designate a location to meet the young adult.

#### IMPLEMENTATION:

1. Purchase surveys are conducted as part of a comprehensive plan that includes repeat rounds of purchase surveys with follow up visits/merchant education in between surveys. Full implementation of a comprehensive strategy may take up to 12-15 months. A minimum standard sample timeline might be:
  - Comprehensive TPS round in the Spring
  - Follow Up Visits/Merchant Education in the Summer
  - Focused TPS round in the Fall (for merchants who appeared inclined to sell to youthful appearing young adults.
  - Follow Up Visits/Merchant Education (and filing formal complaints for those who intended to sell a second time) in the Winter

**(See Appendix – Safety Recommendations for APS and TPS)**
2. At no point during the Tobacco Purchase Survey (TPS) process (i.e. the survey, follow-up visit, sharing of the survey results, merchant education and/or materials/resources dissemination, etc.) should a prevention provider or their staff/volunteers imply that purchase surveys are being conducted by law enforcement or that any law has been broken.
3. On the day of the survey visits, prevention providers will ensure that the survey team (adult chaperone/monitor and young adult) have the necessary materials for their survey visits. This includes but is not limited to: method of record keeping/data collection, a list of outlets, and the order in which they are to be surveyed in order to minimize mileage costs.
4. On the day of the survey visits, prevention providers will ensure that the adult chaperone/monitor and young adult remember the key information from their training. This includes, but is not limited to: the young adult is dressed similarly to how they appeared in their age testing process; that the young adult remembers to leave any

money/cards and their ID in the car in a secure location and that they are NOT to take their ID into the outlet; that they have a clear understanding of where to park; who will enter and in what order; what type of product to “purchase”; what location to “purchase” from; how to determine the safety of individual locations; and, how to handle any potential security issues or complications.

5. Prevention providers are to remain easily available by phone/in person in order to address any questions or concerns from the survey team.
6. During the survey visit, the chaperone/monitor and the young adult will enter the store in the most natural way possible. This often looks like the chaperone/monitor entering first, assessing whether or not their presence in the store will compromise the survey and if the location can be deemed adequately safe. The young adult enters next (appearing alone) and attempts to “purchase” tobacco (e.g. smokeless tobacco, cigarette, vape) while the chaperone/monitor watches the door. NOTE: In the event the chaperone/monitor is unable to remain in the store without compromising the survey, then the young adult goes in, but the chaperone/monitor MUST maintain a clear vision of the young adult at all times. The chaperone/monitor will enter the store if the young adult does not emerge within a reasonable time to have attempted to “purchase.” (5 minutes).
7. During the sales transaction, the young adult should NOT present any identification when attempting to “purchase” the tobacco. If challenged about their age, the young adult will state their correct age. The young adult will terminate the transaction and immediately leave the establishment if it appears that a sale is about to be made. (Refer to training materials for role play scenarios on how to terminate a sale.)
8. The chaperone/monitor will ensure the young adult completes all data collection forms (per your funding source/requirements) immediately following each survey while details of the survey and the results are still fresh in their mind. This will include, but is not limited to: date/time of purchase survey, location/type of outlet, age and other characteristics of young adult, type of tobacco product that they attempted to “purchase”, location of the tobacco outlet, age/gender and other characteristics of the clerk, attempted purchase outcome, in store observations, etc.
9. Upon completion of the survey visits, the prevention provider will enter the information from the data collection form (per your funding source/requirements) as soon as possible but no later than within a month into the merchant tracker.
10. Prevention providers (possibly with an additional youth partner) will conduct follow up visits/merchant education within 3 months of each survey and utilize supplemental materials provided during the Purchase survey training.
11. During the follow up, the prevention provider will be responsible for sharing with store management/ownership the result of their TPS (utilizing pre-approved templates), community expectations regarding responsible sales of tobacco products and offering possible solutions such as point of sale signage, sample best practice policies for retailers, information about how to access Responsible Seller Training.
12. Data should be collected regarding the date/time of the visit, the person(s) conducting the visit, the name of the manager/owner with whom they spoke, the

materials/resources shared, as well as any additional highlights/notes from the conversation and entered into the data collection forms (per your funding source/requirements).

13. Prevention providers should also share results of purchase surveys with law enforcement partners within one month of completion of the survey. This information should be limited to: Name of Outlet; Date/Time of Survey (include Date/Time of the Follow Up/Merchant Education Visit if already completed) and; Results of the Survey (“Intended to Verify Age” or “Did Not Intend to Verify Age”). More information on how and what to share with law enforcement is included in the Purchase Survey training and materials.
14. Once follow-up visits/merchant education has taken place for all surveyed retailers, a list of focused stores for the next round (see sample timeline above) should be created. Repeat steps 4-11 under Planning and steps 3-12 under Implementation.
15. The prevention provider and/or chaperone/monitor will ask and ensure the young adult completes a North Carolina Tobacco Survey form immediately in its entirety following each survey. If a tobacco product was “almost sold” to the young adult, the survey form noting retailers that almost sold (versus those that did not sell tobacco products) should be reported on the North Carolina Tobacco Survey form.
16. The prevention provider will enter the information from the North Carolina Tobacco Survey form into the merchant tracker in ECCO under “Part 2 Tobacco Survey” within one month of completing the tobacco purchase survey visit.
17. For tobacco retailers that “don’t check the ID/verify age,” we suggest going back and giving basic information to the store about the tobacco survey (date) and give them a retail information (i.e., we check ID window decal, check ID handout and retailer training cards accessible on AlphaGraphics ordering portal) packet with information about online training. For store employees that “checked ID/verify age” we recommend giving a certificate and/or other incentive for being a “responsible employee.”

#### EVALUATION:

Hours for this strategy should be counted as Synar 3.2 Merchant Education.

Reach: Count collaborative members as well as community education participants involved in tobacco purchase surveys, excluding staff. Do not count youth reached, as they will be counted under merchant education and law enforcement efforts. Must pair with merchant education and/or law enforcement. Clerk demographics are included in the merchant tracker, however, in terms of reach clerks should only be counted under merchant education and/or law enforcement. Reach is counted per fiscal year.

ECCO Process Data:

- Number of community groups identified
- Number of planning meetings with new or existing community groups/partners
- Number of groups that received information on youth access (laws, penalties)

- Number of young adults
- Number of Non-enforcement inspections held

ECCO documentation to upload:

- PowerPoint used for training or training materials
- Meeting minutes for planning and implementation
- Plan example for the tobacco purchase survey
- Age testing protocols/form
- Tobacco survey protocols

### Synar: Law Enforcement Related

*Contact and assist local law enforcement/ALE officers to conduct tobacco compliance checks*

**Best Practice Steps:** *(These steps are NOT Recorded in ECCO but are the state protocols.)*

#### PLANNING:

1. Prevention providers will contact officers from their local police or sheriffs' departments to promote increased enforcement of youth access laws
2. If applicable, prevention providers will assist in the recruitment of male and female 16- to 17-year-old youth who appear their age (and should not misrepresent their age at any time).

#### IMPLEMENTATION:

***\*Youth under legal age not allowed to serve as "adult observer or monitor"***

1. Prevention providers will assist local law enforcement/ALE officers in the implementation of tobacco compliance checks by participating in ***ANY of the following tasks*** (note: block grant funds may not be used for actual enforcement activities)
  - Update DMH provided list of all retail tobacco outlets
  - Recruitment and age testing of youth for an enforcement operation
  - Serving as an adult observer or monitor during an enforcement operation
  - Provision of incentives for clerks who don't sell tobacco products to minors during enforcement operations
  - Provision of refreshments and/or incentives to youth

#### EVALUATION:

Reach: Count law enforcement personnel supported/trained. If they conduct compliance checks comprehensively, also count 16–20-year-olds in the catchment area **not counted** under Synar merchant education. Reach is counted per fiscal year.

ECCO Process Data to Collect:

- Law Enforcement agencies contacted and level of support
- Tasks completed to assist with compliance checks and retailer training

- Number of enforcement operations: Compliance checks completed
- Number of retailers who violated youth access to tobacco laws
- Number of incentives disseminated to clerks and/or youth

ECCO Documentation to Upload:

- Recruitment tool
- Meeting minutes to show planning efforts
- Age Testing Methods
- Schedule
- Marketing materials example
- Summary of law enforcement work

### Synar: Media and Public Relations

*Collaborate with community partners and/or youth organizations to increase awareness and publicize youth access to tobacco laws, penalties and compliance inspection results and recruit/publicize merchants who pledge not to sell tobacco products to youth (MUST BE DONE IN CONJUNCTION WITH LAW ENFORCEMENT AND/OR MERCHANT EDUCATION RELATED ACTIVITIES)*

#### **Best Practice Steps:**

##### PLANNING:

1. Prevention providers will collaborate with community partners to include news stories, letters to the editor etc. to increase awareness of youth access to tobacco products and penalties and to publicize compliance inspection results.

##### IMPLEMENTATION:

1. Prevention providers will collaborate with community/youth organizations to conduct a Merchant Pledge campaign and publicize results to recognize merchants and clerks who have pledged not to sell tobacco products to minors.

##### EVALUATION:

Reach: Count the people involved in developing the media materials. Do not count youth given that they are counted under law enforcement and/or merchant education activities. Reach is counted per fiscal year.

##### ECCO Process Data to Collect:

- Type of communication, Media Source, Media Reach and Media Type
- Compliance Inspection Results
- Number of organizations collaborated with on Merchant Pledge campaign
- Number of merchants who pledge not to sell tobacco products to minors
- Where stores were recognized (through Media sections)

##### ECCO Documentation to Upload:

- Media examples
- Pledge

## PRESCRIPTION DRUG STRATEGIES

*Strategies designed to increase awareness about the dangers of misusing prescription drugs, promote safe medication disposal and secure storage as well as education, utilization and review of safe prescribing and dispensing mechanisms*

| <b>Substances addressed</b>  | <b>Prescription drugs</b>   |
|--|---|
| <b>Target population/context:</b>  | Youth, Parents, Prescribers/Medical community and the Community, depending on each activity   |
| <b>General Capacity Considerations:</b>  |   |
| <b>Fiscal:</b>   | Money for campaign materials, drop boxes, lock boxes, medication disposal kits  |
| <b>Human:</b>  | Staff and volunteer training<br>Recommended Staff Skills: People who can communicate effectively with schools, policy makers, local law enforcement, medical community and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles<br>Adult and youth volunteers to plan, set-up and implement activities |
| <b>Organizational</b>  | Technology resources (for social media components), storage for lock boxes, disposal kits and materials   |
| <b>General Readiness Considerations:</b> Support from the medical community and/ or other community partners |   |

### Lock Your Meds

*Statewide Campaign to bring awareness for locking medication. Must be used in conjunction with a Secure Medication Storage and Safe Disposal Strategy. Both sets of Best Practice Steps are Included. This should not be added if only Secure Medication Storage and Safe Disposal efforts are being used.*

*Please utilize the following tools to further support best practices within implementation:*

*Lock Your Meds: Local Evaluation Survey Measures*

*Lock Your Meds: Focus Group Guide for Message and Channel Testing*

*Located at: Home Page Campaign Box (<https://ncpreventiontta.zendesk.com/hc/en-us>)*

## **Best Practice Steps Lock Your Meds Campaign:**

### PLANNING:

1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.

### IMPLEMENTATION:

1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.)
2. Using the LYM Focus Group Guide for Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Lock Your Meds materials and distributed materials through sources that are popular and credible with the target population.
3. Prevention providers have released campaign materials at least once every six weeks.
4. Prevention providers have connected Lock Your Meds to a co-occurring Secure Medication Storage and Safe Disposal Strategy.

## **Best Practice Steps: (Secure Medication and Safe Disposal)**

### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of community members, law enforcement, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating secure medication storage and safe disposal strategies within the community.
3. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes.
4. Prevention providers will work to plan with partners the distribution of kits, lockboxes and medication disposal demonstrations or take back events. Prevention providers will work to plan for cabinet installations and drop boxes.
5. Prevention providers will work to plan the acquisition of drop box locations and funds.

## IMPLEMENTATION:

1. Prevention providers will work with partners to install cabinets and lockboxes and/or distribute lockboxes/medication disposal kits.
2. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes.
3. Prevention providers will coordinate and implement take-back events with law enforcement.
4. Prevention providers will acquire new drop box locations.
5. Prevention providers will increase usage of current drop box locations through media and other community efforts.
6. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies for drop box, cabinet installation, or lock boxes.
7. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits and information has occurred.

