



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# 2022 STATE PERFORMANCE & BEST PRACTICES FOR THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING REPORT



US Department of Health & Human Services

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Administration for Children & Families



Centers for Disease Control and Prevention



Indian Health Service



National Institute on Alcohol Abuse and Alcoholism



National Institute on Drug Abuse  
Advancing Addiction Science



Agency for Healthcare Research and Quality



Office of Population Affairs



Office of Assistant Secretary for Planning and Evaluation



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Substance Abuse and Mental Health Services Administration



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US Department of Homeland Security



THE INTERAGENCY COORDINATING COMMITTEE  
ON THE PREVENTION OF UNDERAGE DRINKING (ICCPUD)

# STATE PERFORMANCE & BEST PRACTICES FOR THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING REPORT

## 2022

This *State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report (SPBP)* is required by the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422), which was enacted by Congress in 2006 and reauthorized in December 2022 as part of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328). The STOP Act directs the Secretary of the Department of Health and Human Services, working with the Interagency Coordinating Committee on the Prevention of Underage Drinking, chaired by the Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services, to develop a set of performance measures for evaluating the states' use of best practices in preventing underage drinking.

To meet this requirement, the *SPBP Report* provides an overview of the STOP Act and the multifaceted effort to address the problem of underage drinking through prevention, intervention, treatment, recovery, enforcement, and research; describes identification, evaluation, and implementation of evidence-based practices; and reviews evidence-based and promising policies, programs, and practices to prevent and reduce underage drinking. Further, it summarizes state and District of Columbia responses to an annual survey about underage drinking enforcement practices, prevention programs, and expenditures. Finally, it includes state and national data on alcohol-related outcomes for nine performance measures.

**Time period covered by the 2022 SPBP:** State legal data reflect the status of the law as of January 1, 2021. State survey data, collected in 2021, were drawn from the most recent 12-month period in which the states maintained the data. Data presented in the nine performance measures were drawn from the Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health estimates for 2017–20, and from 2020 data from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System.

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# Chapter 1

## Introduction

## CHAPTER 1: INTRODUCTION

The harmful consequences of underage drinking are widespread and affect individuals under age 21 as well as their families and their communities. The role of the states in preventing underage drinking is critical, particularly as regulators of the alcohol market. State legislatures adopt laws that directly or indirectly regulate underage alcohol use and availability, including those directed at the use of false identification, drivers' licenses for young people, and adult responsibility for underage access. Enforcement of underage drinking laws and regulations takes place at the state and local level. State substance misuse agencies develop and support prevention, intervention, treatment, and recovery programs and activities in communities and schools. In many states and cities, public health agencies are involved in monitoring alcohol and drug use and are helping design and evaluate effective community-based prevention strategies as well.

Congress recognized the essential function that states play in the national efforts to reduce underage drinking when it enacted the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422) in 2006 and reauthorized in December 2022 as part of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328). The Act's preamble includes this statement of the sense of Congress:

Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and licensing of the manufacture, importation, sale, distribution, transportation, and storage of alcoholic beverages are ... critical to ... preventing illegal access to alcohol by persons under 21 years of age.

The STOP Act states that a “multi-faceted effort” and a “coordinated approach” to addressing underage drinking are needed. The key activities included in this approach are prevention, intervention, treatment, recovery, enforcement, and research and are reliant on multiple entities for execution (Exhibit 1.1).

This document—*State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report (SPBP Report)*—is intended to provide guidance to decision-makers about how to identify and select the intervention(s) that will best serve their state or community, as required by the STOP Act.<sup>1</sup> The STOP Act also requires that the Interagency Coordinating Committee on the Prevention of Underage Drinking include in the report measures of states' use of best practices in preventing underage drinking.

In determining “best practices” to be included in the *SPBP Report*, the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) has sought to identify evidence-based policies, programs, and practices that are effective in preventing or reducing underage alcohol use. In so doing, ICCPUD has relied upon the expertise of its members and upon reports and recommendations by the Surgeon General, National Institute on Alcohol Abuse and Alcoholism, and the Community Preventive Services Task Force, among others.

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<sup>1</sup> The material in this report is not intended as legal advice and is not a substitute for the services of a practicing attorney. Those in need of information about the application of law to their circumstances are encouraged to consult a qualified attorney.

**Exhibit 1.1: STOP Act Multifaceted Approach to the Prevention and Reduction of Underage Drinking**



Chapter 2 of the document describes evidence-based policies, programs, and practices with varying levels of effectiveness for underage drinking prevention; enforcement of laws regulating access to alcohol; intervention (e.g., screening for alcohol use); and treatment. Chapter 3 presents a summary and analysis of the 22 STOP Act *Survey of State Underage Drinking Prevention Policies, Programs, and Practices*, including states' responses to questions about their enforcement and prevention activities, collaboration and best practices, participation in media campaigns, and expenditures on underage drinking prevention. Finally, Chapter 4 provides charts showing state performance as measured by federal data for nine key areas related to underage alcohol use: (1) past-month alcohol use, (2) past-month binge alcohol use, (3) perception of risk of excessive alcohol use, (4) prevalence of alcohol use disorder, (5) receipt of treatment for alcohol use disorder, (6) traffic crash fatalities involving underage drivers with a blood alcohol concentration (BAC) greater than zero, (7) participation in alcohol, tobacco, or drug prevention programs outside of school, (8) seeing drug or alcohol prevention messages in school, and (9) average age of initiation of alcohol use.

## The STOP Act

The STOP Act directs the Secretary of the Department of Health and Human Services (HHS), working with ICCPUD, to develop a set of performance measures for evaluating the states' use of best practices in preventing underage drinking (Section 2[c][2]). The Act requires the following categories to be considered in developing such measures:<sup>2</sup>

“(I) Whether or not the State has comprehensive anti-underage drinking laws such as for the illegal sale, purchase, attempt to purchase, consumption, or possession of alcohol; illegal use of fraudulent ID; illegal furnishing or obtaining of alcohol for an individual under 21 years; the degree of strictness of the penalties for such offenses; and the prevalence of the enforcement of each of these infractions.

“(II) Whether or not the State has comprehensive liability statutes pertaining to underage access to alcohol such as dram shop, social host, and house party laws, and the prevalence of enforcement of each of these laws.

“(III) Whether or not the State encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets, such as random compliance checks and shoulder tap programs, and the number of compliance checks within alcohol retail outlets measured against the number of total alcohol retail outlets in each State, and the result of such checks.

“(IV) Whether or not the State encourages training on the proper selling and serving of alcohol for all sellers and servers of alcohol as a condition of employment.

“(V) Whether or not the State has policies and regulations with regard to direct sales to consumers and home delivery of alcoholic beverages.

“(VI) Whether or not the State has programs or laws to deter adults from purchasing alcohol for minors; and the number of adults targeted by these programs.

“(VII) Whether or not the State has programs targeted to youths, parents, and caregivers to deter underage drinking; and the number of individuals served by these programs.

“(VIII) Whether or not the State has enacted graduated drivers licenses and the extent of those provisions.

“(IX) The amount that the State invests, per youth capita, on the prevention of underage drinking, further broken down by the amount spent on—

“(aa) compliance check programs in retail outlets, including providing technology to prevent and detect the use of false identification by minors to make alcohol purchases;

“(bb) checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking;

“(cc) community-based, school-based, and higher-education-based programs to prevent underage drinking;

“(dd) underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and

“(ee) other State efforts or programs as deemed appropriate.”

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<sup>2</sup> The text that follows is taken from the original STOP Act as enacted in 2006, and does not reflect changes made to the STOP Act when reauthorized by the Consolidated Appropriations Act, 2023 (Pub. L.117-328). It is provided here because these were the required categories for the development of performance measures during the time frame covered by this report.



To meet this requirement, the *SPBP Report* describes policies that are deemed known or potential best practices and provides a summary of the current status of adoption of these policies across the states. Further, it summarizes state and District of Columbia (hereinafter collectively referred to as “the states”) responses to an annual survey about underage drinking enforcement practices, prevention programs, and expenditures.

The STOP Act also requires an annual report on each state’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.<sup>3</sup> To meet this requirement, a report has been created for each of the states; the *2022 State Reports – Underage Drinking Prevention and Enforcement (2022 State Reports)* are available at [stopalcoholabuse.gov](http://stopalcoholabuse.gov). These reports are reviewed and approved by each state’s Governor’s appointee.

The *SPBP Report* is intended to place the 51 individual *State Reports* in a national context.

### Prevention and the Continuum of Care

The provisions of the STOP Act are consistent with a public health approach to addressing substance use disorders, which can be viewed as a biopsychosocial condition influenced by various social determinants of health. A public health approach mainly focuses on primary prevention but also addresses the full impact of substance use within communities. People with substance use disorders can be identified and treated early on, with support provided throughout treatment and recovery. The involvement of families, caregivers, the community, and other stakeholders is expected and supported. Prevention, early intervention, treatment, continuing care, and recovery are expected to occur in partnership with other disciplines, such as mental health services and the primary care system. Data are used to evaluate and monitor problems, measure program progress and successes, and engage in ongoing improvement. This approach, exemplified in models such as the Recovery Oriented Systems of Care (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010; Davidson et al., 2021) fits within a broader continuum of care model. Formulated by the Institute of Medicine (IOM), the continuum of care model is an integrated system of care that is intended to guide and track patients over time through a comprehensive array of health services covering varying levels of intensity (Evashwick, 1989).<sup>4</sup> When applied to substance use, this model encompasses the following elements (IOM, 1994; National Research Council [NRC] & IOM, 2009; SAMHSA, 2018):

- **Promotional** strategies to (1) create conditions supportive of behavioral health (which includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors); and (2) reinforce the entire continuum of services for behavioral health;
- **Prevention** interventions to prevent or reduce the risk of developing a behavioral health problem;
- **Treatment** services for those diagnosed with a substance use disorder or another disorder; and

<sup>3</sup> The STOP Act also requires the Secretary of HHS and ICCPUD to produce an annual *Report to Congress on the Prevention and Reduction of Underage Drinking (RTC)*, which provides national data on underage drinking and describes federal prevention activities. The 2020 RTC is available at [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

<sup>4</sup> Now the National Academy of Medicine within the National Academies of Sciences, Engineering, and Medicine.

- **Recovery** services designed to support individuals in recovery, helping them to live productive lives and to continue abstaining from substance use.

Implicit in the description of a continuum is the understanding that some elements may overlap. For example, promotion and prevention strategies may share similar approaches (SAMHSA, 2018; NRC & IOM, 2009; National Academies of Sciences, 2019). Together, these elements are part of a comprehensive approach to underage alcohol consumption. Further, prevention of underage drinking should be understood as influencing the risk of excessive alcohol use (e.g., binge drinking) and the development of substance use disorders throughout the lifespan. Early initiation of alcohol use is associated with the development of an alcohol use disorder later in life; the use of effective prevention strategies for underage drinking can therefore have a long-term effect on the entire continuum of care. Reductions in the care cycle timeline help reduce the economic cost of excessive alcohol use and related harms in the United States, which was estimated to be \$249 billion (\$2.05 per drink) in 2010 (Hingson & Zha, 2009; Edwards et al., 2015; Flewelling et al., 2013; Sacks et al., 2015; Holder, 2002).<sup>5</sup>

The drinking behavior of adults can also have a substantial effect on the drinking behavior of youth (Nelson et al., 2009; 2005). Drinking by adults is strongly correlated with the drinking behavior of underage youth (e.g., high school students) living in the same state, and the drinking behavior of both youth and adults is strongly influenced by state alcohol control policies (Nelson et al., 2009; Xuan et al., 2015). At an individual level, a recent analysis of a longitudinal study noted that parental attitudes and monitoring of drinking behavior influenced emerging adults' risky drinking behavior (e.g., driving while intoxicated, riding with an intoxicated driver, blackouts from binge drinking). The authors noted that prevention programs focusing on binge drinking and bolstering these parental practices may reduce the likelihood of subsequent alcohol-related health-risk behaviors and their consequences (Vaca et al., 2020). These findings underscore both the influence of parental modeling and parental oversight as well as the need to implement evidence-based alcohol policies that have been found to effectively reduce excessive drinking, which is defined as binge and heavy drinking by adults and any alcohol use by underage people.

Many of the most effective interventions for reducing drinking by those under 21 are universal interventions that also reduce drinking among adults (e.g., increasing alcohol taxes, regulating alcohol outlet density). Therefore, a comprehensive approach to preventing underage drinking that also emphasizes the prevention of excessive drinking by adults is likely to have the greatest impact on reducing underage drinking and related harms (SAMHSA, 2019; *The Guide to*

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<sup>5</sup> It is estimated that reducing alcohol use among youth ages 12–17 alone could result in an overall savings of \$52.9 billion. This estimate was derived from the product of: (1) the number of high-school-aged youth ages 12–17 years old in 2016 (25.01 million) and (2) the per-participant benefit (from implementing effective nationwide prevention programming for school-aged children and youth) minus cost associated with alcohol use. The estimate was reduced by 25 percent to account for reduced intervention effectiveness as the implementation moves from demonstration to full implementation (Greenwood et al., 1996; Miller and Levy, 2000; Aos et al., 1999). Assumptions: Only savings from existing school-based programs are included in these estimates. Cost savings accrue over a multiyear period. Future costs were converted to present value using a 3 percent discount rate. Costs due to youth substance misuse decline at the same rate as the number of initiators.

*Community Preventive Services [The Community Guide];*  
[www.thecommunityguide.org/alcohol](http://www.thecommunityguide.org/alcohol)).<sup>6</sup>

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<sup>6</sup> Excessive alcohol use is defined by the Centers for Disease Control and Prevention (CDC) as including binge drinking, heavy drinking, any consumption of alcohol by pregnant women or consumption by individuals under 21 (<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>).

## Identifying and Implementing Statewide Policies

Research indicates that effective prevention initiatives must be both multilevel (coordinating efforts among governments and agencies) and multifaceted (employing both environmental and individual-level approaches; Edwards et al., 2015; Flewelling et al., 2013; Holder, 2002). Prevention strategies must also be targeted strategically. The IOM describes three categories of prevention interventions: (1) universal (aimed at all members of a given population), (2) selective (aimed at a sub-group determined to be at high risk for substance use), and (3) indicated (targeted to individuals who are already using substances but have not developed a substance use disorder; NRC & IOM, 2009). As noted in the 2016 Surgeon General’s Report, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*, “...research has not yet been able to suggest an optimal mix” (SAMHSA, 2016).

As the Surgeon General’s Report states (SAMHSA, 2016), the choices as to where to target a strategy are not always clear cut:

Communities may think it is best to direct services only to those with the highest risk and lowest protection or to those already misusing substances. However, a relatively high percentage of substance misuse-related problems come from people at lower risk, because they are a much larger group within the total population than are people at high-risk. This follows what is known as the Prevention Paradox: “a large number of people at a small risk may give rise to more cases of disease than the small number who are at a high risk.” By this logic, providing prevention interventions to everyone (i.e., universal interventions) rather than only to those at highest risk is likely to have greater benefits.

Given these complexities, communities and governments wishing to address underage drinking are faced with multiple choices that must be appropriate to the specifics of their community and workable within the limits of their resources. Considerations must include whether specific interventions are culturally appropriate, especially when targeted toward diverse populations, or whether adaptations are necessary. Further, adaptations of an evidence-based intervention must be measured against preservation of the fidelity of the intervention; a strategy is only as effective as its implementation allows (HHS, 2016). Therefore, researchers stress that evaluation of the implementation process is a key component to putting any evidence-based strategies and programs into practice and that both ensuring fidelity and adaptation (when appropriate) are critical to the ultimate effectiveness of the program (Fixsen et al., 2005; HHS, 2016).

Implementation has been defined as a specified set of activities designed to put into practice an activity, policy, or program (Fixsen et al., 2005). It requires “deliberate and strategic efforts to facilitate collaboration, communication, and relationship-building among researchers, implementers, and policymakers” (Sturke et al., 2014). Similarly, sustainable implementation is supported by “a bi-directional model, where researchers work with, and learn from, people on the ground rather than coming to dictate what will be done” (Fogarty International Center, 2013).

Researchers have suggested guidelines for promoting state and national policies to implement transformative practices and programs that are particularly relevant to the best practices discussed in Chapter 2 of this document:

1. Policymakers and planners need to understand how to implement policies and guidelines that impact human services.
2. Governments need to invest in the development and use of implementation strategies and methods that are grounded in research and elaborated through accumulated experience.

3. Successful funding strategies are critical to implementation of well-defined practices and programs (Fixsen et al., 2005).

A significant component of successful policy implementation is the capacity to enforce the policies once they are in effect. Enforcement encompasses all actions taken by public entities to increase compliance. Laws may or may not specify sanctions or enforcement practices. Further, a law's success in changing behaviors may depend on the extent to which the policy is enforced.

### **Framework of State Performance and Best Practices**

Many of the best practices described in the following chapters are environmental. That is, they seek to alter physical, economic, and social environments, which may be focused on entire populations or a sub-population. The main mechanisms for environmental change include state laws and local ordinances and their enforcement, institutional policies, and changing norms. In contrast, individual-level approaches include programs designed to impart knowledge, change attitudes and beliefs, or teach skills to youth and adults. Individual-level best practices for prevention, treatment, and recovery are discussed in the 2016 Surgeon General's Report, as well as environmental-level best practices (SAMHSA, 2016). The *State Reports* also describe many of the individual-level programs being used in each state.

