

workshops, A Safe Haven conducts regular seminars in such areas as banking, career development, nutrition and health, and housekeeping.

A Safe Haven has also provided a number of specialized services to distinct populations of substance abusers. It has allocated a number of units for deaf residents in which special programming and facilities—including telephones and smoke detectors—and interpreters are provided. A Safe Haven also provides residential facilities for families with children. It has set up a building specifically for families in which units can accommodate 1 to 2 adults with 1 to 2 children; these families are predominantly headed by single mothers (however, there is 1 father in residence with his children).

Overall, residents are expected to be active and continually involved in a 12-step recovery program, to attend scheduled in-house meetings and peer groups, to maintain work or school schedules, and to comply with random urine testing. Failure to comply with program rules may result in eviction, depending on the severity and frequency of the offense. The program's first goal is to establish sobriety as a priority; the second is for residents to begin to develop improved life skills, such as steady employment. Finally, residents are encouraged to prepare to leave A Safe Haven. The recommended length of stay is at least 9 months, although residents are eligible for graduation on an individual basis after 3 months.

A retrospective file review was conducted on 600 consecutive admissions to A Safe Haven over an 18-month period. Sixty-eight percent of all residents were male, and the average age was 33 years. Nine percent of all admitted individuals ($n = 54$) remained in residence for at least 6 months and were in residence at the time of this review. Sixty percent ($n = 362$) were discharged during this time; of these, 69 (11.5% of the total) left sober and substance-free to live independently, 119 (19.8%) relapsed, and 174 (29%) were asked to move out because they violated program rules. In summary, 123 individuals (20.5%) either graduated successfully from the program or remained alcohol- and substance-free for at least 6 months. An additional 178 individuals had not yet been in residence for 6 months at the time of the study. Thus, of the individuals for whom outcomes were known, 123 of 422 graduated or remained sober and substance-free for 6 months, representing a 29% success rate. This compares favorably with national success rates from drug rehabilitation programs (average < 10%).

A Safe Haven is an example of a seemingly effective, inexpensive long-term residential program for persons with sub-

stance-related disorders. A Safe Haven costs approximately \$3600 for 9 months of residence, compared with upwards of \$13 000 for the same length of inpatient or traditional residential treatment. Since residents are responsible for paying their rent, the program is self-sustained as long as most of the units are occupied. In fact, the economics of A Safe Haven are comparable to those of any other building management endeavor.

Only recently has A Safe Haven begun negotiating with third-party payers and competing for grant funding. In 1997, the Illinois Department of Alcohol and Substance Abuse licensed A Safe Haven's facilities; it awarded them grants of \$17 000 in 1997 and \$38 000 in 1998. Such contributions represent a very small part of its overall budget. Although A Safe Haven is currently breaking even, increased outside funding is likely to be necessary for continued expansion and maintenance of the buildings. The long-term implications of this evolution must await further evaluation. □

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Countering Pro-Tobacco Influences at the Racetrack

Since the passage of California's Tobacco Tax Health Protection Act of 1988 (Proposition 99), dozens of local and regional projects have been funded by the California Department of Health Services to counteract pro-tobacco influences. Among the most innovative is Tobacco★Free Challenge Racing (TFCR), which sponsors race cars and informs the public about tobacco at racetracks, schools, and local fairs in Northern California.

The project was developed in 1991 by the Bay Area Cancer Coalition; it is currently administered by the Public Health Institute of Berkeley. TFCR was created in response to rampant tobacco advertising and promotion in motor sports at the national and local level.

According to the Federal Trade Commission, the major domestic tobacco companies spent \$85 million on sports promotion, sponsorship, and advertising in 1996. Auto racing, the number 2 spectator sport in the United States, attracted a large share of this money.

Moreover, auto racing draws its fans from blue-collar workers and members of minority groups, who have high rates of smoking, as well as from low-income youth who idolize race car drivers. This audience also has less exposure to smoking prevention and cessation messages from health professionals, work-site programs, and schools.

TFCR came under attack in 1993 by a "smokers' rights" group, which accused it of misusing Proposition 99 funds. The California Department of Health Services viewed those charges as a sign of the project's success; however, funding was cut drastically during 1993 and 1994 after a political battle over the best use of tobacco tax revenues. TFCR's project director was forced into part-time status; its primary driver and racing advisor supplemented grant money with his personal funds to keep the project alive. Funding was restored in 1995, after legislation redirected Proposition 99 money to its mandated uses.