## EVALUATION LOCK YOUR MEDS MEDIA:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

For Lock Your Meds campaigns, count 28.1% of the 12–17-year-olds, 44.3% of the 18–25-year-olds, and 46.4% of the 26 year-old plus population in the catchment area. *If you are using multiple component campaign without mass media, you may add up the number of materials distributed.*

ECCO Process Data to Collect:

- Number and type of partnerships with community sectors
- Media Sources used and Reach

ECCO Actions Taken Section or Briefcase Process information to collect

- Number and list of campaign objectives
- Number and type of campaign materials
- Schedule for Campaign release with media sites listed

## EVALUATION SECURE MEDICATION STORAGE AND SAFE DISPOSAL:

Reach:

Lockbox distribution: count the number of lockboxes distributed/utilized;

Cabinet installation: count the number of cabinets installed;

Chemical medication disposal: count the number of prescriptions disposed;

Take Back Events: count the number of participants at each event;

Permanent Medication Drop Box: count the number of medications disposed



- Enter Locations and dates for events/demonstrations within ECCO in Part B

ECCO Process Data to Collect: (Collect what is needed for the specific strategy component)

- Number of lockboxes or medicine safes distributed
- Number of lockboxes or medicine safes utilized
- Number of cabinets installed
- Number of new policies created (located in policy section)
- Number of chemical medicine disposal kits and demonstrations (and groups who received demonstrations)
- Number of take-back events
- Number of medications collected at take-back events/pounds collected/increase from past period (new reach)
- Number of drop boxes installed and locations
- Number of trainings conducted for partners on strategies
  - Number of new partners/organizations/agencies
  - If partner training is needed:
    - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
    - Format of the training (Training for Environmental Influencers)
    - Type of new groups trained (Training for Environmental Influencers)
    - Training Topic (Training for Environmental Influencers)

ECCO Briefcase Process information to collect:

- Meeting Minutes for planning
- Readiness Assessment (if conducted)
- Distribution plan
- Marketing materials
- Schedule
- Policy (if drafted)
- Event plans/agenda
- Training materials if coordinated

## Secure Medication Storage and Safe Disposal

*Proper medication disposal and storage provides safe and responsible ways for people to store and dispose of prescription drugs kept in their homes. Methods for implementing this strategy could include Lockbox Distribution, Locking Cabinet Installation, Chemical Medication Disposal, Permanent Medication Drop Box and Take Back Events. **NOTE: This is to be added as a separate intervention when Lock Your Meds is not being used.***

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of community members, law enforcement, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating secure medication storage and safe disposal strategies within the community.
3. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes.
4. Prevention providers will work to plan with partners the distribution of kits, lockboxes and medication disposal demonstrations or take back events. Prevention providers will work to plan for cabinet installations and drop boxes.
5. Prevention providers will work to plan the acquisition of drop box locations and funds.

#### IMPLEMENTATION:

1. Prevention providers will work with partners to install cabinets and lockboxes and/or distribute lockboxes/medication disposal kits.
2. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes.
3. Prevention providers will coordinate and implement take-back events with law enforcement.
4. Prevention providers will acquire new drop box locations.
5. Prevention providers will increase usage of current drop box locations through media and other community efforts.
6. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies for drop box, cabinet installation, or lock boxes.
7. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits and information has occurred.

## EVALUATION:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

Lockbox distribution: count the number of lockboxes distributed;

Cabinet installation: count the number of cabinets installed;

Chemical medication disposal: count the number of prescriptions disposed;

Take Back Events: count the number of participants at each event;

Permanent Medication Drop Box: count the number of medications disposed

- Enter Locations and dates for events/demonstrations within ECCO in Part B

ECCO Process Data to Collect: (Collect what is needed for the specific strategy component)

- Number of lockboxes or medicine safes distributed
- Number of lockboxes or medicine safes utilized
- Number of cabinets installed
- Number of new policies created (located in policy section)
- Number of chemical medicine disposal kits and demonstrations (and groups who received demonstrations)
- Number of Chemical disposal kits utilized
- Number of take-back events
- Number of medications collected at take-back events/pounds collected/increase from past period (new reach)
- Number of drop boxes installed and locations
- Number of trainings conducted for partners on strategies
- Number of new partners/organizations/agencies
  - If partner training is needed:
    - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
    - Format of the training (Training for Environmental Influencers)
    - Type of new groups trained (Training for Environmental Influencers)
    - Training Topic (Training for Environmental Influencers)

ECCO Briefcase Process information to collect:

- Meeting Minutes for planning
- Readiness Assessment (if conducted)
- Distribution plan
- Marketing materials
- Schedule
- Policy (if drafted)
- Event plans/agenda
- Training materials if coordinated

## Safer Prescriber Training

*The model primarily focused on increasing the awareness of appropriate prescribing practices and the potential dangers of prescription opioid use/misuse. To be included in this strategy is PDMP Registration/Utilization in which Providers will increase registration of healthcare providers into the CSRS in North Carolina and increase the utilization through policy and practice modifications or enactment.*

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will become familiar with the laws, policies, and standards by which local healthcare providers and emergency departments are currently operating or required by law to operate (this could include becoming familiar with the STOP Act).
3. Prevention providers will use data from the CSRS as available to identify the rates for registration and use within their communities/counties of concern. This will help in identifying the need.
4. Prevention providers should draft a message/elevator pitch for healthcare professionals in order to build capacity and support to work collaboratively (if partners do not already exist within the community).
5. Prevention providers will coordinate with state experts and partners within the community to determine dates and topics for prescriber trainings within the community.
6. Prevention providers will plan logistics and recruit healthcare prescribers to attend the training.
7. Prevention providers will meet with healthcare providers to discuss ways to strengthen safe prescribing practices and the importance of CSRS utilization and strong policies.
8. Prevention providers will work to plan with healthcare providers how to encourage registration/use of the CSRS and/or how to modify/implement policies.

#### IMPLEMENTATION:

***\*YE not allowable in the first step as safer prescriber training should be delivered by trained adults.***

1. Prevention providers will hold one or more prescriber training(s) within the community/service area. ***YE not allowable in this step.***
2. Prevention providers will work to increase use of the CSRS system and encourage registration by connecting with local providers.
3. Prevention providers will work to draft modifications or new policies with healthcare providers for safer prescribing practices.
4. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize modifications or new policies.

## EVALUATION:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

Reach for Prescriber Training: Count the prescribers trained AND 22.7% of the 12–17-year-olds, 34.8% of the 18–25-year-olds, and 38.3% of the 26-year-old plus population in the catchment area. Reach tool can be used to calculate.

Reach for PDMP: Count prescribers, dispensers and delegates reached directly, AND 22.7% of the 12–17-year-olds, 34.8% of the 18–25-year-olds, and 38.3% of the 26-year-olds plus population in the catchment area Reach tool can be used to calculate.

### ECCO Process Data to Collect:

- Number of prescribers attending the training
- Number of trainings
- Number of prescribers utilizing/registered the CSRS
- Number of new prescribers to sign up for the CSRS
- Number of drafted policies (policy section)
- Number of policies reviewed (policy section)
- Number of policies modified (policy section)
- Number of polices/changes institutionalized/enacted (policy section)
- Number of new healthcare partners (if partners for policy add in policy section)

### ECCO Briefcase Process information to collect:

- Meeting minutes
- Training agenda/schedule
- Policy
- Feedback survey
- Recruitment tool example
- Training marketing materials

## ALCOHOL- Addressing Underage Retail And Social Access

*Strategies to reduce youth access to alcohol, support enforcement of youth access to alcohol laws, promote serving/selling restrictions for underage youth and intoxicated patrons*

*Prior to beginning planning and implementation, it is highly recommended to consult with the Underage Alcohol Use Training and Technical Assistance Center (UAU TTAC):*

[mjcook2@uncg.edu](mailto:mjcook2@uncg.edu)

| <b>Substances addressed:</b>   |  | <b>Alcohol</b> |
|--|--|----------------|
| <b>Target population/context:</b>  | Alcohol retailers, servers/sellers of alcohol, community, parents  |                |
| <b>General Capacity Considerations:</b>  |  |                |
| <b>Fiscal:</b>   | Staff time to plan and implement strategies.<br>In kind or allocated law enforcement time to plan and conduct activities (can be made self-supporting through special license fees or recycling fines for violations)<br>Incentives for youth volunteers (food, small stipend, gift card etc.)   |                |
| <b>Human:</b>  | Trained law enforcement, adult, and youth volunteers<br>Recommended Staff Skills: People who can communicate effectively and work with law enforcement, retailers, and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles, able to assist with drafting media messages to support efforts |                |
| <b>Organizational</b>  | Well-designed protocols in place that do not violate state or local law; support for collaboration   |                |
| <b>General Readiness Considerations:</b> Strong Law Enforcement and judicial support and buy-in to enforce and prosecute violations, support from policy-makers for ordinance adoption |  |                |

## Publicized Sobriety Checkpoints

*Publicized sobriety checkpoint programs are a form of high visibility enforcement where law enforcement officers stop drivers systematically to assess whether they are alcohol-impaired. Media efforts are critical to publicize programs. The program goal is to reduce alcohol-impaired driving by increasing the public's perceived risk of arrest while also arresting alcohol-impaired drivers identified at checkpoints. Publicized sobriety checkpoints are allowable in NC and must be conducted with law enforcement.*

### **Best Practice Steps**

#### PLANNING:

1. Prevention providers will engage/partner with local law enforcement organizations/agencies responsible for conducting sobriety checkpoints. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will engage in planning with partnering agencies (i.e. with local law enforcement) to ensure sobriety checkpoints can be coordinated within the community on a regular basis.
3. Prevention providers will work with law enforcement to determine the locations and schedule needed (should be during times when alcohol misuse is most likely to occur such as: New Years, spring break, graduation, etc.) for publicized sobriety checkpoints based upon data (including but not limited to: drinking and driving violations, underage drinking violations, alcohol crashes, etc.) **Note: Prevention providers may not pay for enforcement activities.**
4. Prevention providers will work with law enforcement, media, and other partners to draft messaging and coordinate media for publicizing the checkpoints and results.

#### IMPLEMENTATION:

1. Prevention Providers can create and/or provide educational materials for law enforcement to distribute during sobriety checkpoints. Law enforcement will be the primary coordinating entity for sobriety checkpoints. **Note: Prevention providers may not pay for enforcement.**
2. Prevention providers will work with law enforcement, media, and other partners to publicize the sobriety checkpoints and results.
3. Prevention providers will work with partners to continue to raise awareness of the upcoming, ongoing checkpoints and results.

#### EVALUATION:

Reach: Count the number of individuals checked. Count the planning group for all of the above. Count members one time per strategy/year.

Population reach varies depending on the nature of the policy. Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

ECCO Process Data to Collect:

- Number of sobriety checks conducted per quarter/semi-annual/annually
- Number of individuals checked
- Number of warnings given
- Number of violations cited/percentage of those in violation
- Number/Type of media coverage of the checkpoints
- Number of new partners/organizations/agencies
- Type of policy enforced
- If enforcement of the policy/protocol is involved:
  - Number of new organizations/agencies engaged with supporting enforcement
  - Type of agencies supporting enforcement
  - Type of policy enforcement supported
  - How the policy enforcement was supported

ECCO Briefcase Process information to collect:

- Meeting Minutes
- Procedures
- Examples of media messages
- Marketing Plan

### Alcohol Purchase Surveys

*Alcohol purchase surveys **are NOT a law enforcement activity** and unlike compliance checks, can be performed without the assistance of law enforcement as a youthful-looking young adult attempting the "purchase" (**no alcohol will actually be purchased**) must be at least 21 years of age. Prevention providers should conduct off-premise surveys only, as described below, unless written approval has been given and additional training received in order to conduct additional types of surveys.*

**Best Practice Steps (Alcohol Purchase Surveys):** *For a full list of steps, please refer to the Purchase Survey training materials. NOTE: APS must be paired with Follow Up/Merchant Education and additional rounds of surveys in order to assess impact of the strategy.*

#### PLANNING:

1. Prevention providers will attend a DMH approved Purchase Survey training prior to planning and implementation and must complete an acknowledgement and/or produce a training completion form for anyone listed conducting purchase surveys.
2. Prevention providers will schedule time to receive localized (ongoing) technical assistance prior to planning and implementation of APS as outlined in the Purchase Survey training.



3. Prevention providers will utilize information from Purchase Survey training and technical assistance meetings to formalize their own localized policies, procedures and training manual for this strategy. This includes, but is not limited to: safety procedures, insurance/liability requirements, age testing and volunteer training protocols, data collection methods, etc.
4. Prevention providers will determine the location of all off-premise outlets (i.e. supermarkets, gas stations, ABC stores, etc.) in their service area. A list of permit holders in your service area can be found at <https://abc.nc.gov/Search/Permit>. Selection of survey sites will depend on factors outlined below.

**Comprehensive APS:** used to assess the overall off-premise alcohol retail landscape in your community.

- a. The approximate number of surveys to be conducted in the Comprehensive Alcohol Purchase Survey rounds should be calculated by using the chart below.