## Chapter 2

# Policies, Programs, and Practices for Underage Drinking Prevention

## CHAPTER 2: POLICIES, PROGRAMS, AND PRACTICES FOR UNDERAGE DRINKING PREVENTION

### Introduction

This chapter addresses policies and practices (including programs and interventions) related to underage drinking prevention that have evidence or possible evidence supporting their efficacy.

The general concept of an evidence-based policy, program, or practice is clear: some form of scientific evidence must support the proposed practice, the practice itself must be practical and appropriate given the circumstances under which it will be implemented and the population to which it will be applied, and the practice must have a significant effect on the outcome(s) to be measured. A best practice, on the other hand, can be defined as “an intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations” (Ng & de Colombani, 2015). Such interventions are validated as evidence-based practices through documented scientific testing for efficacy. The gold standard of scientific evidence is the randomized controlled trial, but it is not always possible to conduct such trials, particularly in the policy arena. Many strong, widely used, quasi-experimental designs have produced and will continue to produce credible, valid, and reliable evidence—these should be relied on when randomized controlled trials are not possible.

It is also important to recognize that the science and evidence base for best practices continue to expand and change. One of the key principles of evidence-based policymaking evaluation is the ongoing gathering of data on what works, under what circumstances, and at what cost. Accordingly, the recommended policies, programs, and practices for addressing underage drinking will also evolve over time. The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) continues to identify evidence-based policies, programs, and practices in prevention, intervention, treatment, and enforcement.

This chapter describes ICCPUD’s current recommendations of evidence-based and promising (1) underage drinking **prevention** policies, (2) **enforcement** policies, (3) **intervention** best practices, and (4) principles for **treatment** best practices. In many cases, these recommendations draw from resources created by ICCPUD member agencies, including the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), CDC, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Changes to Alcohol Availability During the Coronavirus Disease 2019 (COVID-19) Pandemic

During 2020 and 2021, many states issued temporary emergency orders pertaining to alcohol policies for on-premises and off-premises retail establishments such as bars, restaurants, and liquor stores. NIAAA offers state-level data on COVID-19 emergency orders as of January 1, 2022 (<https://alcoholpolicy.niaaa.nih.gov/resource/covid-19/98>). Additionally, in this report is a new policy topic representing data on adoption of state statutes (as distinct from temporary emergency orders) that make some of these emergency changes permanent (See the new Direct to Consumer policy topic).

## Prevention Policies

This section provides detail on underage drinking prevention policies that have been identified as evidence based or as promising practices appropriate for ongoing evaluation. These policies, for which there is mixed, promising, or strong evidence of effectiveness, fall into five categories, including those addressing (1) underage possession or purchase of alcohol, (2) underage drinking and driving, (3) alcohol availability, (4) sales and delivery to consumers at home, and (5) alcohol pricing. Two more policies are discussed under “Enforcement Policies” below. Seventeen of these policies were included in the original Sober Truth on Preventing Underage Drinking (STOP) Act legislation or in Congressional report language during the 2009–10 appropriations process. The remaining nine policies were added by ICCPUD following input from various stakeholders and review of the relevant literature.

Each of the underage drinking prevention policies analyzed below was determined to be a best or potential best practice by ICCPUD. Additionally, the majority of these policies were identified as best practices by one or more of the following five sources:

1. Community Preventive Services Task Force (*Guide to Community Preventive Services. Preventing Excessive Alcohol Consumption*; Community Preventive Services Task Force, 2016)
2. The Surgeon General (*The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking*; Department of Health and Human Services [OSG, 2007])
3. Institute of Medicine (*Reducing Underage Drinking: A Collective Responsibility*; National Research Council [NRC] and IOM, 2004)
4. NIAAA (CollegeAIM: Alcohol Intervention Matrix, NIAAA)
5. The Surgeon General (*Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*; SAMHSA, 2016).

The prevention policies are listed in Exhibit 2.1. An “X” indicates that a given policy is identified as a best practice by ICCPUD or by one of the five sources listed above.

Each policy summary describes the policy’s key components, the status of the policy across states, and trends over time. Research citations on each policy’s effectiveness for reducing underage drinking are included after each policy description.



**Exhibit 2.1: Underage Drinking Prevention Policies—Best Practices**

Source Identifying Policy as a Potential Best Practice						
Underage Drinking Prevention Policies	ICCPUD Determination Based on Input from Stakeholders and Literature Review	Community Preventive Services Task Force <sup>7</sup>	Surgeon General's Call to Action	IOM Report, <i>Reducing Underage Drinking: A Collective Responsibility</i>	CollegeAIM (Alcohol Intervention Matrix; NIAAA)	<i>Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health</i>
<b>Policies addressing underage possession or purchase of alcohol</b>						
Possession by underage person	X		X	X	X	
Consumption by underage person	X		X	X	X	
Internal possession by underage person	X					
Purchase or attempt to purchase alcohol by underage person	X		X	X	X	
False identification (ID)/Incentives for retailers to use ID scanners or other technology			X	X	X	
<b>Policies targeting underage drinking and driving</b>						
Youth blood alcohol concentration (BAC) limits (zero tolerance)	X		X	X		X
Loss of driving privileges for alcohol violations by people under age 21 (use/lose law)	X					X
Graduated driver's licenses	X		X	X		
<b>Policies targeting alcohol availability</b>						
Furnishing or sale to a person under age 21	X		X	X	X	

<sup>7</sup> The Community Preventive Services Task Force provides evidence and findings about community preventive services, programs, and other interventions aimed at improving population health. It has reviewed only a select number of strategies on the prevention of excessive alcohol use.

Source Identifying Policy as a Potential Best Practice						
Underage Drinking Prevention Policies	ICCPUD Determination Based on Input from Stakeholders and Literature Review	Community Preventive Services Task Force <sup>7</sup>	Surgeon General's Call to Action	IOM Report, Reducing Underage Drinking: A Collective Responsibility	CollegeAIM (Alcohol Intervention Matrix; NIAAA)	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
Mandatory/voluntary server-seller training (responsible beverage service programs)	X		X	X	X	
Minimum age for off-premises server	X					
Minimum age for on-premises server	X					
Outlet siting near schools <sup>8</sup>	X					
Dram shop liability	X	X		X	X	X
Social host liability	X			X	X	X
Hosting underage drinking parties	X		X	X	X	X
Keg registration	X		X	X	X	
High-proof grain alcoholic beverages	X					
Policies addressing sales and delivery to consumers at home						
Retailer interstate shipment	X					
Direct sales/shipment from producer	X					
Home delivery	X			X		
Direct to consumer	X			X		
Policies affecting alcohol pricing						
Increasing alcohol tax rates	X	X		X	X	X
Restrictions on drink specials	X		X	X	X	
Wholesaler pricing provisions	X					

<sup>8</sup> Outlet Siting Near Schools was addressed at a more general level by three of the sources: The Community Preventive Services Task Force, the NIAAA CollegeAIM, and the 2016 *Surgeon General's Report*. These sources included restrictions on alcohol outlet density as a best practice without specifically endorsing the reduction of alcohol outlet density near schools.

## Policies Addressing Underage Possession or Purchase of Alcohol

### Underage Possession, Consumption, and Internal Possession

#### Policy Description

As of January 1, 2021, all states prohibit possession of alcoholic beverages (with certain exceptions) by those under age 21.<sup>9</sup> In addition, 36 states have statutes that specifically prohibit the consumption of alcoholic beverages by those under age 21.

Nine states have enacted laws prohibiting “internal possession” of alcohol by persons under 21. These provisions typically require evidence of alcohol in the underage drinker’s body but do not require any specific evidence of possession or consumption. Internal possession laws are especially useful to law enforcement in making arrests or issuing citations when breaking up underage drinking parties. Internal possession laws allow officers to bring charges against underage individuals who are neither holding nor drinking alcoholic beverages in the presence of law enforcement officers.

#### Exceptions

Some states allow exceptions to possession, consumption, or internal possession prohibitions when a family member consents or is present. States vary widely in terms of which relatives may consent or must be present for this exception to apply and in what circumstances the exception applies.

Some states allow exceptions to possession, consumption, or internal possession prohibitions on private property. States vary in the extent of the private property exception, which may extend to all private locations, private residences only, or in the home of a parent or guardian only.

In some states, a location exception is conditional on the presence or consent of a parent, legal guardian, or spouse. In other states, both family and location exceptions exist and apply separately.

With respect specifically to consumption laws, some states prohibit underage consumption on licensed premises only.

#### Status of Underage Possession Policies

As of January 1, 2021, all states prohibit possession of alcoholic beverages by those under age 21. Sixteen states have exceptions to possession for permission by parents or guardians. Nine states have exceptions for spousal permission. Six states have exceptions in private locations, and one state has an exception for possessing alcohol in a private residence (Exhibit 2.2).

#### Trends in Underage Possession Policies

Between 1998–2021, the number of states with family exceptions rose from 23 to 27, and the number with location exceptions rose from 20 to 21.

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<sup>9</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

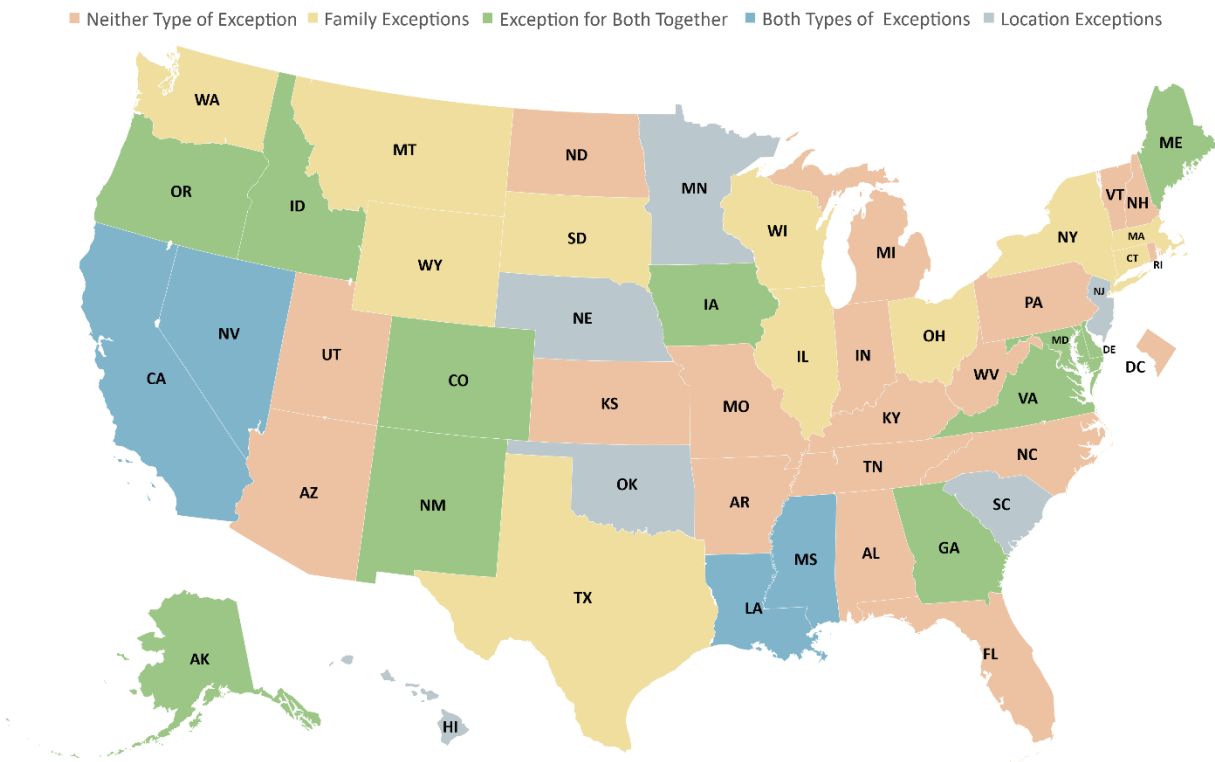
### Status of Underage Consumption Policies

As of January 1, 2021, 36 states prohibit consumption of alcoholic beverages by those under age 21. Eight states have an exception for permission by parents or guardians, six states have a spousal permission exception, two states have an exception in any private location, one state has an exception for private residences, and two states have an exception to consumption in a parent or guardians’ home only (Exhibit 2.3).

### Trends in Underage Consumption Policies

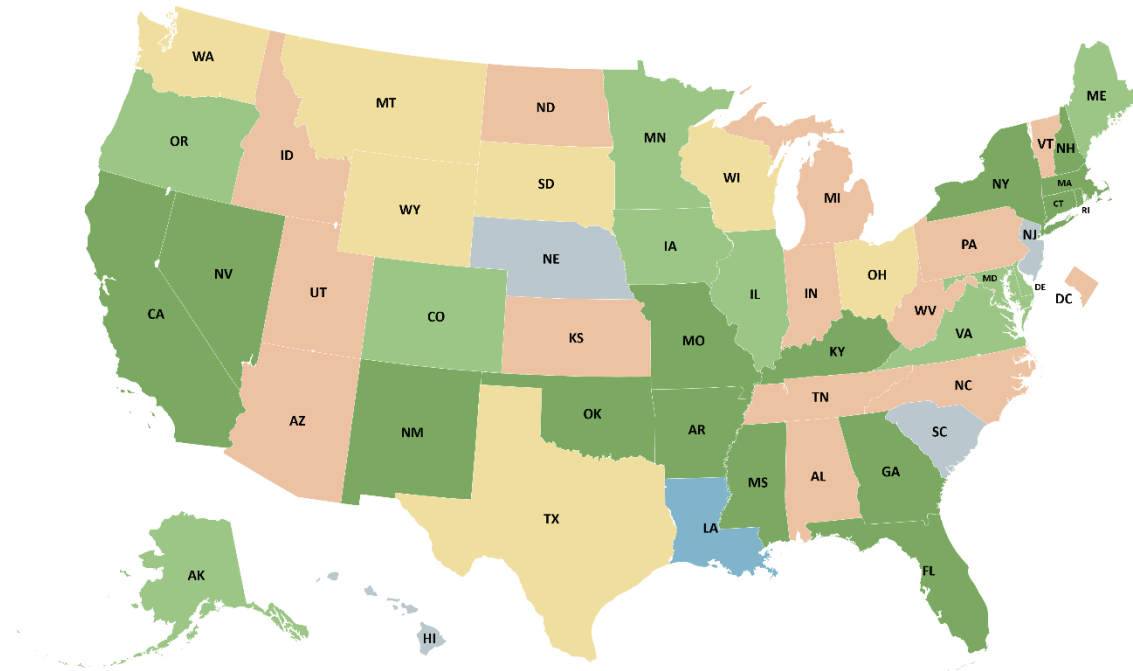
Between 1998–2021, the number of states that prohibit underage consumption under at least some circumstances increased from 27 to 36.

**Exhibit 2.2: Exceptions to Minimum Age of 21 for Possession of Alcohol as of January 1, 2021**



**Exhibit 2.3: Exceptions to Minimum Age of 21 for Consumption of Alcohol as of January 1, 2021**

■ Neither Type of Exception ■ Family Exceptions ■ Exception for Both Together ■ Both Types of Exceptions ■ Consumption Not Prohibited ■ Location Exceptions

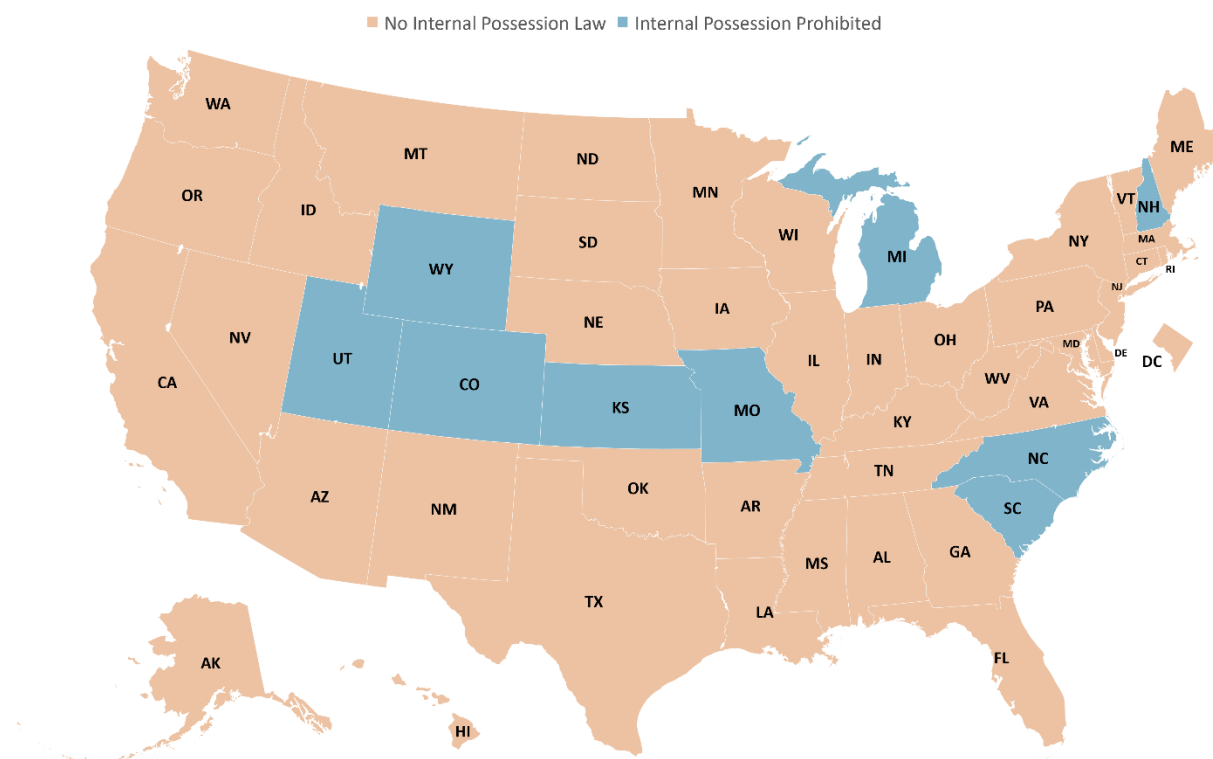
**Status of Underage Internal Possession Policies**

As of January 1, 2021, nine states prohibit internal possession of alcoholic beverages for anyone under age 21 (Exhibit 2.4). One state has an exception for permission of a parent or guardian, one state has a spousal exception, and one state has an exception to internal possession in a parent or guardian's home only.