In 1997, 10 TFCR cars raced at 8 different tracks throughout Northern California. Several drivers represented underserved communities: they included 1 Chinese American, 2 African Americans, 1 Native American, and a 14-year-old girl who drove in special youth events. In addition to racing, TFCR cars and drivers appear at schools, fairs, and ethnic and youth events to promote the nonuse of tobacco as an acceptable alternative.

The primary site for TFCR is Petaluma Fairgrounds Speedway, a three-eighths-mile dirt oval typical of regional racetracks. Petaluma, a town of 43 000, is an hour north of San Francisco. Typically, there are 33 races per season (spring to fall) at the speedway, each attended by roughly 5 000 people, including drivers and pit crew. This track was chosen for the most intensive intervention in part because of support from its owner, a former smoker who has emphysema. The TFCR message was reinforced through logos on race cars, track announcements, targeted television advertisements, articles in racing papers and newspapers, souvenir programs, giveaways (stickers, posters, flashlights, etc.), and frequent contact between fans and drivers. TFCR also hosted a special event at the speedway for World No-Tobacco Day, to which track management admitted children free.

California's tobacco control programs are meant to have a cumulative effect; the influence of a single program is difficult to determine. To fulfill its mandate for evaluation,

TFCR conducted written surveys of fans at the start and end of the 1997 season, supplemented by interviews with fans and drivers.

Because of the chaotic nature of race-tracks, approximating a random sample was a challenge. TFCR set up a table near the main entrance to the Petaluma Speedway at the opening of business. Over the next 2 hours, as paying fans entered, a TFCR representative asked them to answer a survey in exchange for a free TFCR promotional item (e.g., seat cushions, binoculars, stopwatches) that could be used that day. Experience over several years suggests that both smokers and nonsmokers readily accept and use such items. By "eyeball estimate," one half to three quarters of fans entering the main gate completed a survey. Some nonrespondents were hurrying to get good seats; how they compared with respondents is not known.

Each survey gathered information from fans (339 initially, 347 in a second survey 6 months later) about their favorite class of racing; previous attendance at Petaluma Speedway; awareness of TFCR; behavior, attitudes, and perceived norms regarding tobacco use; attitude toward tobacco sponsorship of racing; awareness of and attitude toward a track no-smoking section; and age group.

Most respondents (315 in the first survey, 311 in the second) had been to Petaluma Speedway before. Among these previous attendees, there was higher recall of TFCR cars (57.9% vs 67.4%) and drivers (36.0% vs 47.4% correctly chose only names of TFCR drivers from a list of all drivers) at the end of the season. Many end-of-season respondents recalled TFCR publicity materials, including a track billboard (39.9%), an article in a racing paper (25.7%) or newspaper (12.5%), public address announcements (30.5%), and souvenir programs (20.3%). Strikingly, when children aged 7 to 12 years were asked how many race drivers used tobacco, 41% thought that very few did—a large increase from the 24% in the initial survey. There was also a general increase among all respondents in dislike of tobacco sponsorship of racing (34.4% vs 40.1%), "hating" to sit next to smokers (41.8% vs 53.4%), and awareness of the track's no-smoking section (10.1% vs 48.2%).

Of 51 recorded oral comments (solicited from passersby during the first 1.5 hours of the survey period) and 18 comments written on surveys, 65 praised TFCR and/or related efforts such as the no-smoking section. Fourteen respondents (includ-

ing 4 self-identified smokers) specifically mentioned TFCR's positive influence on children.

Interviews with 11 drivers also found widespread support for TFCR, including willingness to help promote the program (e.g., by handing out TFCR items to children or putting a logo sticker on their cars). Drivers felt that smoking by fellow drivers had gone down (perhaps through the presence of TFCR) but that pit crew members still smoked extensively.

While it is impossible to know whether persons surveyed and interviewed were truly representative, trends in responses were encouraging. Initially, the TFCR budget for 1997 and 1998 was \$450 000. The favorable results for the 1997 racing season led to a successful application for continued funding to replicate the comprehensive TFCR program at a second track from 1998 to 2000. □

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