NOTE: In order to count service area wide reach (i.e. all of a catchment area, county, city or zip code), at least 90% of the retail establishments in that geographic area must be surveyed and receive a follow-up visit/merchant education. See below under EVALUATION for more details.

| <b>Total # of outlets in your service area (not including ABC Stores)</b>  | less than 25          | 25+          | 50           | 75           | 100          | 150           | 200           | 250           | 300           | 600           |
|--|-----------------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|
| <b>Required # of outlets to survey when counting individual merchants reached (Comprehensive sample of outlets + all ABC Stores)</b>                             | All Outlets + all ABC | 23 + all ABC | 45 + all ABC | 61 + all ABC | 74 + all ABC | 94 + all ABC  | 110 + all ABC | 121 + all ABC | 131 + all ABC | 163 + all ABC |
| <b>Required # of outlets to survey when counting 16-20 year old population of a service area reached (90%)(Comprehensive sample of outlets + all ABC Stores)</b> | All Outlets + all ABC | 23 + all ABC | 45 + all ABC | 68 + all ABC | 90 + all ABC | 135 + all ABC | 180 + all ABC | 225 + all ABC | 270 + all ABC | 540 + all ABC |

**Focused APS:** designed to use the data gathered from previous rounds of Alcohol Purchase Surveys to target specific merchants who intended to sell in a previous survey, specific stores/geographic regions and/or products of concerns.

5. Prevention providers will create a list of survey sites, addresses and map routes.
6. Prevention Providers will notify local law enforcement of upcoming survey rounds at least 2 weeks prior to implementation. If this is the first time implementing this strategy, a meeting should be scheduled to educate local law enforcement about the purpose of purchase surveys as a non-enforcement tool to assist in the determination of which stores might not be checking IDs to age restricted products.
7. Prevention providers will recruit youthful looking young adults (21 and over) and age test utilizing the procedures outlined in the Purchase Survey training and below.
  - a. All young adults for Alcohol Purchase Surveys must be over the age of 21 but “look” younger. The process for age testing is included in the required Purchase Survey training.
  - b. Age testing should be conducted by having 12 adults of varying demographics guess the age(s) of the young adult(s) who will serve as the “young adult” for the survey. Calculate the average age of appearance. Age testing can be conducted by taking the young adult to a well populated area (i.e. shopping center) or by using a clear headshot of the young adult taken within the last month. All young adults must appear under the age of 21. To avoid the perception of “entrapment”, the ideal age of appearance should be 18-19 but those who age test an average age of 20 can be used as well. Young adults should be dressed in the same way they will be during the APS (same hairstyle, facial hair, amount of makeup, etc. is recommended) to ensure that the age test will be accurate for audit documentation and/or site visit.
8. Prevention providers will identify adult chaperone(s)/monitor(s).
9. Prevention providers will train adult chaperone(s)/monitor(s) and young adult in off-premise Alcohol Purchase Survey protocols, which include safety procedures and role plays/sample scripts.

**IMPLEMENTATION: \*Youth under the legal age cannot attempt to make a purchase.**

1. Purchase surveys are conducted as part of a comprehensive plan that includes repeat rounds of purchase surveys with follow-up visits/merchant education in between surveys. Full implementation of a comprehensive strategy may take up to 12-15 months. A minimum standard sample timeline might be:
  - Comprehensive APS round in the Spring
  - Follow Up Visits/Merchant Education in the Summer
  - Focused APS round in the Fall (for merchants who appeared inclined to sell to youthful appearing young adult.

- Follow Up Visits/Merchant Education (and filing formal complaints for those who intended to sell a second time) in the Winter
- 2. At no point during the Alcohol Purchase Survey (APS) process (i.e. the survey, follow-up visit, sharing of the survey results, merchant education and/or materials/resources dissemination, etc.) should a prevention provider or their staff/volunteers imply that purchase surveys are being conducted by law enforcement or that any law has been broken.
- 3. One the day of the survey visits, prevention providers will ensure that the survey team (adult chaperone/monitor and young adult) have the necessary materials for their survey visits. This includes but is not limited to: method of record keeping/data collection, a list of outlets, and the order in which they are to be surveyed in order to minimize mileage costs.
- 4. On the day of the survey visits, prevention providers will ensure that the adult chaperone/monitor and young adult remember the key information from their training. This includes, but is not limited to: the young adult is dressed similarly to how they appeared in their age testing process; that the young adult remembers to leave any money/cards and their ID in the car in a secure location and that they are NOT to take their ID into to outlet; that they have a clear understanding of where to park; who will enter and in what order; what type of product to “purchase”; what location to “purchase” from; how to determine the safety of individual locations; and, how to handle any potential security issues or complications. **Prevention providers are to remain easily available by phone/in person in order to address any questions or concerns from the survey team.**
- 5. During the survey visit, the chaperone/monitor and the young adult will enter the store in the most natural way possible. This often looks like the chaperone/monitor entering first, assessing whether or not their presence in the store will compromise the survey and if the location can be deemed adequately safe. The young adult enters next (appearing alone) and attempts to “purchase” alcohol (e.g., a six pack of inexpensive beer, alcopops, hard seltzers, etc.) while the chaperone/monitor watches the door. NOTE: In the event the chaperone/monitor is unable to remain in the store without compromising the survey, then the young adult goes in, but the chaperone/monitor MUST maintain a clear vision of the young adult at all times. The chaperone/monitor will enter the store if the young adult does not emerge within a reasonable time to have attempted to “purchase”. (5 minutes).
- 6. During the sales transaction, the young adult should NOT present any identification when attempting to “purchase” the alcohol. If challenged about their age, the young adult will state their correct age. The young adult will terminate the transaction and immediately leave the establishment if it appears that a sale is about to be made. (Refer to training materials for role play scenarios on how to terminate a sale.)
- 7. The chaperone/monitor will ensure the young adult completes all data collection forms (per your funding source/requirements) immediately following each survey while details

of the survey and the results are still fresh in their mind. This will include, but is not limited to: date/time of purchase survey, location/type of outlet, age and other characteristics of young adult, type of alcohol that they attempted to “purchase”, location of alcohol in the outlet, age/gender and other characteristics of the clerk, attempted purchase outcome, in store observations, etc.

8. Upon completion of the survey visits, the prevention provider will enter the information from the data collection form (per your funding source/requirements) as soon as possible but no later than within a month.
9. To increase the likelihood that age verification is occurring between the APS rounds, Prevention providers (possibly with an additional youth partner) will conduct follow up visits/merchant education within 3 months of each survey and utilize supplemental materials provided during the Purchase survey training.
  - a. During the follow up, the prevention provider will be responsible for sharing with store management/ownership the result of their Alcohol Purchase Survey (utilizing pre-approved templates), community expectations regarding responsible sales of alcohol and offering possible solutions such as point of sale signage, sample best practice policies for retailers, information about how to access Responsible Seller Training.
  - b. Data should be collected regarding the date/time of the visit, the person(s) conducting the visit, the name of the manager/owner with whom they spoke, the materials/resources shared, as well as any additional highlights/notes from the conversation and entered into the data collection forms (per your funding source/requirements).
10. Prevention providers should also share results of purchase surveys with law enforcement partners within one month of completion of the survey. This information should be limited to: Name of Outlet; Date/Time of Survey (include Date/Time of the Follow Up/Merchant Education Visit if already completed) and; Results of the Survey (“Intended to Verify Age” or “Did Not Intend to Verify Age”). More information on how and what to share with law enforcement is included in the Purchase Survey training and materials.
11. Once follow-up visits/merchant education has taken place for all surveyed retailers, a list of targeted stores for the next round (see sample timeline above) should be created. Repeat steps 4-9 under Planning and steps 3-10 under Implementation.
12. For outlets of concern (those who almost sold twice in a row or twice in two years), formal complaints should be filed with local law enforcement in order to build support for compliance checks. Progress of the complaint should be monitored by the prevention provider and reported the data collection forms (per your funding source/requirements). Examples of formal complaint correspondence can be found in the Purchase Survey training materials. Complaints should be made within 1 month of the completion of the survey.

## EVALUATION:

### Reach:

- If 90% of the off-premise outlets in the service area are surveyed, count the 16–20-year-olds in the area. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <https://www.census.gov/2010census/popmap/>. Use the reach tool to calculate the population impacted.
- If 90% of the off-premise outlets in the service area are not surveyed, count the individuals reached

### Data Collection Protocols to Designed Include, But Are Not Limited To:

1. Store ID, name and address
2. Type of outlet
3. Date and time of survey
4. Type of survey (Comprehensive or Targeted)
5. Status (completed or not completed)
6. Adult ID (responsible for completing the form)
7. Type of alcohol “purchased”
8. Age/Gender and other characteristics of the “young adult”
9. Age/Gender and other characteristics of the clerk
10. Outcome of and Info on the Purchase Attempt
11. Outlet Observations (signage, location of alcohol)
12. Post-survey Activities (i.e. Follow Up/Merchant Education visit, results letter, educational materials, information about any formal complaints filed)

### ECCO Process Data to Collect:

- Number of alcohol retail outlets in service area(s) (add in Actions Taken)
- Number of planning meetings for survey protocol, training and data collection materials
- Number of age testing validations conducted
- Number of alcohol purchase surveys conducted
- Number of follow-up actions, Type of follow-up actions
- Number of intent to sell/intent not to sale
- Number of new partners/organizations/agencies
- If partner/youth training is needed: (include volunteer trainings)
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)

- Format of the training (Training for Environmental Influencers)
- Type of new groups trained (Training for Environmental Influencers)
- Training Topic (Training for Environmental Influencers)
- Number of Action Plans created with youth
- Number of strategies chosen/enacted by youth
- Number of youth-conducted ATOD prevention events
- Number of businesses completed a safe store pledge
- Number of businesses adhering to guidelines for safe store pledge
- Number of Follow-Up Actions, Explanation of the Follow-up
- Number of follow-up surveys conducted (Number of Follow-up, type of follow-up)
- Number of alcohol merchant education visits completed

ECCO Briefcase Process information to collect:

- Certificate of training completion
- Age test procedure
- Training Agenda
- List of outlets
- Action Plan
- Protocols
- Meeting Minutes
- Policy
- Examples of media messages
- Volunteer assignment plan
- Summary of analysis of surveys
- Marketing plan

### [Retailer Alcohol Compliance Checks](#)

*This strategy is focused on providing Support for Alcohol Compliance Checks. It is used to identify establishments/permit holders that sell alcohol to underage youth and can be enforcement or educational in nature. Can connect to a Safe Stores effort and Responsible Beverage Service Training.*

#### **Best Practice Steps (Support for Alcohol Compliance Checks):**

##### PLANNING:

1. Prevention providers will engage/partner with local organizations/agencies responsible for conducting compliance checks to assess readiness/support. If no readiness exists, count as community-based processes work until support is in place. Alcohol Purchase Surveys can be utilized to gather information about the rate of likelihood of underage sales which can be shared with law enforcement to demonstrate need for compliance efforts.

2. Prevention providers will engage in planning with partnering agencies (i.e. with local law enforcement) to ensure youth/public safety, parental release for youth volunteers, incentives for youth volunteers, age testing, sharing of data regarding retailer violations etc. **Note: prevention providers may not pay for enforcement activities.**
3. Prevention providers will assist and/or recruit youth volunteers (to participate in compliance checks) as necessary.
4. Prevention providers will participate in compliance check training in conjunction with local law enforcement and youth volunteers as necessary if on-site (as adult observers or to help with youth volunteers).

#### IMPLEMENTATION:

1. Law enforcement will visit retailers routinely, targeted to locations and time of day/year based on data (e.g. citizen complaints, law enforcement information, school events etc.)
2. Prevention providers will follow-up with merchant education materials as needed after each round of compliance checks is completed (i.e. thank you for not selling, signage or information about server/seller trainings etc.)
3. Prevention providers will work with law enforcement to collect and obtain data on compliance check results (pass/fail).
4. Prevention providers could publicize the stores that passed compliance checks.

#### EVALUATION:

Reach: Count the law enforcement personnel trained and the 16–20-year-olds in catchment area for alcohol compliance checks, if done comprehensively

Count individuals reached unless you cover the catchment area. To count the catchment area population, at least 90% of the retail establishments must be trained. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <https://www.census.gov/2010census/popmap/>. Use the reach tool provided through TTA to calculate the population impacted.

Paired with Responsible Beverage Service Training (RAST/BARS) only count youth (within the 16-20-year-olds in the catchment area indicated above) not reached by RAST/BARS, if done as part of a comprehensive safe stores initiative, count youth there.