**Trends in Underage Internal Possession Policies**

Between 1998–2021, the number of states that prohibit underage internal possession grew from two to nine. The most recent state to enact a prohibition on internal possession was Wyoming in 2010.

### Exhibit 2.4: Prohibition of Internal Possession of Alcohol by Persons Under Age 21 as of January 1, 2021



#### Data Sources and Citations

All data for the underage possession, consumption, and internal possession policy topics were obtained from the National Institute on Alcohol Abuse and Alcoholism's Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/possessionconsumptioninternal-possession-of-alcohol/42>. APIS provides further descriptions of this set of policies and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Underage Purchase and Attempted Purchase

### Policy Description

Most states prohibit people under age 21 from purchasing or attempting to purchase alcoholic beverages.<sup>10</sup> An underage person who purchases alcoholic beverages can be prosecuted for possession because once a sale is completed, there is possession on the part of the purchaser. Purchase and possession are separate offenses. An underage youth who purchases alcoholic beverages could be liable for two offenses in states that have both prohibitions (see the “Underage Possession/Internal Possession/Consumption” policy above for further discussion).<sup>11</sup> A significant minority of youth purchase or attempt to purchase alcohol for themselves, sometimes using falsified ID (see the “False ID” policy below).

Such purchases increase the availability of alcohol to underage persons, which in turn increases underage consumption. Prohibitions and associated sanctions on underage alcohol purchases can depress rates of and attempts to purchase by raising the monetary and social costs of this behavior. These laws provide a primary deterrent (preventing attempted purchases) and a secondary deterrent (reducing the probability that persons sanctioned under these laws will attempt to purchase in the future).

In some states, a person under age 21 is allowed to purchase alcoholic beverages as part of a law enforcement action. Most commonly, these actions are checks on merchant compliance or stings to identify merchants who illegally sell alcoholic beverages to underage buyers. This allowance for purchase in the law enforcement context may exist even though a state does not have a law specifically prohibiting underage purchase.

### Status of Underage Purchasing Policies

As of January 1, 2021, 46 states prohibit underage purchase or attempted purchase of alcohol; the remaining five states do not (Exhibit 2.5). Underage persons are allowed to purchase alcohol for law enforcement purposes in 25 states.

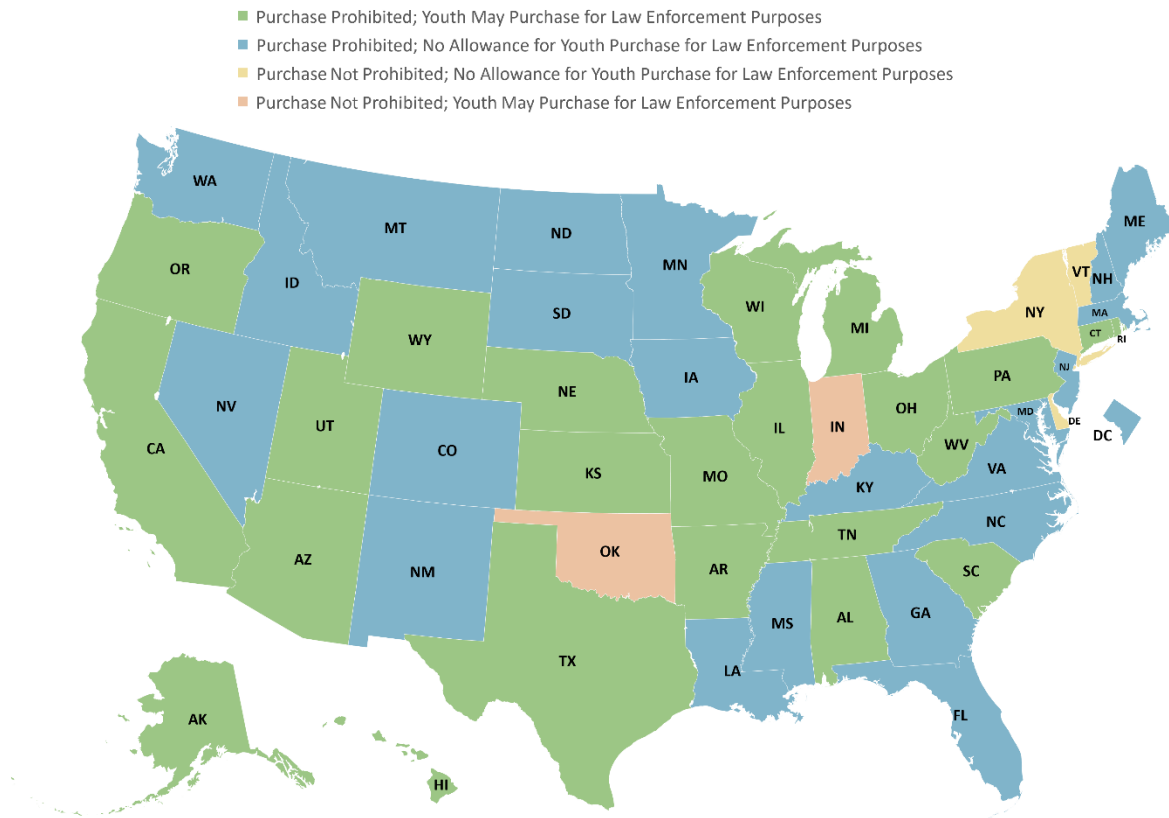
### Trends in Underage Purchasing Policies

The number of states with allowances for underage purchase for enforcement purposes has increased, from eight in 1998 to 23 in 2021.

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<sup>10</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

<sup>11</sup> Some states have laws that specifically prohibit both underage purchase and attempted purchase of alcohol. An attempted purchase occurs when a person under age 21 takes concrete steps toward committing the offense of purchasing, whether or not the purchase is consummated. The two offenses are not treated separately in this report.

**Exhibit 2.5: Underage Purchase of Alcohol for Law Enforcement Purposes as of January 1, 2021****Data Sources and Citations**

All data for the “Underage Purchase of Alcohol” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/underage-purchase-of-alcohol/43>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## False ID

### Policy Description

Alcohol retailers are responsible for ensuring that sales of alcoholic beverages are made only to individuals who are legally permitted to purchase alcohol. Inspecting government-issued ID (i.e., driver's license, non-driver ID card, passport, and military ID card) is one major mechanism for ensuring that buyers meet minimum age requirements. To circumvent these safeguards, underage people may obtain and use apparently valid ID cards that falsely state their age as 21 or over. Age may be falsified by altering the birthdate on a valid ID card, obtaining an invalid ID card that appears to be valid, or using someone else's ID card.

Compliance check studies suggest that underage people who drink may have little need to use false ID because retailers make sales without any ID inspection. However, concerns about false ID remain high among law enforcement officials, retailers, and government officials. Current technology has made false ID cards easier to fabricate, and the internet provides ready access to a large number of false ID vendors.

All states prohibit use of false ID by underage people to obtain alcohol.<sup>12</sup> In addition to basic prohibitions, states have adopted a variety of legal provisions pertaining to false ID for obtaining alcohol. These can be divided into three basic categories:

1. Provisions that target underage youth who possess and use false ID cards to obtain alcohol.
2. Provisions that target those who supply underage youth with false ID cards, either through lending of a valid ID card or production of invalid ("fake") ID cards.
3. Provisions that help retailers avoid sales to possible buyers who present false ID cards. For further discussion of policies pertaining to the purchase of alcohol by people under age 21, see the "Underage Purchase and Attempted Purchase" policy above; for policies that mandate training of servers to detect false ID, see the "Responsible Beverage Service" policy below; and for policies on license suspension or revocation, see the "Loss of Driving Privileges for Alcohol Violations by Underage Youth" policy below.

### Status of False ID Policies

#### *Provisions That Target Underage Youth*

As of January 1, 2021, all states prohibit people under age 21 from using false ID cards to obtain alcohol. Thirty-nine states authorize suspension of their driver's licenses for using false ID in the purchase of alcohol through judicial proceedings, administrative proceedings, or both (Exhibit 2.6).

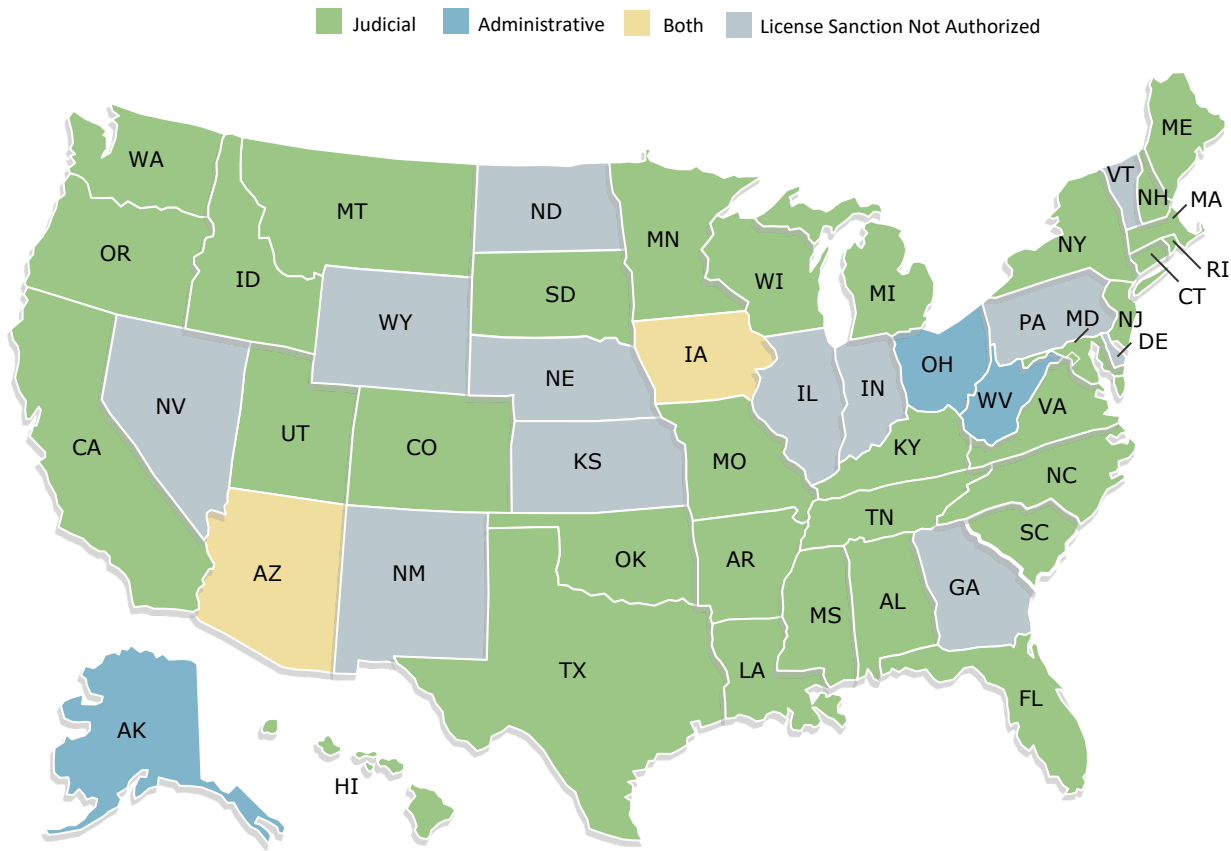
#### *Provisions That Target False ID Suppliers*

As of January 1, 2021, 25 states have laws that target suppliers of false ID cards; 24 prohibit lending, transferring, or selling false ID cards to underage youth for the purpose of purchasing alcohol; and 13 prohibit manufacturing such IDs.

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<sup>12</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

**Exhibit 2.6: Procedure for Imposing License Sanction for Use of False ID as of January 1, 2021**



***Provisions That Support Alcohol Retailers***

Retailer support provisions vary widely across the states. For prosecutions involving an illegal underage alcohol sale, 45 states provide for some type of affirmative defense (e.g., the retailer shows that he/she reached a good faith or reasonable conclusion that the false ID was valid); 43 states have statutes or regulations requiring distinctive licenses for persons under age 21; 12 states permit retailers to seize apparently false IDs; 13 states provide incentives for the use of scanners; four states allow retailers to detain underage youth; and five states permit retailers to sue underage youth for damages.<sup>13</sup>

**Trends in False ID State Policies**

State false ID policies that target underage youth and suppliers have been relatively stable since 1998. In 1998, four states had license suspension via administrative determination. By 2021, only two states did so. In 1998, 33 states permitted license suspension via judicial review. By 2021, that number rose to 34.

**Data Sources and Citations**

All data for the “False Identification for Obtaining Alcohol” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System

<sup>13</sup> Some additional states have requirements for distinctive licenses that are not codified in law.



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## Policies Targeting Underage Drinking and Driving

### Youth Blood Alcohol Concentration (BAC) Limits (Underage Operators of Non-Commercial Motor Vehicles)

#### Policy Description

BAC limit policies establish the maximum amount of alcohol that underage drivers can have in their bloodstream when operating a motor vehicle. BAC is commonly expressed as a percentage. For instance, a BAC of 0.08 percent means that a person has 8 parts of alcohol per 10,000 parts of blood in the body. State laws generally specify BAC levels in terms of grams of alcohol per 100 milliliters of blood (often abbreviated as grams per deciliter, or g/dL). BAC levels can be detected by breath, blood, or urine tests. The laws of each state specify the preferred or required types of tests used for measurement.<sup>14</sup>

There is strong scientific evidence that as BAC increases, the cognitive and motor skills needed to operate a motor vehicle are increasingly impaired. BAC statutes establish criteria for determining when the operator of a vehicle is sufficiently impaired to constitute a threat to public safety and is therefore violating the law. Currently, 50 states mandate a BAC limit of 0.08 g/dL for drivers over age 21. In 2018, Utah became the first state to lower the BAC limit to 0.05 g/dL.

Underage drivers' ability to safely operate a motor vehicle may be impaired at a lower BAC than that of adults because of lower body mass, lack of physiological development, and lack of driving experience. Partly due to financial incentives established by the federal government, all states in the United States have enacted low BAC limits for underage drivers. Laws establishing very low legal BAC limits of 0.02 g/dL or less for drivers under the legal drinking age of 21 are widely referred to as zero-tolerance laws.

A per se BAC statute stipulates that if the operator has a BAC level at or above the per se limit, a violation has occurred without regard to other evidence of intoxication or sobriety (e.g., how well or poorly the individual is driving). In other words, exceeding the BAC limit established in a per se statute is itself a violation.

#### Status of Youth BAC Limit Policies

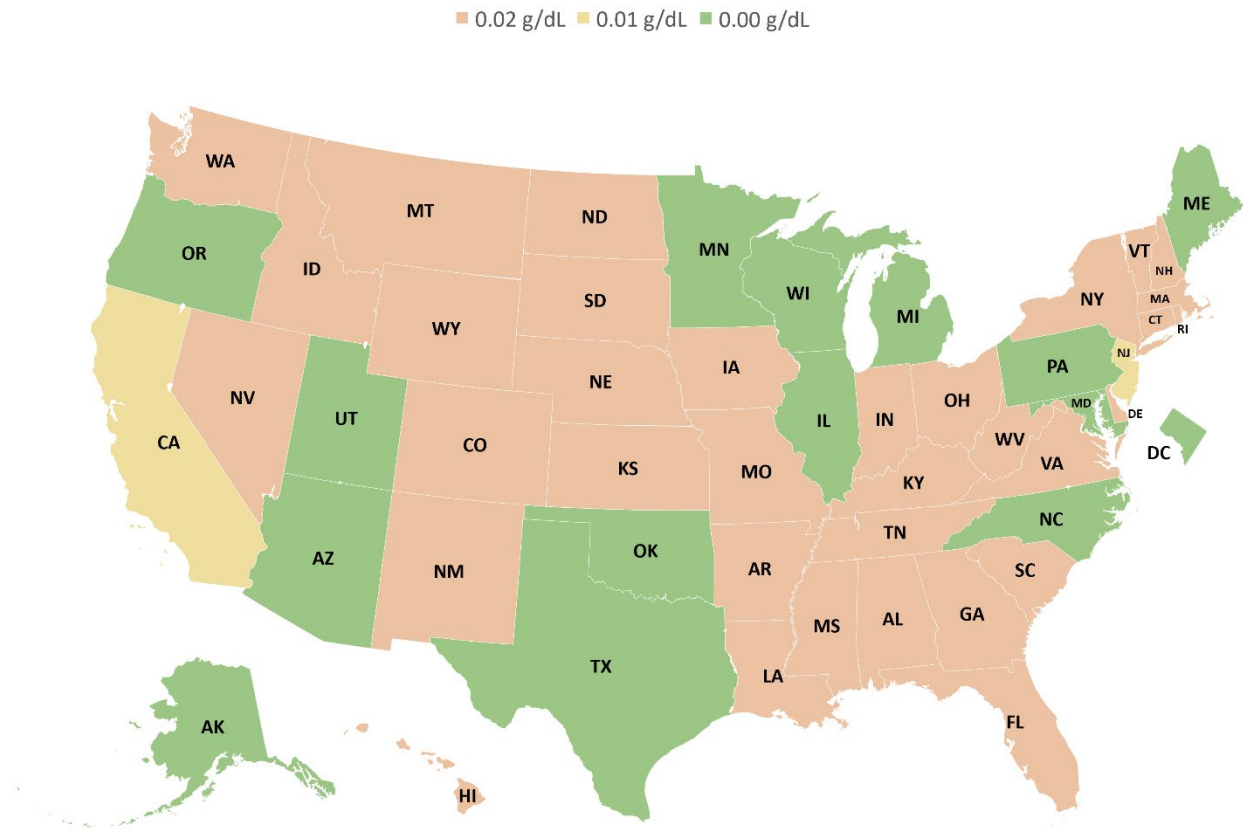
As of January 1, 2021, all states have per se youth BAC statutes. Thirty-four states set the driving BAC limit for underage persons at 0.02 g/dL (Exhibit 2.7). Fifteen states consider any underage alcohol consumption while driving to be a violation of the law and have set the limit to 0.00 g/dL. Two states (California and New Jersey) have set the underage BAC limit to 0.01 g/dL.