ECCO Process Data to Collect:

- Number of planning meetings
- Number of age testing validations conducted
- Number of new partners/organizations/agencies
- If partner training is needed: (include volunteer trainings)
- Number of compliance checks conducted per quarter/semi-annual/annually.
- Number of Retailers using ID scanners
- Number of Retailers participating in mystery shop programs

- Number of retailers/businesses checked
- Number of warnings given
- Number of violations cited (in policy)
- Number of retailers/businesses who were in compliance (did not sell)
- Number of new partners/organizations/agencies
- If enforcement of the policy/protocol is involved:
  - Number of new organizations/agencies engaged with supporting enforcement
  - Type of agencies supporting enforcement
  - Type of policy enforcement supported
  - How the policy enforcement was supported

ECCO Briefcase Process information to collect:

- Meeting Minutes
- Protocols
- Examples of media messages
- Recruitment plan for youth
- Training Agenda
- Schedule for checks
- Summary of follow-ups

### Responsible Beverage Service Training

*Includes: Responsible Alcohol Sales Training (RAST) and Be A Responsible Server (BARS) Training used to educate owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. Can be done as a standalone program or part of a Safe Stores effort. Ideally this is paired with alcohol compliance checks or to be done as a comprehensive safe stores initiative.*

#### **Best Practice Steps:**

##### PLANNING:

1. Prevention providers will engage/partner with local law enforcement, ALE officers and/or other local organizations/agencies responsible for planning/implementing Responsible Beverage Server (RBS) training to assess readiness/support. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will assist local law enforcement, ALE officers and/or other local organizations/agencies in planning a training that includes, but is not limited to: understanding state, local laws and consequences for selling to minors or other intoxicated patrons, checking identification, recognizing fake IDs, and identifying and refusing sales to underage youth and intoxicated customers. Plans will consider cost and plans for more than one training offered per year to train businesses who have staff turnover.



3. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to provide logistical support (i.e. securing space, refreshments, copying materials etc.) and promotion of trainings.
4. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to coordinate and recruit managers and store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations will be an emphasis in recruiting efforts.

#### IMPLEMENTATION:

1. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to conduct Responsible Beverage Server (RBS) training. Prevention providers may assist with training day duties that include, but are not limited to: registration/handing out certificates, refreshments and training-day logistics as necessary
2. Prevention partners will partner with local law enforcement, ALE officers and/or other local organizations/agencies to follow-up and encourage retail store managers to receive RBS training, have policies in place for responsible serving/selling practices and have a monitoring system to ensure all retail employees are adhering to responsible serving/selling practices

#### EVALUATION:

Reach: Count individuals reached unless you cover the catchment area.

Count the individuals trained and the 16–20-year-olds in catchment area, if done comprehensively, utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

*If this is paired with alcohol compliance checks or to be done as a comprehensive safe stores initiative, only count youth not reached by alcohol compliance checks or count youth under safe stores if part of a comprehensive initiative.*

To count the catchment area population, at least 90% of the retail establishments must be trained. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <https://www.census.gov/2010census/popmap/>.

Use the reach tool to calculate the population impacted.

ECCO Process Data to Collect:

- Number of RBS planning meetings
- Number of RBS trainings supported
- Number of new partners/organizations/agencies

- If partner training is needed:
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
  - Format of the training (Training for Environmental Influencers)
  - Type of new groups trained (Training for Environmental Influencers)
  - Training Topic (Training for Environmental Influencers)

ECCO Briefcase Process information to collect:

- Recruitment tools
- Training agenda
- Example of follow-up with retailers about policies/practices
- Training materials
- List of logistical supports offered
- List of retail outlets invited/recruited/participated in RBS training
- Follow-up retail manager information
- Meeting Minutes

### Talk It Up. Lock It Up!™

*Statewide Campaign to bring awareness for communication about alcohol use and securing alcohol. Must be used in conjunction with Alcohol Safe Storage Initiatives. Both sets of best practice steps are included here. This should not be added if ONLY Alcohol Safe Storage Initiatives are being used.*

*Please utilize the following tools to further support best practices within implementation:*

*Lock Your Meds: Local Evaluation Survey Measures*

*Lock Your Meds: Focus Group Guide for Message and Channel Testing*

*Located at: Home Page Campaign Box <https://ncpreventionta.zendesk.com/hc/en-us>*

*Prior to beginning planning and implementation, it is highly recommended to consult with the Underage Alcohol Use Training and Technical Assistance Center (UAU TTAC):*

*[mjcook2@uncg.edu](mailto:mjcook2@uncg.edu)*

### **Best Practice Steps for Talk it up, Lock it up:**

#### PLANNING:

1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.

### IMPLEMENTATION:

1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.)
2. Using Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Talk it up, Lock it up materials and distributed materials through sources that are popular and credible with the target population.
3. Prevention providers have released campaign materials at least once every six weeks.
4. Prevention providers have connected Talk it up, Lock it up to a co-occurring Alcohol Safe Storage Initiative.

### **Best Practice Steps for Alcohol Safe Storage Initiatives:**

#### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.
3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations.

#### IMPLEMENTATION:

1. Prevention providers will work with partners to install cabinets and locks.
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.

### EVALUATION FOR ALCOHOL SAFE STORAGE INITIATIVES:

#### Reach:

Lock distribution: count the number of locks distributed;

Cabinet installation: count the number of cabinets installed;

Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

#### ECCO Process Data to Collect: (Collect what is needed for the specific strategy component)

- Number and type of partnerships with community sectors (Communication Campaign section)
- Number of locks distributed
- Number of locks utilized
- Number of cabinets installed

- Number of new policies created (located in policy section)
- Are you reporting on an intervention that does not fall into the categories of policy, enforcement, training, social norms, safe storage
- Training Questions for youth or other influencers
- Number of Action Plans created with youth
- Number of strategies chosen/enacted by youth
- Number of youth-conducted ATOD prevention events
- Number of follow-up actions taken
- Type of follow-up actions taken

ECCO Briefcase Process information to collect:

- Training Agenda if needed for youth
- Action Plans (if working with youth): to include strategies/activities
- Meeting Minutes for planning
- Distribution plan
- Marketing materials
- Policy (if drafted)

EVALUATION FOR TALK IT UP, LOCK IT UP:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu) *If you are using multiple component campaign without mass media, you may add up the number of materials distributed.*

ECCO Process Data to Collect:

- Number and type of partnerships with community sectors
- Media Sources used and Reach

ECCO Actions Taken Section or Briefcase Process information to collect

- Number and list of campaign objectives
- Number and type of campaign materials
- Schedule for Campaign release with media sites listed

## Alcohol Safe Storage Initiatives

*Alcohol Safe storage initiatives provide safe and responsible ways for people to store and secure alcohol kept in their homes. Methods for implementing this strategy could include Lock Distribution or Locking Cabinet Installation. **NOTE: This is to be added as a separate intervention when Talk it up, Lock it up is not being used.***

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.
3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations.

#### IMPLEMENTATION:

1. Prevention providers will work with partners to install cabinets and locks.
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.

#### EVALUATION:

Reach: Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

Lock distribution: count the number of locks distributed;

Cabinet installation: count the number of cabinets installed

ECCO Process Data to Collect: (Collect what is needed for the specific strategy component)

- Number of locks distributed
- Number of locks utilized
- Number of cabinets installed
- Number of new policies created (located in policy section)
- Number of new partners/organizations/agencies
- Are you reporting on an intervention that does not fall into the categories of policy, enforcement, training, social norms, safe storage
- Number of Action Plans created with youth
- Number of strategies chosen/enacted by youth

- Number of youth-conducted ATOD prevention events
- Training Questions for youth or other influencers
- Number of follow-up actions taken
- Type of follow-up actions taken

ECCO Briefcase Process information to collect:

- Training Agenda if needed for youth
- Action Plans (if working with youth): to include strategies/activities
- Meeting Minutes for planning
- Distribution plan
- Marketing materials
- Policy (if drafted)

## Social Host

*A local ordinance that holds adults responsible for hosting (knowingly providing) a place for underage drinking to occur. A “social host” is a term for any adult who allows underage drinking on property he/she owns, leases or controls.*

### **Best Practice Steps:**

#### PLANNING:

1. Prevention providers will research local noise or nuisance ordinances or other laws to see if any exist. If not, some laws ordinances may be modified or amended to include a social host ordinance or a new one could be drafted for approval. There may be different laws/ordinances within city or county limits. **Note: No strengthening existing laws can occur.**
2. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies to assess readiness/support. If no readiness exists, count as community based processes work
3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written language for a social host ordinance or amendment to an already existing ordinance along with procedures for monitoring and protocols (including consequences for violations). **Notes: Only civil penalties are allowed.**
4. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for the social host ordinance from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy

## IMPLEMENTATION:

1. Prevention providers will assist with the adoption of the ordinance or amendment.
2. Prevention providers will coordinate communication to the public, including but not limited to: media campaigns and presentations about the enactment of the social host ordinance and consequences for violations.
3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in monitoring the enforcement of policies and collecting data on violations.

## EVALUATION:

Count the planning group for all of the above. Count members one time per strategy/year. Population reach varies. Utilize the Reach tool. For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

### ECCO Process Data to Collect:

- Number of planning meetings
- Number of new partners/organizations/agencies
- Written protocols/procedures for the social host ordinance
- Number of ordinances adopted
- Number of ordinances modified
- Type of policy enforced
- Number of policy makers contacted
- Number of violations for the social host ordinance
- If partner training is needed:
  - Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)
  - Format of the training (Training for Environmental Influencers)
  - Type of new groups trained (Training for Environmental Influencers)
  - Training Topic (Training for Environmental Influencers)
- If enforcement of the policy/protocol is involved:
  - Number of new organizations/agencies engaged with supporting enforcement
  - Type of agencies supporting enforcement
  - Type of policy enforcement supported
  - How the policy enforcement was supported

### ECCO Briefcase Process information to collect:

- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Meeting Minutes
- Policy

## FY25 PROGRESS CHART (GENERAL)

The below chart shows the state progress standards to be met per intervention by June 30, 2025. This progress will serve as the standard for audit reviews and will assist auditors in identifying those agencies not in meeting state standards or those in need of assistance of TA to meet standards. Providers should show a good faith effort to meet state standards for chosen strategies. This chart shows the general progress to be expected for strategies. However, the state can provide alternative progress charts to guide the annual audit.

| <b>STRATEGY</b>   | <b>PROGRESS COMPLETION FOR 1 Fiscal Year</b>   | <b>PROGRESS DESCRIPTION</b>  |
|---|--|--|
| <b>Family &amp; Youth Prevention Education (YPE approved curriculum)</b>  | Planning and Implementation Steps for at least one YPE or PFE completed<br>Interactive Curriculum must be chosen. The criteria for 80%+ youth to complete 80%+ of lessons should be met by participants.   | Planning steps should take no longer than 6 months if a school relationship exists. At least 1 curricula should be implemented within a year |
| <b>YPE Support</b>  | All Best Practice Steps and the curriculum standards follow Family & Youth Prevention Education  | All Best Practice Steps and the curriculum standards follow Family & Youth Prevention Education  |
| <b>Synar: Community Mobilization and Education (in conjunction with Merchant Education and/or law enforcement related activities)</b> | -Planning and Implementation Steps for at least one Synar Community Education effort completed   | Can be completed within 6 months to a year   |
| <b>Synar: Merchant Education</b>  | All Planning and Implementation steps completed<br><br>At least 90% of a catchment area: Merchant Education visits<br><br>-All Planning steps completed for Tobacco Purchase Surveys<br>At least 90% of a catchment area: Tobacco Purchase surveys | Can be completed within 1 month to a year  |



|  |  |  |
|--|--|--|
| <b>Synar: Law Enforcement Related Activities</b> | All Planning steps (1-7) completed for Law Enforcement Related activities                                    | May take between 1-3 years to complete, planning could take 1-2 years if no readiness or relationship exists with law enforcement  |
| <b>Synar: Media and Public Relations</b>         | All Planning steps completed for Media and Public Relations  | Could be completed within a year   |
| <b>Lock Your Meds</b>                            | Planning and Implementation  | Can be completed within 3-6 months. This must be completed along with Secure Storage and Safe Disposal.  |
| <b>Communication Campaigns - Ongoing</b>         | Implementation Steps 1-4 (planning steps must be completed before implementation steps).                     | Planning could take up to 9 months<br><br>Planning and implementation could take up to 2 years for completion  |
| <b>Communication Campaigns - New</b>             | Planning Steps 1-5 completed   | Planning could take up to 9 months<br><br>Planning and implementation could take up to 2 years for completion  |
| <b>Secure Storage and Safe Disposal</b>          | Planning/Implementation for one event/dissemination of lockbox, cabinets, chemical medication disposal kits. | At least 1 medicine take back event could be implemented within 6 months-year. Planning for 1 medicine take back should not take a full year. These could be ongoing.<br>Permanent Medication drop box could be a longer than a year strategy depending on securing resources to purchase the drop box and monitor. Planning for drop boxes could last a year or 2 if partners and resources are being leveraged and plans are made for locations and monitoring.<br>At least 1 Lockbox distribution and chemical medication disposal could be completed within 1 month to a year depending on |