#### Trends in Youth BAC Limit Policies

Since 1998, all states have had zero tolerance (0.02 g/dL or lower) youth BAC limit laws. In the period between 1999–2021, the number of states mandating specific BAC limits for underage drivers remained constant except for Maryland, which lowered its underage BAC limit from 0.02 g/dL to 0.00 g/dL.

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<sup>14</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

**Exhibit 2.7: BAC Limits for Youth Operators as of January 1, 2021**

### Data Sources and Citations

All data for the “Underage Operators of Non-Commercial Motor Vehicles” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/youth-underage-operators-of-noncommercial-motor-vehicles/13>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## **Loss of Driving Privileges for Alcohol Violations by Underage Youth (Use/Lose Laws)**

### **Policy Description**

Use/lose laws authorize suspension or revocation of driving privileges as a penalty for underage purchase, possession, or consumption of alcoholic beverages. States began enacting these statutes in the mid-1980s to deter underage drinking by imposing a punishment that young people would consider significant: the loss of a driver's license.<sup>15</sup> In most states, use/lose laws make it mandatory to impose driver's license sanctions in response to underage alcohol violations; other states give discretion to the judge or other decision maker. State laws vary as to the type of violation (purchase, possession, or consumption of alcohol) that leads to these sanctions and how long suspensions or revocations stay in effect.

State laws specific to people under age 21 (purchase, possession, and consumption of alcoholic beverages) are described in the "Underage Purchase of Alcohol" and "Underage Possession/Consumption/Internal Possession of Alcohol" policies.

### **Status of Loss of Driving Privileges Policies**

Thirty-two states have made license suspension or revocation mandatory or discretionary in cases of underage alcohol violations. Nineteen states have no use/lose laws.

### ***Upper Age Limits***

Twenty-four states set age 21 as the upper limit for use/lose laws for either possession or consumption of alcohol. In these states, the law is either mandatory or is based on discretion of the judge or other decision maker. Thirteen states set the upper limit at age 18, and one state (Wyoming) sets the limit at age 19.

### ***Authority to Impose License Sanctions***

In a majority of states with use/lose laws (22 states), license suspension or revocation is mandatory (Exhibit 2.8). Ten states have made this a discretionary penalty for such violations.

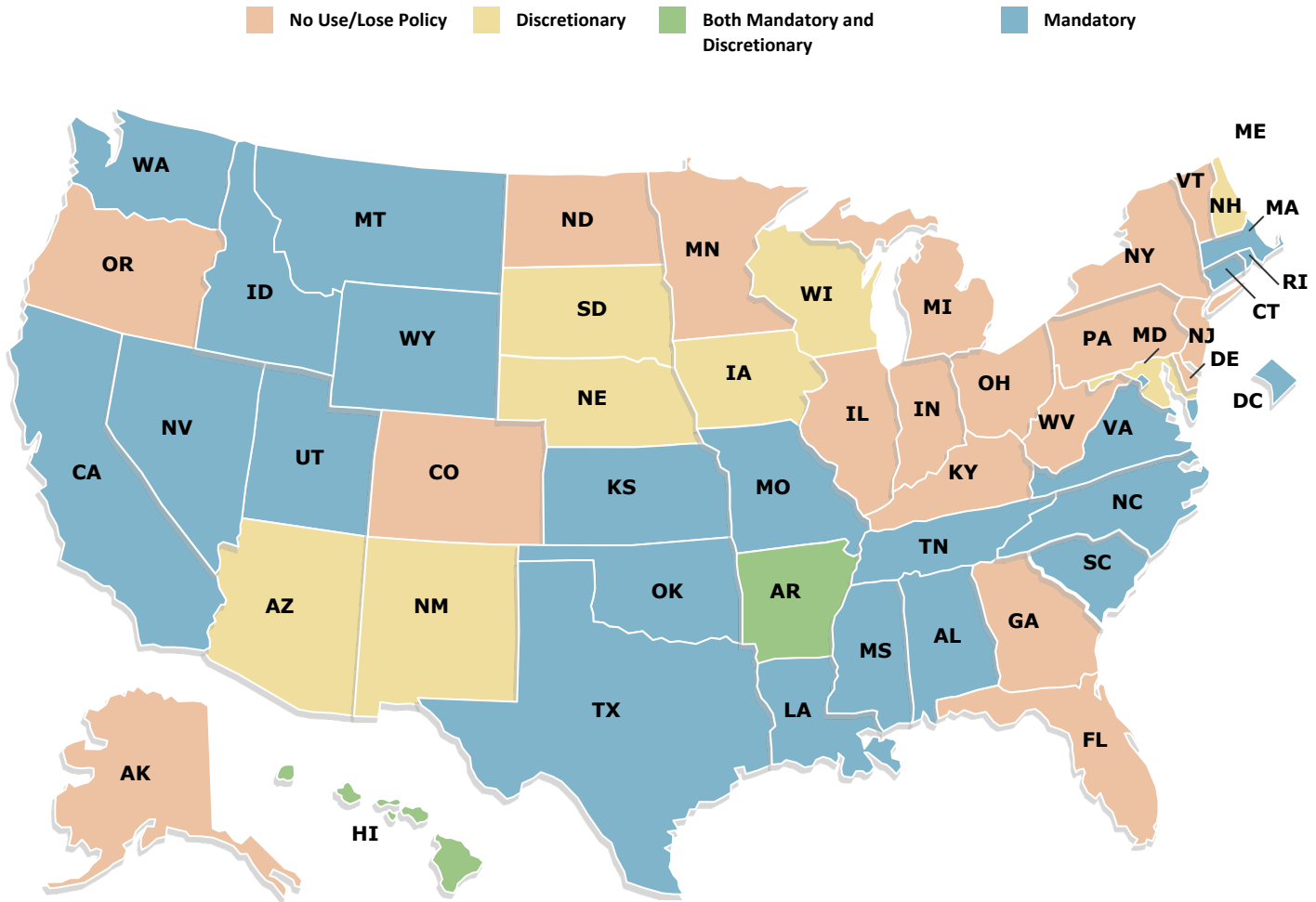
### **Trends in Loss of Driving Privileges Policies**

Between 1998–2019, the number of states that made license suspension or revocation mandatory in at least some cases of underage alcohol violations increased from 25 to 29. In 2020, the number decreased to 26, as Delaware, Florida, and Pennsylvania repealed their use/lose laws. In 2021, two additional states (Illinois and New Jersey) repealed these laws, reducing the total number of states making license suspension or revocation mandatory to 24.

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<sup>15</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

**Exhibit 2.8: License Suspension/Revocation for Alcohol Violations by Underage Youth as of January 1, 2021**



**Data Sources and Citations**

All data for the “Use/Lose: Driving Privileges” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/uselose-driving-privileges/44>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Graduated Driver's Licenses

### Policy Description

Graduated driver licensing (GDL) is a system designed to delay full licensure for teenage automobile drivers, thus allowing beginning drivers to gain experience under less risky conditions. Teenagers are targeted because they are at the highest risk for motor vehicle crashes, including alcohol-related crashes. In fact, motor vehicle crashes are the leading cause of death among teenagers. By imposing restrictions on driving privileges, GDL reduces fatal crashes among newly licensed teen drivers.

Comprehensive GDL systems are associated with the greatest benefits and have three stages: (1) a minimum supervised learner's period, (2) an intermediate license (once the driving test is passed) that limits unsupervised driving in high-risk situations (e.g., nighttime driving and driving with teen passengers), and (3) a full-privilege unrestricted driver's license after completion of the first two stages. Beginners must remain in each of the first two stages for set minimum time periods.

"Primary enforcement" refers to the authority given to law enforcement officers to stop drivers for the sole purpose of investigating possible violations of night driving or passenger restrictions. Law enforcement officers in states without primary enforcement can investigate possible violations of these provisions only as part of an investigation of some other offense.<sup>16</sup> Primary enforcement greatly increases the chance that violators will be detected.

### Status of GDL Policies

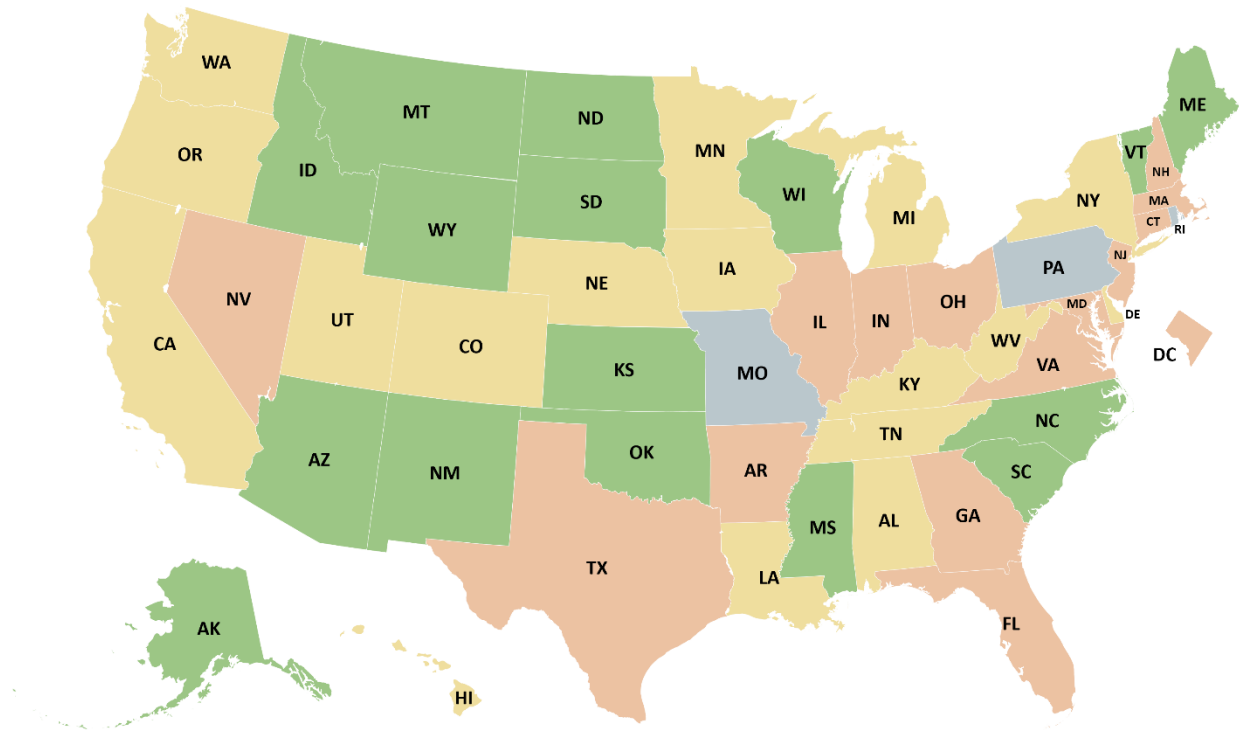
All 51 states have some form of GDL policy, and all have full three-stage criteria. The minimum age for each stage and the extent to which the other restrictions are imposed vary across states. An important GDL provision related to traffic safety is the minimum age for full licensure. Full licensure is allowed by 15 states on the 18th birthday; three states permit full licensure above age 17 but under age 18; and 17 states permit full licensure on the 17th birthday (Exhibit 2.9). All but one state have night-driving restrictions. Forty-seven states place passenger restrictions on drivers with less than full licensure.

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<sup>16</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

**Exhibit 2.9: Minimum Age of Full Driving Privileges Laws as of January 1, 2021**

■ At Least 16 But Less Than 17 ■ Age 17 ■ Over 17 But Less Than 18 ■ At Least 18

**Trends in GDL Policies**

On January 1, 1996, only one state (Maryland) had a three-stage GDL law. However, by 2000, 23 states had enacted three-stage GDL laws, and by 2012, that number had risen to the current level of 51.

**Data Sources and Citations**

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](https://stopalcoholabuse.gov). Historical data for the years 1996–2004 were obtained from Chen, Baker, and Li (2006). Data from January 1, 2005, to December 31, 2008, were obtained from the Insurance Institute for Highway Safety (<https://www.iihs.org/topics/teenagers/graduated-licensing-laws-table>).

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## Policies Targeting Alcohol Availability

### Furnishing Alcohol to People Under Age 21

#### Policy Description

All states prohibit furnishing alcoholic beverages to underage people.<sup>17</sup> Most underage persons obtain alcohol from adults, including parents, older siblings, peers, or strangers solicited to purchase alcohol. However, some underage persons purchase alcohol directly from merchants who fail to comply with laws prohibiting sale to people under age 21 or by using false ID (see the “False ID” policy). These sources increase the availability of alcohol to youth, which in turn increases underage consumption. Prohibitions and associated sanctions on furnishing to underage persons depress rates of furnishing by raising the monetary and social costs of this behavior. Such laws provide a primary deterrent (preventing furnishing) and a secondary deterrent (reducing the chances of persons sanctioned under these laws furnishing in the future).

Two types of exceptions to underage furnishing laws are discussed in this analysis:

1. Family exceptions permit parents, guardians, or spouses to furnish alcohol to underage people; some states specify that the spouse must be of legal age and others do not.
2. Location exceptions permit furnishing alcohol in specified locations and may limit the extent to which family members can furnish to underage youth. No state has an exception for furnishing on private property by anyone other than a family member.

Some states provide sellers and licensees with one or more defenses against a charge of furnishing alcoholic beverages to a person under age 21. Under these provisions, a retailer who provides alcohol to an underage person will not be in violation of the furnishing law if he or she establishes one of these defenses. This policy topic tracks one such defense: Some states require that the underage person who initiated a transaction be charged with possessing or purchasing alcohol before the retailer can be found in violation of the furnishing law (see the “False ID” policy for information on defenses associated with underage youth using false ID). Many states also have provisions that mitigate penalties imposed on retailers who have participated in responsible beverage service (RBS) programs (see the “RBS” policy for further discussion).

In some states, furnishing laws are closely associated with laws that prohibit hosting underage drinking parties. These laws target hosts who allow underage drinking on property they own, lease, or otherwise control (see the “Hosting Underage Drinking Parties” policy). Hosts of underage drinking parties who also supply alcohol consumed or possessed by people under age 21 may be in violation of two distinct laws: (1) furnishing alcohol to underage people and (2) allowing underage drinking to occur on property they control.

Also addressed later in this chapter are social host liability laws, which impose civil liability on hosts for injuries caused by their underage guests. Although related to party hosting laws, social host liability laws are distinct. They do not establish criminal or civil offenses but allow injured parties to recover civil damages by suing social hosts of events at which underage youth consumed alcohol and later caused injuries. The commercial analog to social host liability laws is dram shop laws, which prohibit commercial establishments—bars, restaurants, and retail sales

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<sup>17</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.



outlets—from furnishing alcoholic beverages to people under age 21. See the “Social Host Liability” and “Dram Shop Liability” policies for further discussion.

## Status of Underage Furnishing Policies

### *Exceptions to Furnishing Prohibitions*

As of January 1, 2021, all states prohibit the furnishing of alcoholic beverages to people under age 21. Twenty states have no family or location exceptions to this prohibition (Exhibit 2.10). Nineteen states have only a family exception. The remaining states have a family exception limited to certain locations, such as any private residence or the parents’ homes.

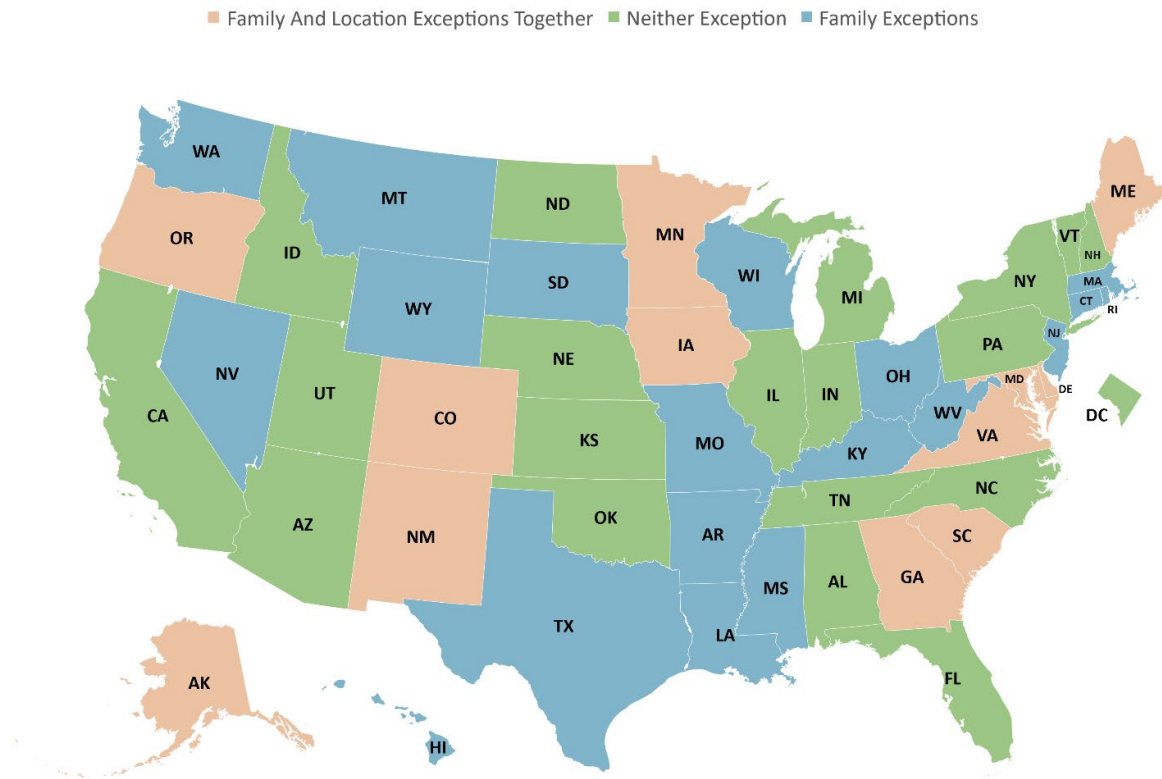
### *Affirmative Defense for Sellers and Licensees*

As of January 1, 2021, the underage furnishing laws of two states (Michigan and South Carolina) include provisions requiring that a seller/licensee be exonerated of charges of furnishing alcohol to an underage person unless the underage person is also charged.

### *Trends in Underage Furnishing Policies*

As of January 1, 1998, all states prohibited underage furnishing and still do so, although a few states have added exceptions since then.

**Exhibit 2.10: Exceptions to Prohibitions on Furnishing Alcohol to Persons Under Age 21 as of January 1, 2021**



## Data Sources and Citations

All data for the “Furnishing Alcohol to People Under Age 21” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/furnishing-alcohol-to-minors/40>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Responsible Beverage Service (RBS) Training

### Policy Description

RBS training policies require or provide incentives to retail alcohol outlets to train licensees, managers, and servers/sellers to effectively implement policies and procedures that prevent alcohol sales and service to underage and intoxicated persons.

Server/seller training focuses on procedures for serving, selling, and checking age ID, along with techniques for recognizing signs of intoxication and intervening with intoxicated patrons. Manager training includes server/seller training, policy and procedures development, and staff supervision. RBS programs typically have distinct training curricula for on- and off-premises establishments because of the differing characteristics of these retail environments. All RBS programs focus on preventing sales and furnishing to people under age 21.

RBS training can be mandatory or voluntary. A program is mandatory if state provisions require at least one specified category of individual (i.e., servers/sellers, managers, or licensees) to attend training.<sup>18</sup> States may have either mandatory programs, voluntary programs, or both. For example, a state may make training for new licensees mandatory while also offering voluntary programs for existing licensees. Alternatively, a state may have a basic mandatory program while also offering a more intensive voluntary program that provides additional benefits for licensees choosing to participate in both.

States with voluntary programs usually provide incentives for retailers to participate in RBS training but do not impose penalties for those who decline involvement. Incentives vary by state and include: (1) a defense in dram shop liability lawsuits (cases filed by injured persons against retail establishments that provided alcohol to underage or intoxicated persons who later caused injuries to themselves or third parties); (2) discounts for dram shop liability insurance; (3) mitigation of fines or other administrative penalties for sales to underage youth or intoxicated persons; and (4) protection against license revocation for sales to underage or intoxicated persons.

See the “Dram Shop Liability” policy for further discussion. The “Furnishing of Alcohol to People Under Age 21” policy discussion has additional information regarding prevention of alcohol sales to underage people, and the “False ID” policy discussion includes materials related to age ID policies.

### Status of RBS Training Policies

As of January 1, 2021, 40 states have some type of RBS training provision (Exhibit 2.11). Of these, 14 states have mandatory provisions, 15 states have voluntary provisions, and 11 states have both.

Of the 25 states with mandatory provisions, some apply their provisions to both on-premises (e.g., bars and restaurants) and off-premises (e.g., liquor stores) establishments, whereas some apply to either on-premises or off-premises establishments. Some of the mandatory states apply

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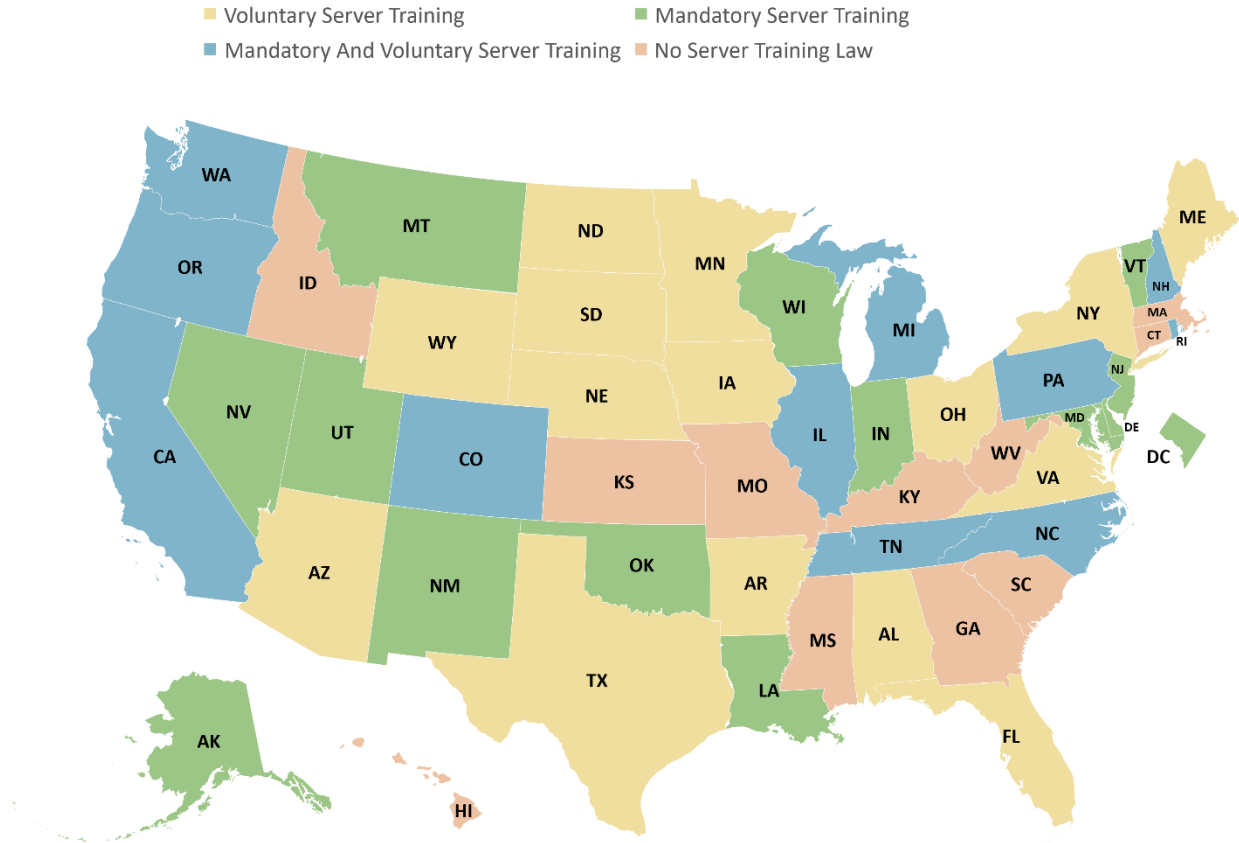
<sup>18</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

their provisions to both new and existing establishments, whereas others apply them to either existing or new establishments.

### Trends in RBS Policies

Between 2003–21, the number of states with mandatory policies increased from 15 to 25, and the number of states with voluntary policies rose from 17 to 26. The number of states with no RBS training policy decreased from 22 to 11.

**Exhibit 2.11: RBS as of January 1, 2021**



### Data Sources and Citations

All data for the “Beverage Service Training and Related Practices” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beverage-service-training-and-related-practices/26>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Minimum Ages for Off-Premises Sellers

### Policy Description

Most states have laws that specify a minimum age for employees who sell alcoholic beverages in off-premises establishments, such as liquor or grocery stores.<sup>19</sup> In some states, the minimum age for sellers is 21. In many states, however, off-premises sellers may be younger than 21, and in a few states, no minimum age is specified.

In some cases, persons under 21 may be allowed to sell alcohol only in certain types of off-premises establishments (e.g., grocery stores, convenience stores) or may be allowed to sell only some beverage types (e.g., beer, wine). In some cases, sellers of alcohol must be at least 18, but younger employees may be allowed to stock coolers with alcohol or to bag purchased alcohol.

Several states place conditions on off-premises sellers under 21 years old. These include requirements that a legal-age manager or supervisor be present when the underage person is selling alcoholic beverages.

State laws specifying the minimum age for employees who sell alcoholic beverages for on-premises consumption are described in the “Minimum Ages for On-Premises Servers and Bartenders” policy.

### Status of Age of Seller Policies

#### *Minimum Age of Sellers and Types of Beverages*

Most states specify the same minimum age for sellers of all types of alcoholic beverages. As of January 1, 2021, six states specify that off-premises sellers be 21 or older for all beverage types. Two states require off-premises sellers to be at least 19 years old for all beverage types. Twenty-seven states have set the minimum age at 18 for at least one beverage. Five states allow all three beverage types to be sold by youth ages 16–17. For an example of how these policies affect a specific beverage, please see Exhibit 2.12, showing the minimum allowed age to sell beer by state.

Among states with requirements, the minimum age varies by type of alcohol, with age requirements generally higher for the sale of distilled spirits and lower for beer.

#### *Manager or Supervisor Presence*

Fourteen states require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction.

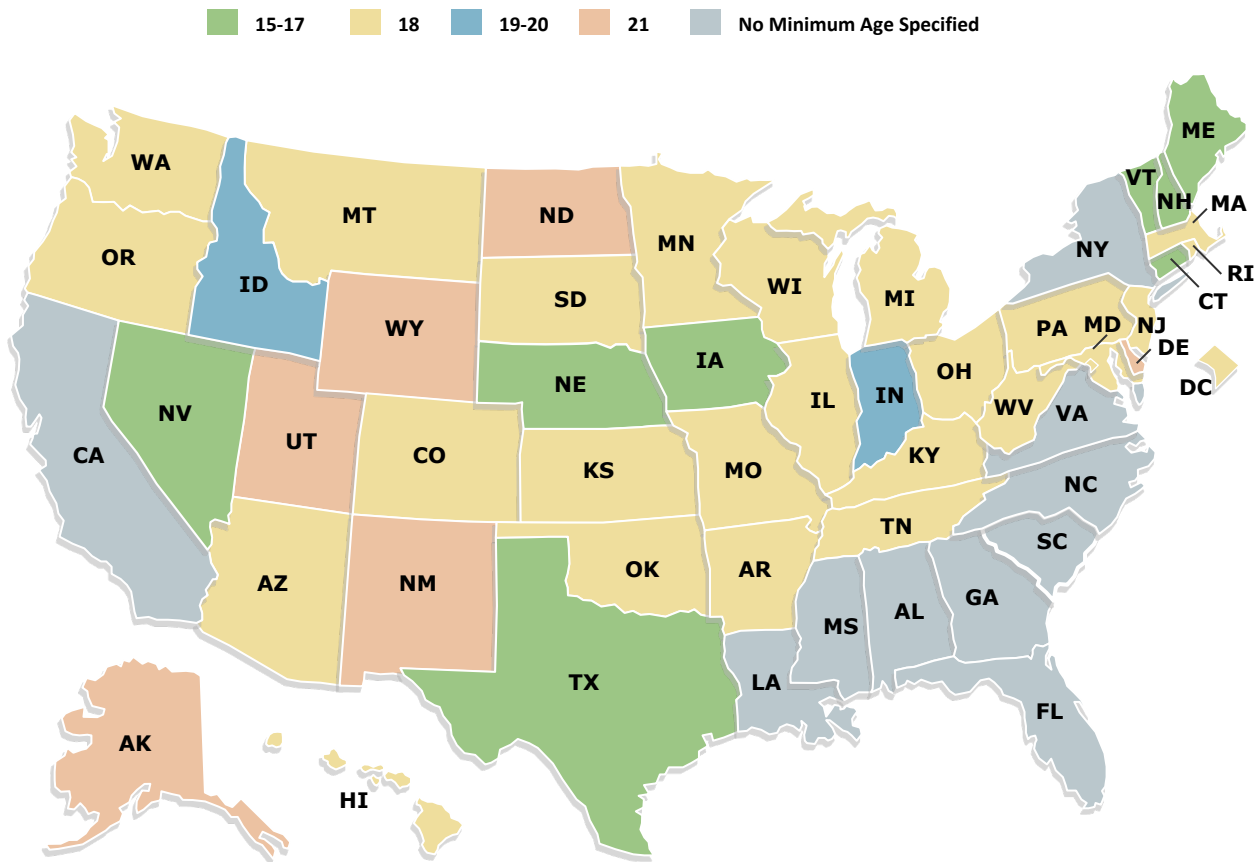
### Trends in Age of Seller Policies

There were no changes in age of seller policies across states between 2003–15. Thereafter, five states reduced the stringency of their laws from 2016–21.

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<sup>19</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.



**Exhibit 2.12: Minimum Age to Sell Beer for Off-Premises Consumption as of January 1, 2021**

### Data Sources and Citations

All data for the “Minimum Ages for Off-Premises Sellers” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/minimum-ages-for-off-premises-sellers/37>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Minimum Ages for On-Premises Servers and Bartenders

### Policy Description

All states specify a minimum age for employees who serve or dispense alcoholic beverages.<sup>20</sup> Generally, the term “servers” refers to waitpersons, and “bartenders” refers to those who dispense alcoholic beverages. These restrictions recognize that underage employees, particularly those who are unsupervised, may lack the maturity and experience to verify age and to resist pressure from peers to complete illegal sales.

States vary widely in terms of minimum age requirements for servers and bartenders. In some states, the minimum age for both types of employee is 21, but others set lower minimum ages, particularly for servers. No state permits underage bartenders while prohibiting underage servers. Some states permit servers or bartenders younger than 21 to work only in certain types of on-premises establishments, such as restaurants, or to serve only certain beverage types, such as beer or wine. Underage servers and bartenders may be allowed only if legal-age managers or supervisors are present when underage persons are serving alcoholic beverages or tending bar. State laws setting a minimum age for employees who sell alcohol at off-premises establishments are described in the “Minimum Ages for Off-Premises Sellers” policy.

### Status of Age of Server Policies

#### *Age of Servers*

As of January 1, 2021, three states specify that on-premises alcohol servers of beer, wine, or distilled spirits must be 21 or older. Only one state allows 17-year-olds to be servers. Eight states specify that servers be at least 19 or 20, and the remaining states allow 18-year-old servers. For an example of how these policies affect a specific beverage, please see Exhibit 2.13, showing the minimum allowed age to serve beer by state.

#### *Age of Bartenders*

Minimum ages for bartenders are generally higher than for servers. Twenty states limit bartending to persons 21 or older. Twenty-six states allow 18-year-olds to bartend for at least some beverage types, whereas only one state (Maine) allows 17-year-olds to bartend. Four states set the minimum age for bartenders at either 19 or 20 years old.