|   |   |  |
|---|---|--|
|   |   | <p>the action plan and timeline for providers. These could be ongoing.</p> <p>Cabinet installation could take 1-3 years if relationships and readiness do not exist. Planning for cabinet installation could take a year if policy work is involved. Local Family cabinet installation could be a quicker process. These could be ongoing.</p> |
| <b>PDMP Policy Change/Registration Utilization</b>                        | <p>All Planning and Implementation Steps completed for at least one registration/utilization effort</p> <p>Policy change: All planning steps (1-6) completed</p>  | <p>PDMP Policy Change could be a 1-3 year process with planning taking 1-2.5 years depending on partners and readiness to create/modify policy.</p> <p>Registration Utilization can occur within 1 year if new providers are connected with the system.</p>  |
| <b>Safer Prescriber Training</b>  | <p>All Planning and Implementation Steps completed for at least one prescriber training</p>   | <p>This strategy (at least 1 training) can be completed within 1 year. These could be annually.</p>  |
| <b>Retailer Compliance Checks (Support for Alcohol Compliance Checks)</b> | <p>Compliance Checks-All Planning Steps, potential for publicizing 1 compliance check and follow-up with merchant education materials after 1 compliance check</p>  | <p>Compliance checks may take more than 1 year</p>   |
| <b>Alcohol Purchase Surveys</b>   | <p>Alcohol Purchase Surveys-Planning/ Implementation.</p> <p>Full implementation of this strategy could take up to 12-15 months.</p> <p>Should meet the minimum standard set forth in the APS calculation chart. Should be 90% of the catchment area for most providers. *Special cases can be made for reaching less than 90% for focused purchase surveys and other survey plans provided consultation was received by state alcohol coordinator.</p> | <p>Alcohol purchase surveys can be completed in 1 year.</p> <p>Additional Rounds can be conducted once follow-up visits/merchant education has taken place for all surveyed retailers.</p>   |

|   |  |   |
|---|--|---|
|   | <p>A sample timeline for achieving the minimum standard would be:</p> <ul style="list-style-type: none"> <li>• Comprehensive APS round in the Spring</li> <li>• Follow Up Visits/Merchant Education in the Summer</li> <li>• Focused APS round in the Fall (for merchants who appeared inclined to sell to youthful appearing young adult.</li> <li>• Follow Up Visits/Merchant Education (and filing formal complaints for those who intended to sell a second time) in the Winter</li> </ul> <p>Additional Rounds can be conducted once follow-up visits/merchant education has taken place for all surveyed retailers.<br/>Safety is paramount.</p> |   |
| <b>Responsible Alcohol Sales Training (RAST) and Be A Responsible Server (BARS)</b> | All planning and implementation steps completed for at least one training  | One training can be completed within 1 year.  |
| <b>Safe Stores – New and Ongoing</b>  | All planning steps completed   | This can be started within a year and continually improved and expanded.<br>*Note about ONGOING: All planning/implementation steps must be completed.               |
| <b>Establish, Review or Change School ATOD Policies</b>                             | Progress should be made in planning steps 1-2 in years 1-2.5<br>Progress should be made in Implementation of policy in Years 2-3.  | This strategy could take 1-3 years to complete.<br>Planning could take up to 2-2.5 years as readiness must be built and policies approved through various channels. |

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|   |  | Could be ongoing in various school districts/schools are involved with multiple policies.  |
| <b>Establishing, reviewing or changing community and/or workplace ATOD policies</b> | All planning steps completed<br>Progress should be made in planning steps 1-4 in years 1-2.<br>Progress should be made in Implementation and enforcement of policy in Years 2-3. | This could occur within 1 year or take up to 3 with some agency protocols.   |
| <b>Festival/Event Restriction</b>   | All planning steps completed   | This could take up to 3 years to complete if readiness does not exist. If after 3 years no movement is made on a festival/event, advice would be to focus resources on a more achievable strategy while working to build capacity and readiness. |
| <b>Social Host (must focus on existing law/civil penalties)</b>                     | New block grant strategy. Begin planning/readiness efforts.  | This strategy could take 1-3 years to complete. Planning could take up to 2-.2.5 years as readiness must be built and policies approved through various channels.  |
| <b>Publicized Sobriety Checkpoints</b>  | New block grant strategy. Begin planning/readiness efforts.  | This strategy could take 1-3 years to complete. Planning could take 1-2.5 years as readiness must be built with law enforcement.   |
| <b>Alcohol Safe Storage Initiatives</b>   | Planning/Implementation for one event/dissemination of locks, cabinets,  | This can be done within 6months to a year. Planning for cabinet installation and policy work make take longer as readiness must be built.  |
| <b>Talk it up, Lock it up</b>   | Planning and Implementation  | This can be done within 3 months- 6 months. Messages must be tested. This strategy must be paired with Alcohol Safe Storage Initiatives.   |

## TOOL: COUNTING REACH

Reach: Varies depending on the nature of the strategy. Count information provided within the strategy guidance document and in the chart below should serve as a guide to assist providers in collecting counts for their interventions. Reach should be calculated per fiscal year.

Providers should utilize the Reach Tool to assist with calculating correct reach for an intervention. The Reach Tool can be found at: <https://ncpreventionta.zendesk.com/hc/en-us/sections/360002010612-Counting-Reach> For questions about those strategies not located within the tool, contact Melinda Pankratz: [mpankrat@wakehealth.edu](mailto:mpankrat@wakehealth.edu)

| <b>ECCO Intervention/<br/>Strategy<br/>Categorization</b>                            | <b>Information/Examples<br/>(not to be considered as<br/>all encompassing)</b>    | <b>Counting people served (reach)<br/>per SAMHSA guidelines</b>   |
|--|---|---|
| <b>Education</b>   |   |   |
| Youth Prevention Education   | All Stars<br>Media Detective<br>Project Alert                                     | Count all participants one time per program, the first time they attend (per fiscal year)   |
| Parent Family Education  | Strengthening Families<br>Guiding Good Choices                                    | Count all participants one time per program, the first time they attend (per fiscal year)   |
| YPE Support  | Training and support to others to conduct or plan YPE                             | Count the people you train or support once per fiscal year; Count all participants one time per program, the first time they attend (per fiscal year)                       |
| YPE Planning   | Planning to conduct a curriculum, but don't know which one yet                    | No reach is counted   |
| Mentoring Support  | Training and support to others to conduct or plan Mentoring programs              | Count the people you train or support once per fiscal year  |
| <b>Community Based Process</b>   |   |   |
| Needs Assessment (Needs Assessment, Strategic Planning, Town Halls/Community Forums) | Community wide needs assessment and planning (i.e. per county, service area etc.) | Count those involved in conducting the needs assessment, planning, meeting (one time per fiscal year. Do not count people when planning only within your LME-MCO or agency. |
| Coalition/Task Force/ Collaborative  | Coalition meetings  | Count members one time per coalition/task force/collaborative, the first time they attend (per fiscal year)   |

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|---|---|---|
| Communities Mobilizing for Change on Alcohol  | Assessment and planning work only. Count strategies implemented under a strategy  | Count those involved in the strategy/intervention the first time they attend (per fiscal year)  |
| Sustainability Planning/Leveraging resources  | Donations<br>Grant writing<br>In kind matches<br>Charging fees for service<br>Fundraisers (unless for a health promotion event or alternative activity) | No reach is counted   |
| State Level Workgroup   | Prevention Providers Association<br>NCFADS Planning group and other statewide planning groups   | No reach is counted   |
| Prevention provider focused websites, email blasts and newsletters (including Safe Homes) | Safe Homes pledges  | Number of people accessing the website and receiving email blasts/newsletter. May include tracking how many people forward the email blast/newsletter you distributed. Count the number of homes signing pledges. (per fiscal year)   |
| <b>Environmental Strategies</b>   |   |   |
| Synar: Community Education and Mobilization   | Planning meetings to discuss youth access to tobacco<br>Tobacco access law presentations  | Count community partners and community education participants. This includes people reached trying to develop law enforcement partnerships. (per fiscal year)   |
| Synar: Merchant Education (This includes tobacco purchase surveys.)                       | Disseminating retail information and conversations with merchants/retailers   | Count merchants trained, adult and youth volunteers and the 16–20-year-olds in your merchant education catchment area if 90% of the catchment area has been reached. (per fiscal year)<br><br>Use the reach tool to calculate population impacted. (Per Fiscal Year)<br><br>Tobacco Purchase surveys: Count collaborative members as well as community education participants involved in tobacco purchase surveys, excluding staff. Do not count youth |

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|  |  | reached, as they will be counted under merchant education and law enforcement efforts. Must pair with merchant education and/or law enforcement. Clerk demographics are included in the merchant tracker, however, in terms of reach clerks should only be counted under merchant education and/or law enforcement. Reach is counted per fiscal year. |
| Synar: Law Enforcement Related Activities                | Law Enforcement training to enforce retail tobacco laws<br>Tobacco compliance checks   | Count law enforcement personnel supported/trained<br>If conducting compliance checks comprehensively, count youth and adult compliance check volunteers and the 16-20- year-olds in the catchment area <b>not counted</b> under Synar merchant education. Use the reach tool to calculate populated impacted.<br>(Per Fiscal Year)                    |
| Synar: Media and Public Relations                        | News stories<br>Letters to the editor<br>Billboards<br>Newsletters<br>Public service announcements to increase awareness of youth access to tobacco laws<br>Merchant Pledge campaigns<br>Publicized results of merchants/clerks who won't sell tobacco to minors | Count the people involved in developing media materials. Do not count youth or media reach. Must be paired with merchant education and/or law enforcement, as such youth is counted there.<br>(Per Fiscal Year)   |
| Establishing, reviewing or changing school ATOD policies | School-wide policies<br>Staff policies<br>Athletics policies<br>In school/after school club/activities policies  | If the policy is directed at staff, count school staff<br>If students, count students impacted<br>If the policy is reviewed, count the people reviewing the policy  |

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|  |   | Use the reach tool to count the population impacted. If there is not yet a relevant tool contact Melinda Pankratz at mpankrat@wakehealth.edu to request one.   |
| Publicized Sobriety Checkpoints  | Newspaper articles, TV (media reach)  | Use the reach tool to count the population impacted.   |
| Social Host  | Planning meeting members  | Use the reach tool to count the population impacted.   |
| Festival/Event ATOD Restriction  | Planning meeting members, number of people who received the guide                                     | Counting varies depending upon the type of the festival/event restriction. For example, estimate the number 16–20-year-olds at the event for alcohol serving restrictions, if you distribute a guide for safe festivals/events, you may count all the organizers the guide was distributed to. If you enact a community ordinance requiring festival or event restrictions, you may count the youth in the catchment area. |
| Modifying alcohol and tobacco advertising practices <b>(Now housed under Festival/Event ATOD Restriction or Establishing, reviewing, or changing community and/or workplace ATOD policies)</b> | Planning meetings and retail staff  | Counting methods vary. Count the 16–20-year-olds in the catchment area. If you gain agreement to modify retail advertising policies, you may count the retail staff. Count planning groups for all of the above. This should only count youth not captured by RAST/BARS, alcohol compliance checks, or Safe Stores. Highly recommended to be paired with RAST/BARS and alcohol compliance checks.                          |
| Establishing, reviewing or changing community and/or workplace ATOD policies   | Drug free workplace<br>Smoke free parks and/or public venues  | Use the reach tool to count the population impacted. If there is not yet a relevant tool contact Melinda Pankratz at mpankrat@wakehealth.edu to request one.   |
| Alcohol Compliance checks  | Planning meetings and Law enforcement personnel if trained, retail establishments counted if trained. | Count the law enforcement personnel trained and the 16–20-year-olds in catchment area if done comprehensively.   |



|                                 |  |  |
|---------------------------------|--|--|
|                                 |  | <p>Count individuals reached unless you cover the catchment area. To count the catchment area population, at least 90% of the retail establishments must be trained. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <a href="https://www.census.gov/2010census/popmap/">https://www.census.gov/2010census/popmap/</a>. Use the reach tool provided through TTA to calculate the population impacted.</p> <p>Paired with Responsible Beverage Service Training they should only count youth not reached by the RAST/BARS, if done as a part of a comprehensive safe stores initiative it should be counted there.</p> |
| <p>Alcohol Purchase surveys</p> | <p>Used to build support with law enforcement for compliance checks; assistance with training volunteers</p> | <p>If 90% of the off-premise outlets in the service area are surveyed, count the 16–20-year-olds in the area. It is recommended that you comprehensively cover a county, city, or zip code (or smaller census unit) before moving to the next. If you are in a large metropolitan area and need to identify smaller catchment areas, use the Interactive Population Map to identify census tracts or block groups, <a href="https://www.census.gov/2010census/popmap/">https://www.census.gov/2010census/popmap/</a>. Use the reach tool to calculate the population impacted.</p> <p>If 90% of the off-premise outlets in the service area are not surveyed, count the individuals reached<br/>Use the reach tool to count the population impacted.</p>   |