#### *Manager or Supervisor Presence*

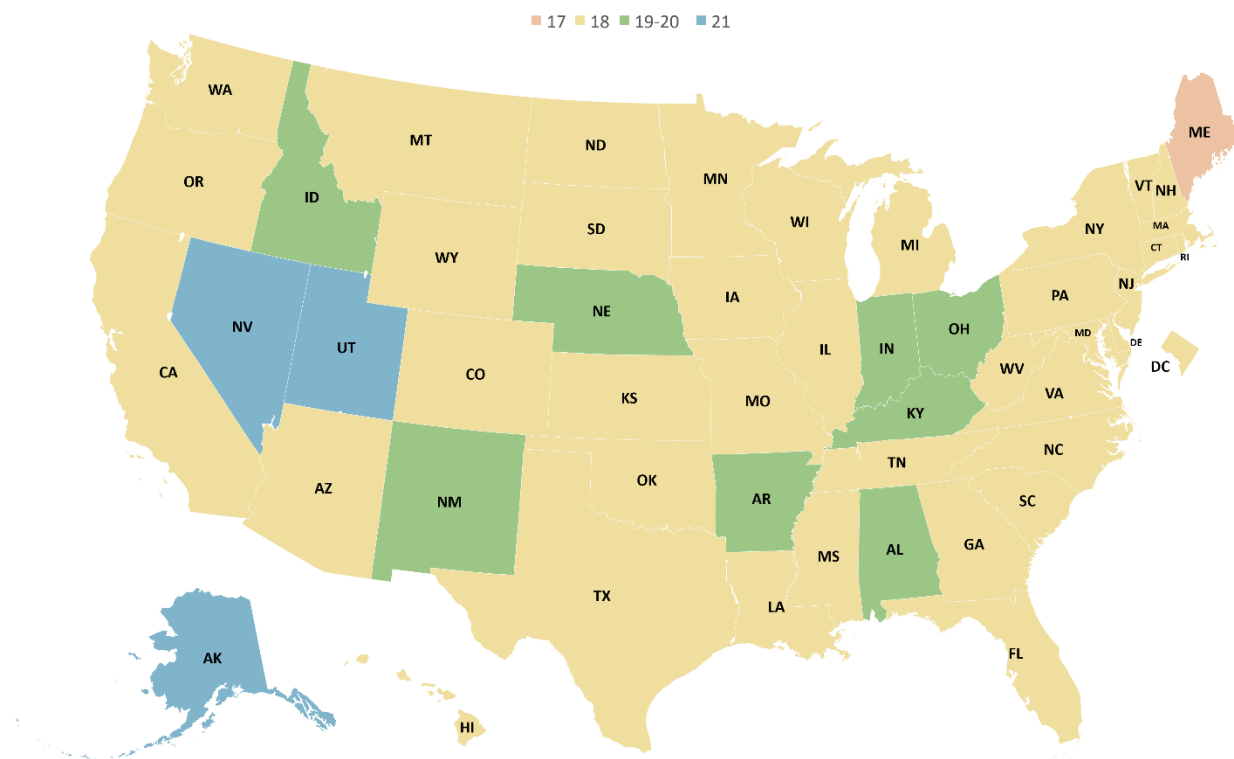
Nine states require that a supervisor or manager be present when an underage seller conducts an alcoholic beverage transaction.

### Trends in Age of Server Policies

State policies for ages of servers and bartenders in on-premises establishments have been generally stable over the last decade. Between 2003–21, four states lowered their minimum age for servers.

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<sup>20</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

**Exhibit 2.13: Minimum Ages for On-Premises Servers (Beer) as of January 1, 2021**

### Data Sources and Citations

All data for the “Minimum Ages for On-Premises Servers and Bartenders” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/minimum-ages-for-on-premises-servers-and-bartenders/38>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Distance Limitations Applied to New Alcohol Outlets Near Universities, Colleges, and Primary and Secondary Schools

### Policy Description

Policies that limit retail alcohol outlets near colleges and schools are intended to make alcohol less accessible by keeping alcohol sales physically distant from locations where underage people congregate. In addition, such policies aim to reduce the social availability of alcohol by limiting youth exposure to consumption.

### Outlets Near Colleges and Universities

#### *Types of Outlet Density Restrictions*

Outlet density restrictions require that alcohol outlets be located a certain distance from a school. Such restrictions may regulate the location of retail outlets near colleges and universities, near primary and secondary schools, or both categories. Some restrictions limit the sale of alcohol directly on university campuses. Outlet density restrictions may apply to either off- or on-premises retailers or both types of retailers. Restrictions may also apply to the sale of beer, wine, spirits, or some combination of the three.

Distance requirements vary from 100 feet to 1.5 miles. The intent of these requirements is to create greater distances between alcohol sales and underage individuals and to reduce their access to alcohol products and exposure to alcohol marketing.

Distance restrictions apply to the issuance of new licenses, and retail alcohol outlets that were in business prior to the enactment of the restriction may still be allowed to operate within the restricted zone. In these cases, the distance restriction would prevent increased alcohol outlet density without necessarily reducing density or eliminating the presence of retail establishments restricted zones.

Alcohol outlet density in general is linked to excessive alcohol consumption and related harms according to research collected and evaluated by the Community Preventive Services Task Force and presented in the *Community Guide* (Campbell et al., 2009; Task Force on Community Preventive Services, 2009). The *Community Guide* recommends the use of regulatory authority—for example, through zoning and licensing—to reduce alcohol outlet density.

Limiting the number of retail outlets near colleges and universities, with their high concentrations of underage people, is one way to implement this recommendation in a high-risk setting. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) publication *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* also includes limiting alcohol outlet density as an evidence-based, recommended strategy for reducing college drinking (NIAAA, 2002).

### Status of Outlet Density Restrictions

#### *Colleges and Universities*

Twelve states have some type of restriction on outlet density near colleges and universities compared to 39 states with no restrictions.<sup>21</sup> Of the 12 states with restrictions, 10 have

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<sup>21</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

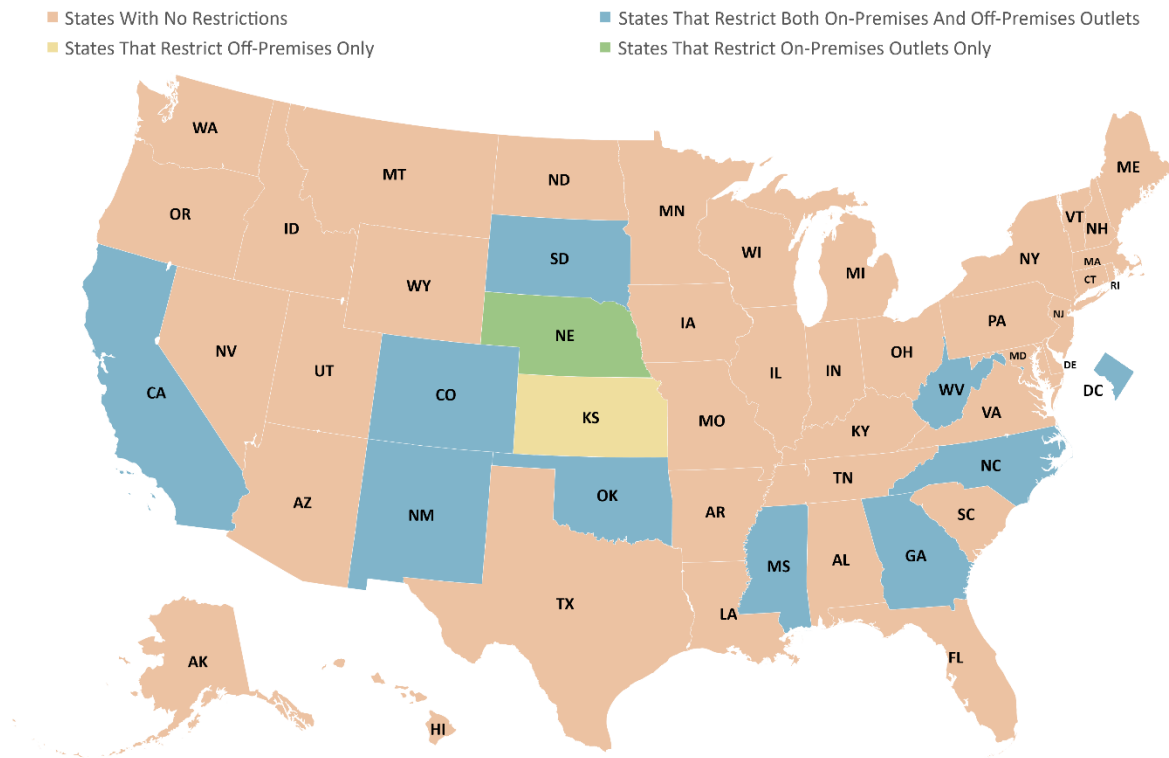
restrictions that apply to both on- and off-premises outlets. Kansas' restriction applies only to off-premises outlets, and Nebraska's restriction applies only to on-premises outlets.

Nearly all of the restrictions apply to beer, wine, and spirits, although two states have restrictions that apply to wine and spirits only. North Carolina's restriction applies to beer and wine, and West Virginia's applies only to beer. Exhibit 2.14 identifies those states with restrictions on colleges and universities and whether these restrictions apply to off- or on-premises outlets.

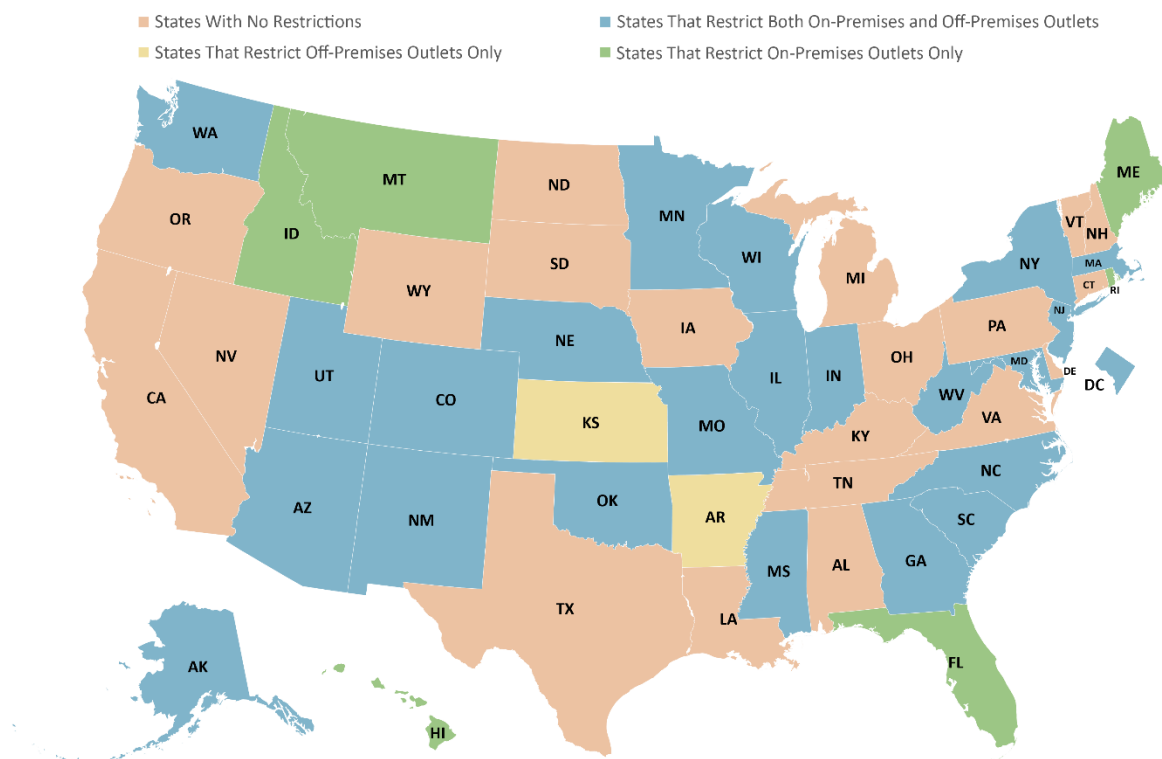
### ***Primary and Secondary Schools***

Thirty-one states have some restriction near primary and secondary school compared to 20 states that have none. Of the 31 states restricting outlet location near schools, 23 apply restrictions to both off- and on-premises locations. Further, in some states, restrictions apply only to on-premises locations and in others, they apply only to off-premises locations. Exhibit 2.15 displays the states with restrictions on primary and secondary schools and identifies whether the restrictions apply to off- or on-premises outlets.

**Exhibit 2.14: States With Restrictions on Placement of Retail Outlets Near Colleges and Universities as of January 1, 2021**



**Exhibit 2.15: States With Restrictions on Placement of Retail Outlets Near Primary and Secondary Schools as of January 1, 2021**



### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Dram Shop Liability

### Policy Description

Dram shop liability refers to the civil liability that commercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking patrons.<sup>22</sup> The analysis of this policy topic in this document is limited to alcohol service to underage people. The most common scenario in legal cases arising from dram shop liability is a licensed retail alcohol outlet furnishing alcohol to an underage person who in turn causes an alcohol-related motor vehicle crash that injures a third party.

In states with dram shop liability, the injured third party may be able to sue the retailer (as well as the underage person who caused the crash) for monetary damages.<sup>23</sup> Liability is relevant only if an injured private citizen files a lawsuit. The state's role is to provide a forum for such a lawsuit; the state does not impose a dram shop-related penalty directly. (This distinguishes dram shop liability from the underage furnishing policy, which results in criminal liability imposed by the state.)

Dram shop liability is closely related to the policy on furnishing alcohol to underage people, but the two topics are distinct. Retailers who furnish alcohol to underage youth may face fines or other punishment imposed by the state as well as dram shop liability lawsuits filed by parties injured in the same incident. Dram shop liability and social host liability (presented elsewhere in this report) are identical, except that the former involves lawsuits filed against commercial alcohol retailers and the latter involves lawsuits filed against non-commercial alcohol providers.

Dram shop liability serves two purposes: (1) it creates a disincentive for retailers to furnish to people under age 21 because of the risk of litigation leading to monetary losses, and (2) it enables parties injured due to an illegal sale to a person under age 21 to gain compensation from those responsible. The underage person causing the injury is the primary and most likely party to be sued. Typically, the retailer is sued through a dram shop claim when the underage person does not have the funds to fully compensate the injured party.

Dram shop liability is established by statute or by a state court through “common law.” Common law is the authority of state courts to establish rules so that an injured person can seek redress against the person or entity that caused injury. Courts can establish these rules only when the state legislature has not enacted its own statutes, in which case the courts must follow the legislative dictates. Thus, dram shop statutes normally take precedence over dram shop common law court decisions.

A common law liability designation signifies that the state allows lawsuits by injured third parties against alcohol retailers for the negligent service or provision of alcohol to a person under age 21. Common law liability assumes several procedural and substantive rules to establish negligence.

Statutory liability designation indicates that the state has a dram shop statute. Statutory provisions can alter the common law rules, restricting an injured party's ability to make

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<sup>22</sup> Dram shops were retail establishments that sold distilled spirits by the “dram,” a liquid measure that equals 1 ounce. This form of liability is also known as “commercial host liability.”

<sup>23</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

successful claims. Statutory limitations can restrict circumstances that can give rise to liability or greatly diminish a plaintiff’s chances of prevailing in a dram shop liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Other restrictions may also apply.

Some states have enacted RBS affirmative defenses. That is, in these states, a defendant may avoid liability if it can establish that its retail establishment implemented an RBS program and was adhering to RBS practices at the time of the service

See the “RBS Training” policy topic for more information.

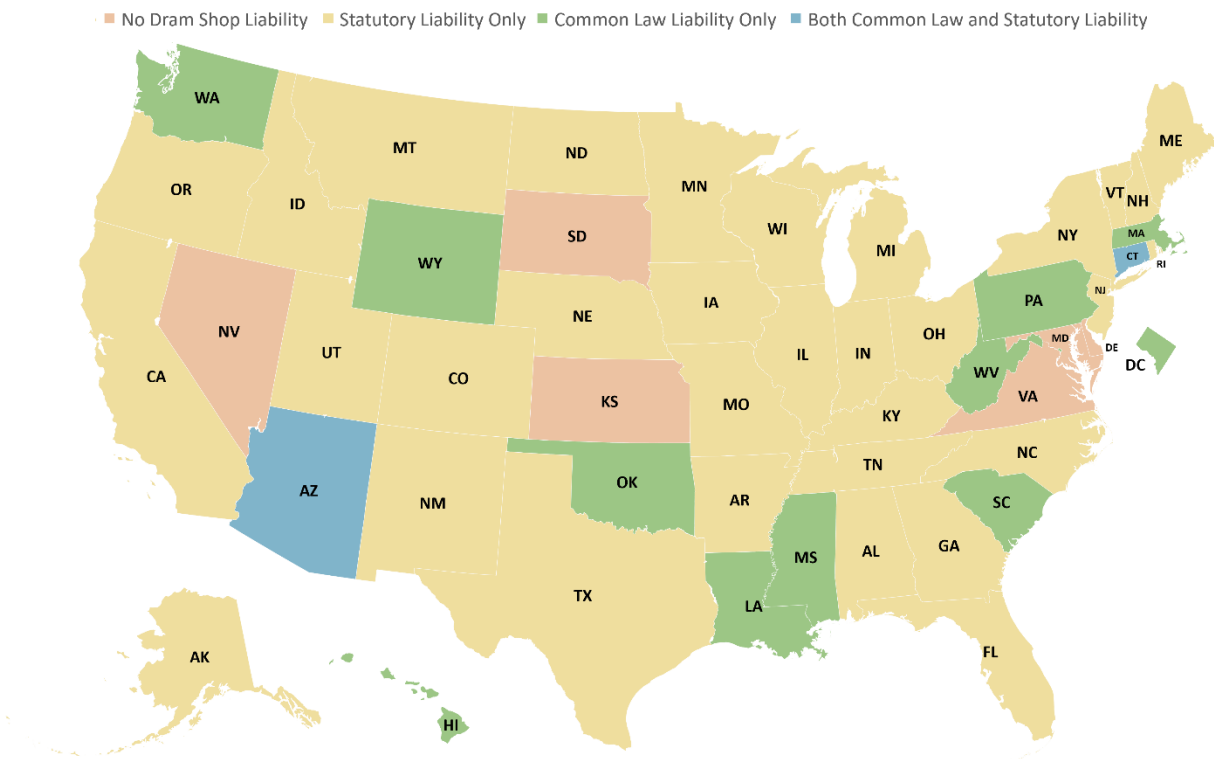
### Status of Dram Shop Liability

As of January 1, 2021, 45 states imposed dram shop liability as a result of statutory or common law or both (Exhibit 2.16). Many states with statutory dram shop liability impose one or more limits on liability, including limits on the damages that may be recovered, limits on who may be sued, and stricter standards for proof of wrongdoing than for usual negligence.