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| <p><b>Responsible Beverage Service Training:</b><br/>Responsible Alcohol Sales Training (RAST)/ Be a Responsible Server/Seller (BARS) training</p> | <p>Support for training offered</p>   | <p>Count the individuals trained and the 16–20-year-olds in catchment area if done comprehensively. Ideally paired with alcohol compliance checks or to be done as a comprehensive safe stores initiative, if the former only count youth not reached by alcohol compliance checks, if the latter count under safe stores.</p> <p>Use the reach tool to count the population impacted.</p> |
| <p>Safer Prescriber Training (<b>now to include PDMP registration/utilization effort</b>)</p>  | <p>Hosting a prescriber training and encouraging new policies around PDMP use.</p>                | <p>Count the prescribers trained AND 22.7% of the 12–17-year-olds, 34.8% of the 18–25-year-olds, and 38.3% of the 26 year old plus population in the catchment area</p> <p>Use the reach tool to count the population impacted.</p>  |
| <p>PDMP registration/utilization effort (<b>Now housed under Safer Prescriber Training</b>)</p>  | <p>Registration increase and prescribers registering for the system</p>                           | <p>Count prescribers, dispensers and delegates reached directly AND 22.7% of the 12–17-year-olds, 34.8% of the 18-25-year-olds, and 38.3% of the 26-year-old plus population in the catchment area</p> <p>Use the reach tool to count the population impacted.</p>   |
| <p>Safe Stores</p>   | <p>Safe Stores Pledges<br/>RAST or BARS training<br/>Retailer responsible selling policy work</p> | <p>Count those trained. Count 16–20-year-olds in the catchment area for policies focused on alcohol sales policy enforcement and 16-20-year-olds for policies focused on tobacco and alcohol sales policy enforcement<br/>Requires RAST or BARS training/compliance checks/alcohol purchase survey.</p> <p>Use the reach tool to count the population impacted.</p>                        |
| <p>Secure Medication Storage and safe disposal</p>   | <p>Lock boxes distributed, participation in take back events</p>                                  | <p>Count lockboxes distributed<br/>Count locking cabinets installed<br/>Count prescriptions disposed and people participating in take back events<br/>Count prescriptions disposed</p>   |

|                                   |  |  |
|-----------------------------------|--|--|
|                                   |  | Use the reach tool to count the population impacted.   |
| Social Norms Campaign             | Media examples, campaign schedule, message testing with audience                                     | Use the reach tool to count the population impacted. If there is not yet a relevant tool contact Melinda Pankratz at mpankrat@wakehealth.edu to request one.                                     |
| Support for Prevention Campaign   | Media examples, campaign schedule, message testing with audience                                     | Use the reach tool to count the population impacted. If there is not yet a relevant tool contact Melinda Pankratz at mpankrat@wakehealth.edu to request one.                                     |
| Lock Your Meds                    | Media examples, schedule, message testing with audience  | Count 28.1% of the 12–17-year-olds, 44.3% of the 18–25-year-olds, and 46.4% of the 26 year old plus population in the catchment area<br><br>Use the reach tool to count the population impacted. |
| Talk it up, Lock it up            | Media examples, schedule, message testing with audience  | Use the reach tool to count the population impacted.   |
| Alcohol Safe Storage Initiatives  | Locks or locking mechanisms distributed to a number of individuals/groups                            | Count locks distributed<br>Count locking cabinets installed<br><br>Use the reach tool to count the population impacted.  |
| Environmental Strategies Planning | When your agency is planning to conduct an environmental strategy, but are undecided as to which one | No reach is counted  |

## TOOL: COUNTING HOURS IN ECCO

The chart shows the correct calculation of hours for those employees funded through the substance abuse prevention block grant to be added in the hours section of ECCO. Hours are divided into 5 categories as shown below. Use the chart as a guide to explain the categories for hours along with the provision of examples for associated hours.

| <b>ECCO Category</b> | <b>Description</b>   | <b>Example</b>   |
|----------------------|--|--|
| <b>Direct</b>        | Any hours you spend doing direct service work on a strategy/intervention   | YPE or PFE classes<br>Communication campaign<br>Impactor Training/providing TA   |
| <b>Planning</b>      | Any hours you spend getting ready to do work or planning for a strategy/intervention   | Planning meetings<br>Copying materials for YPE/PFE<br>Creating questions for campaign focus groups   |
| <b>Documentation</b> | Any ECCO reporting, Audit preparation, Block grant reporting work  | Time/reach/implementation plan etc. entry in ECCO<br>DMH Annual Reporting<br>Audit preparation for LMEs  |
| <b>Training</b>      | Any hours you spend attending training for a specific strategy/intervention, TA from the NC TTA Center or state required meetings. <i>This is not where you count impactor training/providing TA</i> | Foundations of YPE<br>Communication Campaigns training<br>Policy Training<br>DMH Regional Meetings<br>TA from NC TTA for a strategy/intervention |
| <b>Travel</b>        | Any time you spend travelling (i.e. driving, flying etc.) to/from locations to work on a strategy/intervention   | Traveling to/from collaborative/coalition/group meetings<br>Travel between counties for a strategy/intervention                                  |

## TOOL: PROCESS DATA CHART

The below tool shows the Process Data reflected in the guide per intervention with the corresponding locations within ECCO. *Note: Process data reflects the work being completed by providers, so not all process data will be collected if a provider is not working on that specific aspect of the intervention. **This chart does NOT include Master Reach, as Master Reach is required for interventions according to the Master Reach Chart.***

For example, for the Safer Prescriber Training intervention, process questions connected to the PDMP utilization may not be needed if a provider is not currently working on that portion of an intervention.

**NOTE: All providers will complete the “About Intervention” section per month for each active Intervention as it applies (Questions #1-5) per county served. These questions include:**

- **Was the intervention active**
- **Service groups/populations/counties served by intervention**
- **Number of planning meetings**
- **Estimated number of hours**
- **Number of new partners/organizations**
- **Type of partners engaged**
- **Estimated number of hours spent on this intervention during the reporting period**

| ECCO Intervention/ Strategy Categorization            | Process Data<br>Was this intervention active during this reporting period? (if yes, then look at below process questions for those relevant)  | ECCO Process Data Number   |
|---|---|--|
| <b>Multi Substance Strategies</b>                     |   |  |
| Youth and Parent Prevention Education and YPE Support | Projected Start Date, Projected End Date, Groups/populations served, formats for intervention, recurring intervention, number of groups started, number of sessions completed, number of groups completed, number of individuals completed this reporting period at 80% | #2-16 (planning meetings can be counted within community-based process)<br><br><b>YE is allowable during planning within the YPE intervention.</b><br><b>YE is not allowed during implementation: youth should not be implementing evidence-based programs unless allowable by the specific program and developer.</b> |
| Communication Campaigns                               | <ul style="list-style-type: none"> <li>• Number and type of partnerships with community sectors</li> <li>• Target audience</li> </ul>   | #30<br>#31<br>#32  |

|   |   |  |
|---|---|--|
|   | <ul style="list-style-type: none"> <li>• How audience is engaged in the campaign development and/or implementation</li> <li>• Target for your communication campaign</li> <li>• Type of policy for implementation, modification, or enforcement</li> <li>• Communication Campaign name</li> </ul> <p>Number and type of campaign materials (Media Sources and reach)</p>  | <p>#33<br/>#34<br/>#35<br/>#36<br/>#37<br/>#38<br/>Media: #39-50 depending on the type</p>   |
| <p>Establishing, reviewing or changing school ATOD policies</p> | <ul style="list-style-type: none"> <li>• Number and type of school policy researched</li> <li>• Number of planning meetings with school and other community partners</li> <li>• Number of violations/Type of violations (specific drug, location etc.)</li> <li>• Number of new policies/protocols/ordinances enacted</li> <li>• Number of policies/protocols/ordinances in planning/production?</li> <li>• Number of new partners/organizations/agencies</li> <li>• Number of policy makers contacted</li> <li>• If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul> </li> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> </ul> | <p>#20 (To be answered in the month of completed policy work)<br/>#18<br/>#21<br/>#16<br/>#17<br/>#19<br/>#12-15 (If Training)<br/>#21<br/>#22<br/>#23<br/>#24<br/>#25<br/>#26-29 (If enforcement)</p> |

|   |  |  |
|---|--|--|
| <p>Establishing, reviewing or changing community and/or workplace ATOD policies</p> | <ul style="list-style-type: none"> <li>• Number of partnerships created to work on community and/or workplace policy</li> <li>• Number of policies researched/reviewed</li> <li>• Number of new policies/protocols/ordinances enacted</li> <li>• Number of policies/protocols/ordinances in planning/production</li> <li>• Number of policy makers contacted</li> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> <li>• Number of violations, as necessary (for community policy efforts only)</li> <li>• If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF//environmental strategy (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul> </li> </ul> | <p>#20 (To be answered in the month of completed policy work)</p> <p>#18</p> <p>#21</p> <p>#16</p> <p>#17</p> <p>#19</p> <p>#12-15 (If Training)</p> <p>#21</p> <p>#22</p> <p>#23</p> <p>#24</p> <p>#25</p> <p>#26-29 (If enforcement)</p> |
| <p>Festival/Event ATOD Restriction</p>  | <ul style="list-style-type: none"> <li>• Number of planning meetings</li> <li>• Number of protocols/procedures/policies adopted</li> <li>• Number of protocols/procedures/policies modified</li> <li>• Number of people who registered/attended RBS training for event servers/sellers</li> <li>• Number of alcohol/tobacco related-issues at each event/violations</li> <li>• Number of new partners/organizations/agencies</li> </ul>  | <p>#20 (To be answered in the month of completed policy work)</p> <p>#18</p> <p>#21</p> <p>#16</p> <p>#17</p> <p>#19</p> <p>#12-15 (If Training)</p> <p>#21</p> <p>#22</p> <p>#23</p> <p>#24</p>   |

|             |  |   |
|-------------|--|---|
|             | <ul style="list-style-type: none"> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> <li>• Number of policy makers contacted</li> <li>• If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul> </li> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> </ul> | <p>#25<br/>#26-29 (If enforcement)<br/>#75 for RBS, #75.1, #75.2</p> <p><b>YE is not allowable in Steps 3 &amp; 4 of implementation of this strategy.</b></p>   |
| Safe Stores | <ul style="list-style-type: none"> <li>• Number of businesses outreached/completed a Safe Store pledge</li> <li>• Number and Type of positive media related to Safe Stores (Media Reach)</li> <li>• Number of businesses adhering to safe store guidelines (annually)</li> <li>• Number of businesses who intended to sell/didn't intend to sell alcohol purchase surveys/compliance checks (record under Alcohol Purchase Surveys)</li> <li>• Number of policies created/modified</li> </ul>  | <p>#67<br/>#68<br/>#79<br/>#80<br/>#12-15 (for Training)<br/>Media: #39-50 depending on the type<br/>#71<br/>#72<br/>#73<br/>#74<br/>#75, #75.1, #75.2<br/>#20-25 (Depending on if policy work was completed)</p> |



|   |   |  |
|---|---|--|
|   | <ul style="list-style-type: none"> <li>• Number of employees participating in Responsible sales training (training of environmental influencers)</li> <li>• Number of retailers using ID scanners</li> <li>• Number of retailers participating in mystery shop programs</li> <li>• Number of new partners/organizations/agencies</li> </ul>   |  |
| <b>Prescription Drug Strategies</b>         |   |  |
| Lock Your Meds                              | <ul style="list-style-type: none"> <li>• Number and type of partnerships with community sectors</li> <li>• Media Sources used and Reach</li> <li>• Completion of all pertinent Secure Medication Storage and Safe Disposal questions below</li> </ul>   | Media: #39-50 depending on the type<br>#30<br>#31  |
| Secure Medication Storage and safe disposal | <ul style="list-style-type: none"> <li>• Information about drop box program</li> <li>• Estimated new reach of drop box</li> <li>• Number of lockboxes or medicine safes distributed</li> <li>• Number of lockboxes or medicine safes utilized</li> <li>• Number of cabinets installed</li> <li>• Number of new policies created (located in policy section)</li> <li>• Number of medicine disposal kits and demonstrations</li> <li>• Number of medicine disposal kits utilized.</li> <li>• Number of take-back events</li> <li>• Number of medications collected at take-back events/pounds collected/increase from past period (new reach)</li> <li>• Number of drop boxes installed</li> <li>• Number of trainings conducted for partners on strategies <ul style="list-style-type: none"> <li>• Number of new partners/organizations/agencies</li> </ul> </li> <li>• If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/environmental strategy (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> </ul> </li> </ul> | #52, #52a<br>#60 and 61<br>#23<br>#20-25 (To be answered in the month of completed policy work)<br>#55, #55a<br>#56<br>#57<br>#53, 53.a & #54, #54a&b<br>#50-51, #51a&b<br>#12-15 (for training) |

|                                  |  |   |
|----------------------------------|--|---|
|                                  | <ul style="list-style-type: none"> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul>   |   |
| <p>Safer Prescriber Training</p> | <ul style="list-style-type: none"> <li>● Number of prescribers attending the training</li> <li>● Number of trainings</li> <li>● Number of prescribers utilizing/registered for the CSRS</li> <li>● Number of new prescribers to sign up for the CSRS</li> <li>● Number of drafted policies (policy section)</li> <li>● Number of policies reviewed (policy section)</li> <li>● Number of policies modified (policy section)</li> <li>● Number of polices/changes institutionalized/enacted (policy section)</li> <li>● Number of new healthcare partners (if partners for policy add in policy section)</li> </ul>   | <p>#58<br/>#59<br/>#62<br/>#20-25<br/>#16-17</p> <p><b>YE not allowable in the first step as safer prescriber training should be delivered by trained adults.</b></p> |
| <b>Alcohol Strategies</b>        |  |   |
| <p>Social Host</p>               | <ul style="list-style-type: none"> <li>● Number of planning meetings</li> <li>● Number of new partners/organizations/agencies</li> <li>● Written protocols/procedures for the social host ordinance</li> <li>● Number of ordinances adopted</li> <li>● Number of ordinances modified</li> <li>● Type of policy enforced</li> <li>● Number of policy makers contacted</li> <li>● Number of violations for the social host ordinance</li> <li>● If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul> </li> </ul> | <p>#76<br/>#12-15 (for training)<br/>#16-25 (for policy)<br/>#26-29 (for enforcement)</p>   |

|                                    |  |  |
|------------------------------------|--|--|
|                                    | <ul style="list-style-type: none"> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> </ul>  |  |
| Publicized Sobriety Checkpoints    | <ul style="list-style-type: none"> <li>• Number of sobriety checks conducted per quarter/semi-annual/annually</li> <li>• Number of individuals checked</li> <li>• Number of warnings given</li> <li>• Number of violations cited/percentage of those in violation</li> <li>• Number/Type of media coverage of the checkpoints (media sections)</li> <li>• Number of new partners/organizations/agencies</li> <li>• Type of policy enforced</li> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> </ul> | #77<br>#78<br>#16-25 (for policy)<br>#26-29 (for enforcement)<br>Media: #39-50 depending on the type |
| Retailer Alcohol Compliance Checks | <ul style="list-style-type: none"> <li>• Number of planning meetings</li> <li>• Number of age testing validations conducted</li> <li>• Number of new partners/organizations/agencies</li> <li>• If partner training is needed: (include volunteer trainings)</li> <li>• Number of compliance checks conducted per quarter/semi-annual/annually.</li> </ul>   | #70<br>#71<br>#72<br>#73<br>#74<br>#78<br>#79<br>#80<br>#12-15 (for trainings)<br>#25 (policy)       |

|                          |   |   |
|--------------------------|---|---|
|                          | <ul style="list-style-type: none"> <li>• Number of Retailers using ID scanners</li> <li>• Number of Retailers participating in mystery shop programs</li> <li>• Number of retailers/businesses checked</li> <li>• Number of warnings given</li> <li>• Number of violations cited (in policy)</li> <li>• Number of retailers/businesses who were in compliance (did not sell)</li> <li>• Number of new partners/organizations/agencies</li> <li>• If enforcement of the policy/protocol is involved: <ul style="list-style-type: none"> <li>○ Number of new organizations/agencies engaged with supporting enforcement</li> <li>○ Type of agencies supporting enforcement</li> <li>○ Type of policy enforcement supported</li> <li>○ How the policy enforcement was supported</li> </ul> </li> </ul> | #26-29 for enforcement  |
| Alcohol Purchase Surveys | <ul style="list-style-type: none"> <li>• Number of planning meetings for survey protocol, training and data collection materials</li> <li>• Number of age testing validations conducted</li> <li>• Number of alcohol purchase surveys conducted</li> <li>• Number of follow-up actions, Type of follow-up actions</li> <li>• Number of intent to sell/intent not to sale</li> <li>• Number of new partners/organizations/agencies</li> <li>• If partner/youth training is needed: (include volunteer trainings) <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> </ul> </li> </ul>                                     | #12-15 for trainings<br>#63-66 (if working with youth)<br>#70<br>#69, 69.a, 69.b<br>#79-80 (intent to sell)<br>#9-12 (if training influencers or youth)<br>#67<br>#68<br>#83, 83.a<br>#84<br>#72<br>#73<br><br><b>*Youth under the legal age cannot attempt to make a purchase.</b> |

|                                       |   |   |
|---------------------------------------|---|---|
|                                       | <ul style="list-style-type: none"> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> <li>● Number of Action Plans created with youth</li> <li>● Number of strategies chosen/enacted by youth</li> <li>● Number of youth-conducted ATOD prevention events</li> <li>● Number of businesses completed a safe store pledge</li> <li>● Number of businesses following safe store pledge</li> <li>● Number of Follow-Up Actions, Explanation of the Follow-up</li> <li>● Number of follow-up surveys conducted</li> <li>● Number of alcohol merchant education visits completed</li> <li>● Number of Retailers using ID scanners</li> <li>● Number of Retailers participating in mystery shop programs</li> </ul> |   |
| Responsible Beverage Service Training | <ul style="list-style-type: none"> <li>● Number of RBS planning meetings</li> <li>● Number of RBS trainings supported</li> <li>● Number of new partners/organizations/agencies</li> <li>● If partner training is needed: <ul style="list-style-type: none"> <li>○ Number of new training groups in SPF/ENVIRONMENTAL STRATEGY (Training for Environmental Influencers)</li> <li>○ Format of the training (Training for Environmental Influencers)</li> <li>○ Type of new groups trained (Training for Environmental Influencers)</li> <li>○ Training Topic (Training for Environmental Influencers)</li> </ul> </li> </ul>  | #75, #75.1, #75.2<br>#12-15 (for trainings) |

|   |  |  |
|---|--|--|
| <p>Talk it up, Lock it up</p>           | <ul style="list-style-type: none"> <li>• Number and type of partnerships with community sectors (Communication Campaign section)</li> <li>• Media Sources used and Reach</li> <li>• Number of locks distributed</li> <li>• Number of locks utilized</li> <li>• Number of cabinets installed</li> <li>• Number of new policies created (located in policy section)</li> <li>• Are you reporting on an intervention that does not fall into the categories of policy, enforcement, training, social norms, safe storage</li> <li>• Training Questions for youth or other influencers</li> <li>• Number of Action Plans created with youth</li> <li>• Number of strategies chosen/enacted by youth</li> <li>• Number of youth-conducted ATOD prevention events</li> <li>• Follow-up Taken, Type of Follow-up Taken</li> </ul> | <p>Media: #39-50 depending on the type</p> <p>#30<br/>#31<br/>#81<br/>#82, 82.a<br/>#23<br/>#20-25 (To be answered in the month of completed policy work)<br/>#63<br/>#64-66 (if working with youth)<br/>#9-12 (if training influencers or youth)<br/>#83, #83.a</p> |
| <p>Alcohol Safe Storage Initiatives</p> | <ul style="list-style-type: none"> <li>• Number of locks distributed</li> <li>• Number of locks utilized</li> <li>• Number of cabinets installed</li> <li>• Number of new policies created (located in policy section)</li> <li>• Number of new partners/organizations/agencies</li> <li>• Are you reporting on an intervention that does not fall into the categories of policy, enforcement, training, social norms, safe storage</li> <li>• Number of Action Plans created with youth</li> <li>• Number of strategies chosen/enacted by youth</li> <li>• Number of youth-conducted ATOD prevention events</li> <li>• Training Questions for youth or other influencers</li> <li>• Follow-up Taken, Type of Follow-up Taken</li> </ul>   | <p>#81<br/>#82, 82.a<br/>#23<br/>#20-25 (To be answered in the month of completed policy work)<br/>#63<br/>#64-66 (if working with youth)<br/>#9-12 (if training influencers or youth)<br/>#83, #83.a</p>  |

**For Tobacco/Synar strategies, Process data will be reported both in the Merchant Tracker and in the Synar Process section. The questions and information to be collected is found below.**

| <b>Tobacco Strategies</b>                   |  |
|---|--|
| Synar: Community Education and Mobilization | <ul style="list-style-type: none"> <li>• Community Partners identified: Number of new partners and status</li> <li>• Community leadership: Number of meetings &amp; type of strategies</li> <li>• Community Education information: What groups did you provide information</li> <li>• Number of retailer training workshops offered in conjunction with local law enforcement</li> <li>• Number of participants in retailer education workshops</li> <li>• Number of retailers attended (who violated youth access to tobacco laws)</li> </ul>   |
| Synar: Merchant Education                   | <p><b>Completion of the Merchant Tracker.</b> Process data in ECCO: Including all business information, visit outcome, materials provided, education provided. Completion of all Tobacco Survey information within the merchant tracker. NOTE: Synar forms in the Appendix.</p>  |
| Synar: Law Enforcement Related Activities   | <ul style="list-style-type: none"> <li>• Law Enforcement agencies contacted and level of support</li> <li>• Tasks completed to assist with compliance checks and retailer training</li> <li>• Protocol for recruitment/age testing of youth (uploaded to Briefcase)</li> <li>• Number of enforcement operations: Compliance checks completed</li> <li>• Number of retailers who violated youth access to tobacco laws</li> <li>• Number of incentives disseminated to clerks and/or youth</li> <li>• <b>Youth under legal age not allowed to serve as “adult observer or monitor”</b></li> </ul> |
| Synar: Media and Public Relations           | <ul style="list-style-type: none"> <li>• Type of communication, Media Source, Media Reach and Media Type</li> <li>• Compliance Inspection Results</li> <li>• Number of organizations collaborated with on Merchant Pledge campaign</li> <li>• Number of merchants who pledge not to sell tobacco products to minors</li> <li>• Where stores were recognized (through Media sections)</li> </ul>  |

**APPENDIX A: TOOL: NORTH CAROLINA TOBACCO MERCHANT  
EDUCATION FORM**

**NORTH CAROLINA TOBACCO MERCHANT EDUCATION FORM**

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Start Time:**  AM  PM  
**Youth Involvement?**  Yes  No **# of Youth:** \_\_\_\_\_ **End Time:**  AM  PM

|  |                            |                |
|--|----------------------------|----------------|
| <b>Merchant Name:</b>  |                            |                |
| <b>Merchant Street Address:</b>  |                            |                |
| <b>City:</b>   | <b>Zip Code:</b>           | <b>County:</b> |
| <b>Spoke to:</b> <input type="checkbox"/> Clerk <input type="checkbox"/> Manager | <b>Name:</b>               |                |
| <b>Owner Name:</b>   | <b>Store Phone Number:</b> |                |

|   |  |   |
|---|--|---|
| <b>Merchant Type:</b><br><input type="checkbox"/> Convenience with gas<br><input type="checkbox"/> Convenience w/o gas - tobacco store<br><input type="checkbox"/> Convenience w/o gas - vape shop<br><input type="checkbox"/> Convenience w/o gas – other<br><input type="checkbox"/> Dept./Discount Store<br><input type="checkbox"/> Drug Store/Pharmacy<br><input type="checkbox"/> Gas Only<br><input type="checkbox"/> Grocery Store<br><input type="checkbox"/> Other: | <b>Add Rationale:</b><br><input type="checkbox"/> FDA Violation<br><input type="checkbox"/> Routine Visit<br><input type="checkbox"/> Tobacco Survey<br><input type="checkbox"/> Follow-Up | <b>Signage Visible:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A<br><br><b># of Clerks:</b> |
|---|--|---|

|   |  |
|---|--|
| <b>Type of Merchant Education:</b><br><input type="checkbox"/> Routine Visit<br><input type="checkbox"/> Owner Follow-Up<br><input type="checkbox"/> State Sign Non-Compliance<br><input type="checkbox"/> FDA Non-Compliance | <b>Visit Outcome:</b><br><input type="checkbox"/> Visit Complete<br><input type="checkbox"/> Store out of business<br><input type="checkbox"/> Store Refused<br><input type="checkbox"/> Store Temporarily Closed<br><input type="checkbox"/> Store moved<br><input type="checkbox"/> Unsafe location<br><input type="checkbox"/> Other: |
|---|--|