### Trends in Dram Shop Liability for Furnishing Alcohol to a Person Under Age 21

Between 2009–21, the number of states that permit dram shop liability has remained constant.

**Exhibit 2.16: Common Law/Statutory Dram Shop Liability as of January 1, 2021**



### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this

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## Social Host Liability

### Policy Description

Social host liability refers to the civil liability that non-commercial alcohol providers face for injuries or damages caused by their intoxicated or underage drinking guests. The analysis in this policy topic does not address social host liability for serving adult guests.

The most common scenario in legal cases arising from social host liability involves an underage drinking party at which the party host furnishes alcohol to an underage person who in turn injures a third party in an alcohol-related incident such as a motor vehicle crash. In states with social host liability, injured third parties may sue social hosts (as well as the underage person who caused the crash) for monetary damages.<sup>24</sup> Liability is triggered only if injured private citizens file lawsuits. The state's role is to provide a forum for such lawsuits; the state does not impose social host-related penalties directly. (As discussed elsewhere in this report, this distinguishes social host liability from underage furnishing and host party policies, which can result in criminal liability imposed by the state and are discussed under "Furnishing Alcohol to Persons Under Age 21" above and "Hosting Underage Drinking Parties".)

Social host liability is related to the underage furnishing and host party policies, but the three are distinct. Underage furnishing policies and host party policies allow the state to impose fines or other punishment on social hosts who furnish alcohol to underage youth or allow underage drinking parties on their property. In contrast, social host liability policies allow injured parties to file lawsuits against social hosts for damages stemming from the same conduct. Social host liability and dram shop liability (presented elsewhere in this report) are identical policies except that the former involves lawsuits brought against non-commercial alcohol retailers, and the latter involves lawsuits filed against commercial alcohol providers.

Social host liability serves two purposes: (1) it creates disincentives for social hosts to furnish to underage persons due to the risk of litigation and possible substantial monetary losses, and (2) it allows those injured as a result of illegal furnishing of alcohol to underage youth to gain compensation from the person(s) responsible. Underage people causing injuries are the primary and most likely parties to be sued. Typically, social hosts are sued through social host liability claims when the underage persons do not have the resources to compensate the injured parties.

Social host liability is established by statute or by a state court through "common law." Common law refers to the authority of state courts to establish rules so that injured parties can seek redress against persons or entities that caused injuries. Courts have the authority to establish these rules only when state legislatures have not enacted their own statutes, in which case the courts must follow legislative dictates. Thus, social host statutes normally take precedence over social host common law court decisions.

Many states require evidence that social hosts furnished alcohol to the underage guest, although others permit liability if social hosts allowed underage guests to drink on the hosts' property, even if the hosts did not furnish the alcohol. This analysis does not report the states that have

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<sup>24</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

adopted this more permissive standard. The analysis includes both statutory and common law social host liability for each state.

A common law liability designation signifies that the state allows lawsuits by injured third parties against social hosts for the negligent service or provision of alcohol to people under age 21 in non-commercial settings, according to a set of procedural and substantive rules.

A statutory liability designation indicates that a state has a social host liability statute. Statutory provisions can alter the common law rules, restricting an injured party’s ability to make successful claims. These limitations can limit the circumstances that can give rise to liability or greatly diminish plaintiffs’ chances of prevailing in a social host liability lawsuit, thus reducing the likelihood of a lawsuit being filed. Additional restrictions may also apply. For example, many states do not allow “first-party claims,” cases brought by the person who was furnished alcohol for his or her own injuries.

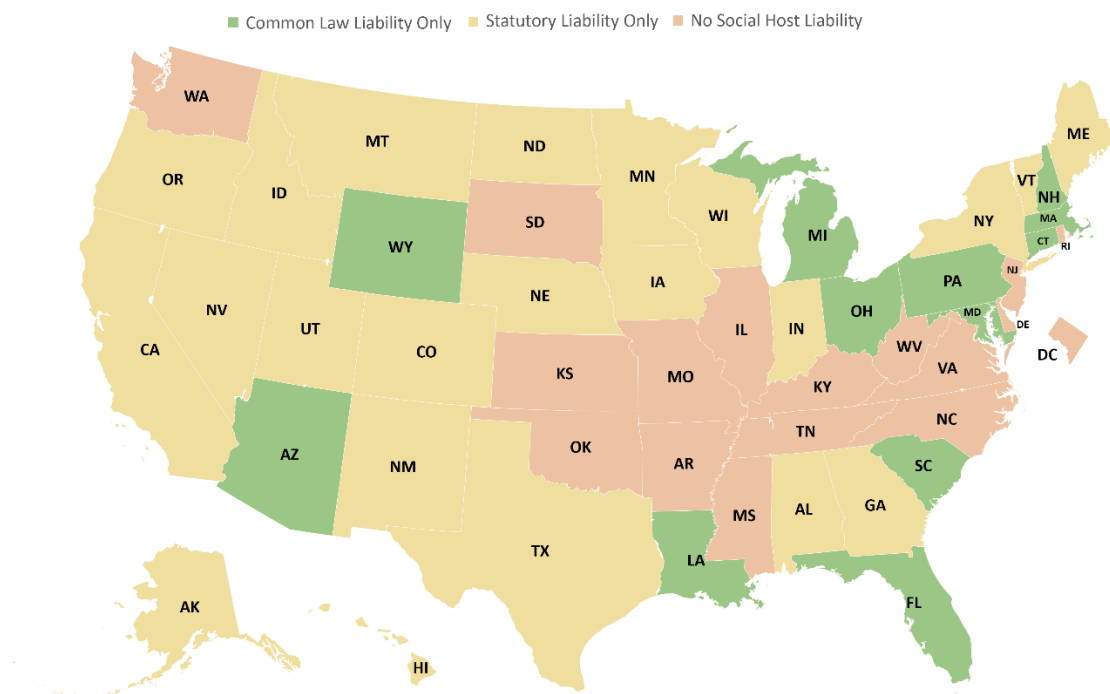
### Status of Social Host Liability

As of January 1, 2021, 34 states impose social host liability through statutory or common law; 15 states do not impose social host liability (Exhibit 2.17). In two states, there is no statutory liability, and common law liability is unclear. Fifteen states with statutory social host liability impose one or more limits on liability, including limits on the damages that may be recovered, limits on who may be sued, and standards of proof of wrongdoing that are stricter than usual negligence standards.

### Trends in Social Host Liability for Furnishing Alcohol to a Person Under Age 21

In the years between 2009–21, the number of states that permit social host liability increased by two.

**Exhibit 2.17: Common Law/Statutory Social Host Liability as of January 1, 2021**



## Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Hosting Underage Drinking Parties

### Policy Description

Host party laws establish state-imposed liability against individuals (social hosts) responsible for underage drinking events on property they own, lease, or otherwise control.<sup>25</sup> The purpose of these laws is to deter underage drinking parties by raising the legal risk for individuals who allow underage drinking events.

Underage drinking parties pose significant public health risks. They are high-risk settings for binge drinking and associated alcohol problems, including impaired driving. Young people who drink are often introduced to heavy drinking behaviors at these events. In the event that the adult responsible for the private property upon which an underage drinking party occurred was not present at the party, or if this adult cannot be shown to have furnished the alcohol, host party laws provide a legal basis for holding adults responsible for such parties on their property whether or not they provided alcohol to underage people.

Host party laws often are closely linked to laws prohibiting the furnishing of alcohol to underage people (analyzed elsewhere in this report), although laws that prohibit hosting underage drinking parties may apply without regard to who furnishes the alcohol. Hosts who allow underage drinking on their property and also supply the alcohol consumed or possessed by underage people may be in violation of two distinct laws: (1) furnishing alcohol to a person under age 21 and (2) allowing underage drinking to occur on property they control.

Two general types of liability may apply to those who host underage drinking parties. The first, analyzed here, concerns state-imposed liability. State-imposed liability involves a statutory prohibition that is enforced by the state, generally through criminal proceedings that can lead to sanctions such as fines or imprisonment. The second, social host liability (analyzed elsewhere in this report), involves an action by a private party seeking monetary damages for injuries that result from permitting underage drinking on the host's premises.

Although related, these two forms of liability are distinct. For example, an individual may allow an underage person to drink alcohol, after which that person causes a motor vehicle crash that injures an innocent third party. In this situation, the social host may be prosecuted by the state under a criminal statute and face a fine or imprisonment for the criminal violation. In a state that provides for social host civil liability, the injured third party could also sue the host for monetary damages associated with the motor vehicle crash.

State host party laws differ across multiple dimensions, including the following:

1. They may limit their application specifically to underage drinking parties (e.g., by requiring a certain number of underage people to be present for the law to take effect) or may prohibit hosts from allowing underage drinking on their property generally, without reference to hosting a party.
2. Underage drinking on any of the host's properties may be included, or the laws may restrict their application to residences, out-buildings, or outdoor areas.

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<sup>25</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.



3. The laws may apply only when hosts make overt acts to encourage the party, or they may require only that hosts knew about the party or were negligent in not realizing that parties were occurring (i.e., should have known based on the facts available).
4. A defense may be available for hosts who take specific preventive steps to end parties (e.g., contacting police) once they become aware that parties are occurring.
5. The laws may require differing types of behavior on the part of the underage people at the party (i.e. possession, consumption, intent to possess or consume) before a violation occurs.
6. States have varying exceptions in their statutes for family members or others or for other uses or settings involving the handling of alcoholic beverages.

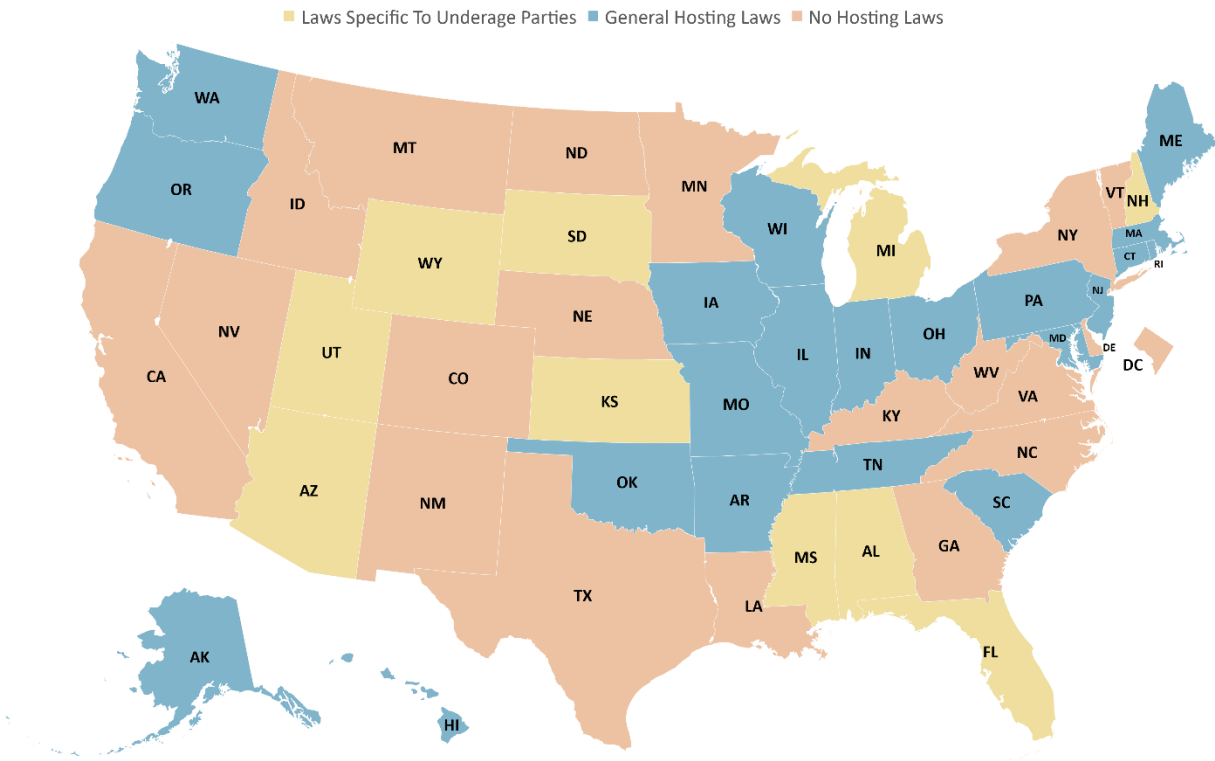
**Status of Host Party Laws**

As of January 1, 2021, 21 states have general host party laws, 10 have specific host party laws, and 20 have no laws of either sort (Exhibit 2.18). Of the states with host party laws, most apply to both residential and outdoor property and only four apply to residential property but not outdoor property. Of the 31 states with host party laws, 24 require that the host knew about the party to trigger liability; in the remaining states, the standard varies. Finally, the majority of states with host party laws have family exceptions.

**Trends in Host Party Law Policies**

Between 1998–2021, the number of states that enacted specific host party laws rose from 5 to 10, and the number that enacted general host party laws rose from 11 to 21. In 1998, there were 16 states with host party laws of both types; in 2021, there are 31.

**Exhibit 2.18: Prohibitions Against Hosting Underage Drinking Parties as of January 1, 2021**



## Data Sources and Citations

All data for the “Prohibitions against Hosting Underage Drinking Parties” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/prohibitions-against-hosting-underage-drinking-parties/41>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## **Keg Registration**

### **Policy Description**

Keg registration laws (also called keg tagging laws) require wholesalers or retailers to attach tags, stickers, or engravings with an ID number to kegs exceeding a specified capacity. More recently, online keg tracking capacity using sensors has been developed. These laws discourage purchasers from serving underage persons from the keg by allowing law enforcement officers to trace the keg to the purchaser even if he or she is not present at the location where the keg is consumed.

At purchase, retailers are required to record identifying information about the purchaser (e.g., name, address, telephone number, driver's license). In some states, keg laws specifically prohibit destroying or altering the ID tags and provide penalties for doing so.<sup>26</sup> Other states make it a crime to possess unregistered or unlabeled kegs.

Refundable deposits may also be collected for the kegs themselves, the tapper mechanisms used to serve the beer, or both. Deposits are refunded when the kegs and tappers are returned with ID numbers intact. These deposits create an incentive for the purchaser to keep track of the whereabouts of the keg because a financial penalty may result if the keg is not returned.

Some states collect information (e.g., location where the keg contents are to be consumed, tag number of the vehicle transporting the keg) to aid law enforcement efforts, further raising the chances that illegal furnishing to people under age 21 will be detected. Some states also require retailers to provide warning information at the time of purchase about laws prohibiting service to underage youth and other laws related to the purchase or possession of the keg.

Disposable kegs complicate keg registration laws. Some of these containers meet the capacity definition for a keg but cannot be easily tagged or traced, as they are meant to be disposed of when empty. Most states do not differentiate disposable from non-disposable kegs, although some have modified keg registration provisions to accommodate this container type.

### **Status of Keg Registration Policies**

#### ***Keg Registration Laws***

As of January 1, 2021, 30 states require keg registration, and 20 states do not require keg registration (Exhibit 2.19). Minimum keg sizes subject to keg registration requirements range from 2 gallons to 7.75 gallons, with the exception of South Dakota, where the requirements are 8 gallons or 16 gallons. Utah alone prohibits keg sales altogether, making a keg registration law irrelevant.

#### ***Prohibited Acts***

Separately from requiring retailers to register kegs, some states prohibit anyone from possessing unregistered kegs or destroying keg labels or both. Twenty-seven states prohibit neither act.

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<sup>26</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.

### ***Purchaser Information Collected***

All 30 states with keg registration laws require retailers to collect some form of purchaser information, such as purchaser’s name and address, a driver’s license, or other government-issued ID. Six states also require purchasers to provide the address where the keg will be consumed.