**Does this store need to be removed/deleted (No longer exists)?**

- Yes
- No

If yes, please explain:

**Follow-Up Needed:**

- Yes
- No

**If Yes, Type of Follow-Up Visit:**

- Owner Follow-Up
- Law Enforcement Referral
- Manager Follow-Up
- FDA Referral
- Tobacco Survey

**Follow-Up Action Completed:**

- Personal Visit
- Letter Sent
- Phone Call
- Other:

**Additional Visit Notes:**

# APPENDIX B: TOOL: North Carolina Tobacco Survey Form

## NORTH CAROLINA TOBACCO SURVEY FORM

Merchant Name: \_\_\_\_\_

Merchant Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Owner: \_\_\_\_\_ Store Phone Number: \_\_\_\_\_

### Merchant Type:

- Convenience with gas
- Convenience w/o gas - tobacco store
- Convenience w/o gas - vape shop
- Convenience w/o gas - other
- Grocery Store

- Drug Store/Pharmacy
- Dept./Discount Store
- Gas Only
- Other: \_\_\_\_\_

### Add Rationale:

- FDA Violation
- Routine Visit
- Tobacco Survey Follow-up

### Estimated Clerk

#### Age:

- 13-17
- 18-20
- 21-24
- 25-44
- 45-64
- 65-74
- 75 and over
- Age Not Known

### Clerk Gender:

- Male
- Female
- Trans man
- Trans woman
- Gender non-conforming
- Other

### Clerk Asked for ID

- Yes
- No

### Clerk Attempted to Sell:

- Yes
- No

### # of Clerks \_\_

### Estimated Clerk Race/Ethnicity:

#### Race

- White
- Black/African American
- American Indian/Alaska Native
- Race not known or other (Not OMB required)
- Native Hawaiian/Other Pacific Islander
- Asian
- More than one race (not OMB required)

#### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Ethnicity Unknown

**Young Adult Tested Age: Young Adult Gender:**

**Young Adult Initials: \_\_\_\_\_**

- 18
- 19
- 20
- Male
- Female
- Trans man
- Trans woman
- Gender non-conforming
- Other

**Young Adult Race/Ethnicity:**

**Race**

- White
- Black/African American
- American Indian/Alaska Native
- Race not known or other (Not OMB required)
- Native Hawaiian/Other Pacific Islander
- Asian
- More than one race (not OMB required)

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Ethnicity Unknown

**Tobacco Survey Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Provider Name: \_\_\_\_\_**

**Tobacco Product Type:**

- Cigarettes
- Cigars
- Non-Tobacco Nicotine
- Smokeless Tobacco
- Hookah Tobacco
- Pipe Tobacco
- Roll-Your-Own Tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Dissolvables
- Nicotine Gels
- Other: \_\_\_\_\_

**Product Name: \_\_\_\_\_**

**Signage Visible:**

- Yes
- No
- N/A

**Visit Outcome:**

- Visit Complete
- Store out of business
- Store Refused
- Store Temporarily Closed
- Store moved
- Unsafe location
- Other: \_\_\_\_\_

**Add Visit Notes:**

\_\_\_\_\_

Rev. 11/7/2024

# APPENDIX C: YOUNG ADULT & MONITOR CHECK CONTRACT APPROVAL CHECKLIST

## Young Adult & Monitor Check Contract Approval Checklist

The Staff Member/monitor and young adult must initial/check all lines of the form prior to conducting any alcohol/tobacco surveys to ensure that the proper steps for conducting alcohol/tobacco surveys have been met.

Name: \_\_\_\_\_ Unique ID#: \_\_\_\_\_

- The young adult shall be **at least** twenty-one (21) years old.
- Young Adult Application/Contract Form
- Age Verification on Testing Form
- **Within age-testing limits (18-20)**       **Outside of age-testing limits (18-20)** 
  - *The young adult shall have a youthful appearance.*
  - *The young adult shall be age verified prior to conducting alcohol/tobacco surveys.*
  - *The young adult shall age test between 18-20 years of age, preferably 18-19 years of age.*
  - *The young adult shall not wear headgear that will obstruct a clear view of the face or hairline.*
  - *Recommendations: Males shall not have facial hair or a receding hairline. Females shall not wear excessive makeup or excessive jewelry.*
- Two identical recent head and shoulders, full-face color photographs of the young adult at least three inches by five inches in size
- The agency shall maintain records of each visit to an establishment where a young adult is used by the agency for a period of at least five (5) years following the survey, and such records shall, at a minimum, include the following information: 
  - A photograph of the young adult taken immediately prior to the survey;
  - A photocopy of the young adult's valid identification, showing the correct date of birth;
  - An Information and Consent document completed by the young adult in advance of the survey;
  - The name of each establishment visited by the young adult, and the date and time of each visit; and
  - A written report completed by the young adult detailing the circumstances of the attempted purchase.
- The young adult shall not carry any identification showing their true and accurate date of birth.
- The young adult shall answer, truthfully, any questions about his/her age and not misrepresent anything in order to induce a sale of alcohol/tobacco products.
- The agency must, in advance of conducting alcohol/tobacco surveys, train the young adult who will make purchase attempts. The training shall, at a minimum, include: 
  - Instruction to enter the designated establishment and proceed immediately to attempt to purchase alcohol/tobacco products;
  - Instruction to answer, truthfully, all questions about age;
  - Instruction not to lie to the seller to induce a sale of alcohol/tobacco products.

***The above areas have been completed and have been explained to the young adult.***

Signature and Date by Adult Monitor: \_\_\_\_\_

Signature and Date by Young Adult: \_\_\_\_\_

Agency Review: \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 01/06/2023)

A copy of this form must be completed and maintained on file with the participating agency for at least five (5) years.

## APPENDIX D: NORTH CAROLINA AGE VERIFICATION TESTING FORM

|   |                       |                                 |
|---|-----------------------|---------------------------------|
| NORTH CAROLINA AGE VERIFICATION<br>TESTING FORM |                       | Date of Test:                   |
|   |                       | Young Adult Initials/Unique ID: |
|   |                       | Young Adult Actual Age:         |
| Respondent<br>Number                            | Age Estimate in Years | Provider Agency Name:           |
| One   |                       | Location of Test:               |
| Two   |                       |                                 |
| Three   |                       |                                 |
| Four  |                       |                                 |
| Five  |                       |                                 |
| Six   |                       |                                 |
| Seven   |                       |                                 |
| Eight   |                       |                                 |
| Nine  |                       |                                 |
| Ten   |                       |                                 |
| Eleven  |                       |                                 |
| Twelve  |                       |                                 |
| TOTAL   |                       |                                 |
| <b>AVERAGE</b>                                  |                       | Provider's Signature:           |
|   |                       |                                 |
| (Rev.<br>01/18/2023)                            |                       | Date:                           |
|   |                       |                                 |
|   |                       | Notes:                          |
|   |                       |                                 |
|   |                       |                                 |
|   |                       |                                 |

## APPENDIX E: NORTH CAROLINA ALCOHOL PURCHASE SURVEY FORM

|                                  |   |
|----------------------------------|---|
| County                           |   |
| Location Name                    |   |
| Location Address                 |   |
| Mailing Address                  |   |
| Manager(s)<br>Name(s)            |   |
| Store Phone #                    |   |
| Date of Survey                   |   |
| Time of Survey                   |   |
| Type of Survey                   | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Focused   |
|                                  | If focused, describe reason (s):  |
|                                  | <input type="checkbox"/> Off-Premise <input type="checkbox"/> On-Premise <input checked="" type="checkbox"/> ABC Store <input type="checkbox"/> Curbside <input type="checkbox"/> Delivery  |
| Location Type                    | <input type="checkbox"/> ABC Store <input type="checkbox"/> Grocery Store <input type="checkbox"/> Convenience Store (i.e. gas station) <input type="checkbox"/> Retail Store (Department/Discount Store) <input type="checkbox"/> Drugstore/Pharmacy<br><input type="checkbox"/> Restaurant <input type="checkbox"/> Bar/Nightlife Venue <input type="checkbox"/> Event Venue <input type="checkbox"/> Festival<br><input type="checkbox"/> Microbrewery <input type="checkbox"/> Other (please describe): |
| Location Notes/Other Information |   |
| Product Type and Brand Name      | <input type="checkbox"/> Liquor:<br><input type="checkbox"/> Wine:<br><input type="checkbox"/> Beer:<br><input type="checkbox"/> Alcopop:<br><input type="checkbox"/> Faux Liquor:<br><input type="checkbox"/> Mixed Drink:<br><input type="checkbox"/> Alcohol-Infused Food:<br><input type="checkbox"/> Other:  |

|                           |  |
|---------------------------|--|
| Name of Chaperone/Monitor |  |
| Young Adult Info          | Name:  |
|                           | Age:   |
|                           | Tested Age:  |
|                           | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Trans man<br><input type="checkbox"/> Trans woman<br><input type="checkbox"/> Gender non-conforming<br><input type="checkbox"/> Other  |
| Clerk/Server Info         | <u><b>Race</b></u><br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> More than one race (not OMB required)<br><input type="checkbox"/> Race not known or other (Not OMB required)<br><br><u><b>Ethnicity</b></u><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> Ethnicity Unknown |
|                           | Estimated Clerk Age:<br><input type="checkbox"/> 13-17<br><input type="checkbox"/> 18-20<br><input type="checkbox"/> 21-24<br><input type="checkbox"/> 25-44<br><input type="checkbox"/> 45-64<br><input type="checkbox"/> 65-74<br><input type="checkbox"/> 75 and over<br><input type="checkbox"/> Age Not Known   |
|                           | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Trans man<br><input type="checkbox"/> Trans woman<br><input type="checkbox"/> Gender non-conforming<br><input type="checkbox"/> Other  |

|                                      |   |
|--------------------------------------|---|
|                                      | <p><b><u>Race</u></b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> More than one race (not OMB required)</p> <p><input type="checkbox"/> Race not known or other (Not OMB required)</p> <p><b><u>Ethnicity</u></b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Ethnicity Unknown</p> |
|                                      |   |
| Results                              | Clerk/Server requested ID:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|                                      | Clerk/Server attempted to Sell without ID:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|                                      | Other Information:  |
|                                      | Visit Outcome:<br><input type="checkbox"/> Completed<br><input type="checkbox"/> Location temporarily closed<br><input type="checkbox"/> Location out of business<br><input type="checkbox"/> Location no longer selling alcohol<br><input type="checkbox"/> Deemed unsafe location by survey team<br><input type="checkbox"/> Other:   |
| Signage                              | Was there Underage Drinking Prevention related signage visible?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                                      | If so, what type of signage? Where was it posted?   |
|                                      | Was there FASD signage posted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|                                      | If so, where was FASD signage posted?   |
| Additional Highlights or Visit Notes |   |



## APPENDIX F: SAFETY RECOMMENDATIONS FOR APS AND TPS

1. Prevention providers and team (adult chaperone/monitor and young adult) will assist and/or proceed to the first store location. Upon arriving at each location, if possible, the driver will attempt to park in a location that is not visible to the clerk so as not to alert the clerk to the occurrence of a survey.

**Note: Provider will ensure at least teams of two are conducting tobacco purchase surveys. One acts as a chaperone/monitor and the other is the young adult.**

2. Prevention providers and/or the adult chaperone/monitor should discuss a plan including who will enter and in what order, what type of product to purchase, what location to purchase from and any potential security issues.

3. Prevention providers and/or the adult chaperone/monitor will determine the safety of the location in consultation with the young adult. A signal for aborting the location due to safety concerns should be established ahead of time.

4. Prevention providers and/or the adult chaperone/monitor will ensure the young adult **DOES NOT** have his or her ID.

5. If the adult chaperone/monitor's presence in the store will not compromise the survey, the chaperone/monitor and the young adult will enter the store in the most natural way possible.

6. Prevention providers and/or chaperone/monitor will determine if his or her presence in the store will compromise the survey and the location is deemed adequately safe. The young adult will enter the store alone and attempt to purchase a product while the chaperone/monitor watches the door.

7. In the event the chaperone/monitor is unable to enter then the young adult goes in, but the chaperone/monitor maintains a clear vision of the young adult at all times. The prevention provider and/or chaperone/monitor will enter the store if the young adult does not emerge within a reasonable time to have attempted to purchase a regulated product (5 minutes).

## RESOURCES

Alcohol Epidemiology Program. (n.d) *Policies to Reduce Social/Commercial Access to Alcohol*, University of Minnesota.

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