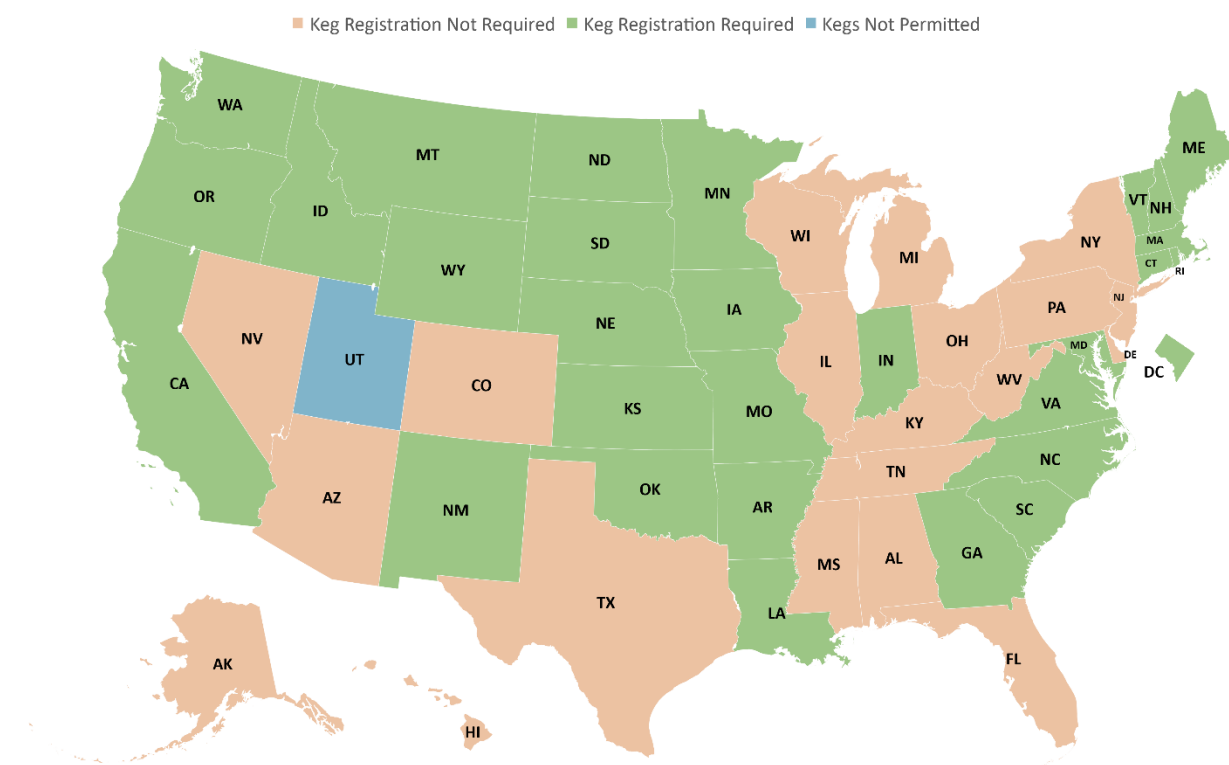
### ***Warning Information to Purchasers***

Of the 30 states with keg registration laws, 23 states require that warning information be presented to purchasers about the violation of laws related to keg registration. Warnings are either “active” (requiring an action on the part of the purchaser, such as signing a document), or “passive” (requiring no action on the part of the purchaser). Seven states do not require that any warning information be given to purchasers.

### **Trends in Keg Registration Policies**

The number of states enacting keg registration laws rose steadily between 2003–08, with an increase from 20 to 30 states. As of January 1, 2021, 30 states have keg laws. Michigan eliminated its keg registration law in 2018.

**Exhibit 2.19: Keg Registration Laws as of January 1, 2021**



### **Data Sources and Citations**

All data for the “Keg Registration” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/keg-registration/27>. APIS provides further

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## High-Proof Grain Alcoholic Beverages

### Policy Description

This policy addresses state laws that prohibit or restrict the retail availability of high-proof grain alcoholic beverages as a strategy for reducing underage drinking, particularly underage binge drinking.<sup>27</sup>

High-proof grain alcoholic beverages, such as Everclear or Gem Clear, represent a type of “neutral spirit” that is odorless, colorless, and contains a high percentage of alcohol. The federal Alcohol and Tobacco Tax and Trade Bureau (TTB) defines “neutral spirits or alcohol” as “spirits distilled from any material at or above 95 percent alcohol by volume (190 proof), and if bottled, bottled at not less than 40 percent alcohol by volume (80 proof)” (TTB, 2007).<sup>28</sup> Grain spirits are neutral spirits distilled from a fermented mash of grain and stored in oak containers.

High-proof grain alcoholic beverages pose risks for underage persons. They have little or no taste, odor, or color and are often added to cocktails, soft drinks, and fruit punch. This can result in an easy-to-consume concoction with very high alcohol content that is difficult to detect.

### Types of Restrictions on Sale of High-Proof Grain Alcoholic Beverages

Some states prohibit or restrict retail sale of high-proof grain alcoholic beverages. State statutes or regulations may restrict the type of such beverages that can be sold in the state.

Control states may also regulate high-proof grain alcoholic beverages through internal policies that are not reflected in statute or regulation (i.e., by determining administratively that the beverages will not be made available at state-run wholesale and/or retail outlets).<sup>29</sup>

States that regulate grain alcohol through internal policy, rather than by statute or regulation, are reported as restricting sales only if their internal policies are published in writing. Counties or municipalities may also regulate the sale of high-proof grain alcoholic beverages by local ordinance. Such restrictions are not included in this report.

### Current Status of Sale of High-Proof Grain Alcoholic Beverages

Ten states regulate the sale of high-proof grain alcoholic beverages through statute, regulation, or written policy (Exhibit 2.20). Six of these are license states. The other four are control states. Two of the 10 states offer exceptions to the restrictions.

Five states define the restrictions in terms of ABV. For example, Maryland makes it illegal to sell grain alcohol with 95 percent ABV or more. Four states define the restriction in terms of proof. For example, Pennsylvania restricts sales of alcohol at 190 (95 ABV) proof or greater.

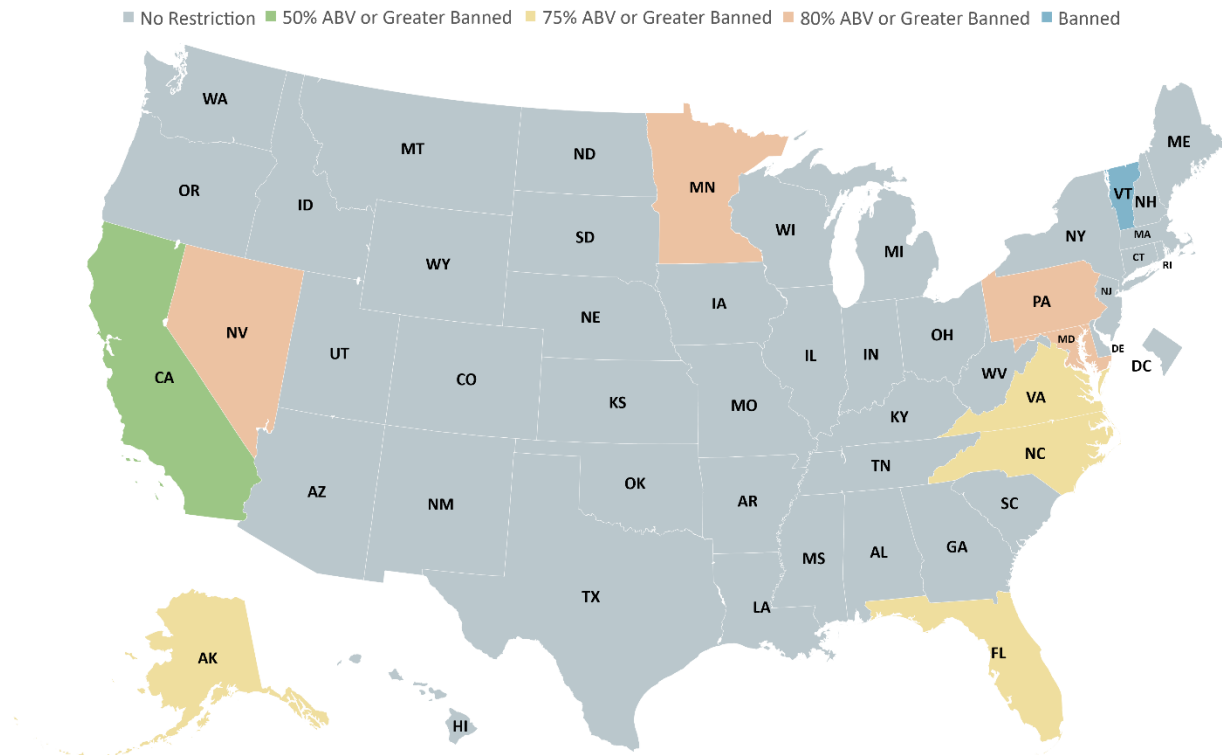
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<sup>27</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

<sup>28</sup> Proof is a method of measuring the alcohol content of spirits calculated by multiplying the percent of alcohol by volume (ABV) by two.

<sup>29</sup> Control states are those states in which the state government maintains direct control over the distribution and sale of alcoholic beverages at the wholesale and/or retail levels.

**Exhibit 2.20: Restrictions on High-Proof Grain Alcohol as of January 1, 2021**



### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Policies Addressing Sales and Delivery to Consumers at Home

The policies described below reflect the changing landscape of alcohol sales over the last two decades. The rise of online commerce and large internet retailers, coupled with a trend in court cases to limit the powers of states to control alcohol sales that cross state lines, may change the way alcohol is purchased by consumers. Relaxing laws governing the sale of alcohol during the COVID-19 pandemic has accelerated these changes even faster. These changes have unknown but possibly significant effects on the ability of people under age 21 to obtain alcohol. Accordingly, the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) is in the process of developing a new analysis and summary of state laws governing all of the current methods for selling alcohol to consumers at home. Here, we describe four distinct but related current policies: Retailer Interstate Shipments of Alcohol, Direct Sales/Shipment from Producers to Consumer, Home Delivery of Alcohol, and the new policy topic Direct-to-Consumer Alcohol Delivery.

### Retailer Interstate Shipments of Alcohol

#### Policy Description

This policy addresses state laws that prohibit or permit retailers to ship alcohol directly to consumers located across state lines, usually in response to alcohol orders placed over the internet.<sup>30</sup> Related but distinct policies include:

- the direct shipment policy, which addresses alcohol shipments to consumers by alcohol producers;
- the home delivery policy, which prohibits or limits the purchase from and delivery by off-premises retailers of alcoholic beverages to customers who are not physically present at retail outlets; and
- the direct-to-consumer alcohol delivery policy, which addresses the delivery of alcohol to consumers by on-premises retailers or third-party delivery companies.

Retailer interstate shipments may be an important source of alcohol for underage people who drink. Research suggests that there are more than 5,000 internet alcohol retailers and that the retailers make conflicting claims regarding the legality of shipping alcohol across state lines to consumers. There were also conflicting claims regarding the role of common carriers.<sup>31</sup> This suggests confusion regarding state laws addressing interstate retail shipments (Williams and Rebis, 2012).

The NRC/IOM report on reducing underage drinking recognized that underage persons may obtain alcohol over the internet. It recommended that states either ban such sales or require alcohol labeling on packages and signature verification at the point of delivery (NRC & IOM, 2004).

Several possible barriers to implementing and enforcing bans on retailer interstate alcohol sales include:

1. States may have difficulty securing jurisdiction over out-of-state alcohol retailers.

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<sup>30</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

<sup>31</sup> Common carriers would include such companies as United Parcel Service, Federal Express, and other delivery companies.

2. States may have little incentive to use limited enforcement resources to address in-state alcohol retailers that are shipping out of state because they are not violating state law, taxes are being collected, and any problems occur out of state.
3. Enforcing bans on retailer interstate shipments may prompt online retailers to locate outside the country, creating additional jurisdictional and enforcement problems.

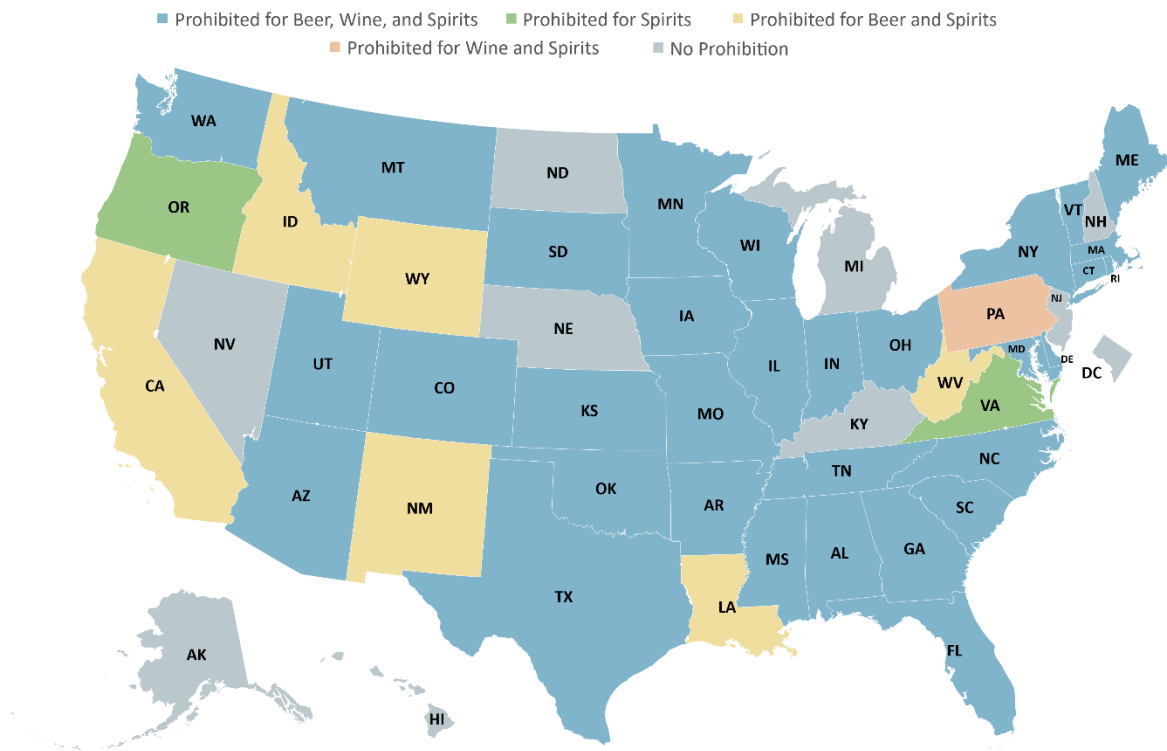
### Types of Restrictions on Interstate Internet Sales

The restrictions addressed in this policy vary by beverage type (i.e. beer, wine, and distilled spirits). Interstate shipments may be prohibited for one beverage type, more than one beverage type, or all three beverage types. Some states place restrictions on interstate internet sales, including requiring a direct shipping permit and limiting the amount of beverage that may be shipped.

### Current Status of Interstate Internet Sales

Thirty-two states (Exhibit 2.21) prohibit retail interstate sales of all three beverage types, seven prohibit sales of two beverage types, and two prohibit sales of one beverage type. Spirits are the most commonly prohibited beverage (41 states), followed by beer (38 states) and wine (33 states). Five states expressly permit interstate sales of all three beverage types. In eight states, retailer interstate sales laws were deemed not codable for at least one beverage type (beer, wine, and distilled spirits). For purposes of this summary, these states are treated as **not** expressly prohibiting interstate internet sales for the not codable beverage types.

**Exhibit 2.21: Beverage Types for Which Retail Interstate Shipments Are Expressly Prohibited as of January 1, 2021**



## Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Direct Sales/Shipments from Producers to Consumers

### Policy Description

State proscriptions against direct sales and shipments of alcohol from producers to consumers date back to the repeal of Prohibition.<sup>32</sup> The reason for the proscriptions was to ensure that the pre-Prohibition era “tied house system” (under which producers owned or controlled retail outlets directly or both) did not continue after repeal. Opponents of the tied house system argued that producers who controlled retail outlets permitted unsafe retail practices and failed to respond to community concerns. What emerged was a three-tier production and distribution system with separate production, wholesaling, and retail elements. Thus, producers must distribute products through wholesalers rather than sell directly to retailers or consumers, wholesalers must purchase from producers, and consumers must purchase from retailers.

Modern marketing practices, particularly internet sales that link producers directly to consumers, have led many states to create laws with exceptions to general mandates that alcohol producers distribute their products only through wholesalers. Some states permit producers to ship alcohol to consumers using a delivery service (usually a common carrier).<sup>33</sup> In some cases, these exceptions are responses to legal challenges by producers or retailers arguing that state law unfairly discriminates between in-state and out-of-state producers. The U.S. Supreme Court has held that state laws permitting in-state producers to ship directly to consumers while barring out-of-state producers from doing so violate the U.S. Constitution’s Interstate Commerce Clause and that this discrimination is neither authorized nor permitted by the 21st Amendment.<sup>34</sup>

One central concern emerging from this controversy is the possibility that direct sales/shipments (either through internet sales or sales made by telephone or other remote communication) will increase alcohol availability to underage persons.

Underage people may attempt to purchase alcohol through direct sales instead of face-to-face sales at retail outlets because they perceive that detection of their underage status is less likely. These concerns were validated by a study that found that internet alcohol vendors use weak, if any, age verification, thereby allowing people under age 21 to successfully purchase alcohol online (Williams & Ribisl, 2012). In response to these concerns, several states that permit direct sales/shipments have included provisions to deter youth access. These may include requirements that:

1. Consumers have face-to-face transactions at producers’ places of business (and show valid age ID) before any future shipments to consumers can be made.<sup>35</sup>
2. Producers/shippers and deliverers verify recipient age, usually by checking recipients’ ID.
3. Producers/shippers and deliverers obtain permits or licenses or be approved by the state.
4. Producers/shippers and deliverers maintain records that must either be reported to state officials or be open for inspection to verify recipients of shipments.
5. Direct shipment package labels include statements that the package contains alcohol and that the recipient must be at least 21 years old.

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<sup>32</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

<sup>33</sup> Common carriers would include such companies as United Parcel Service, Federal Express, and other delivery companies.

<sup>34</sup> See, for example, *Granholm v. Heald*, 544 U.S. 460, 125 S.Ct. 1885 (2005).

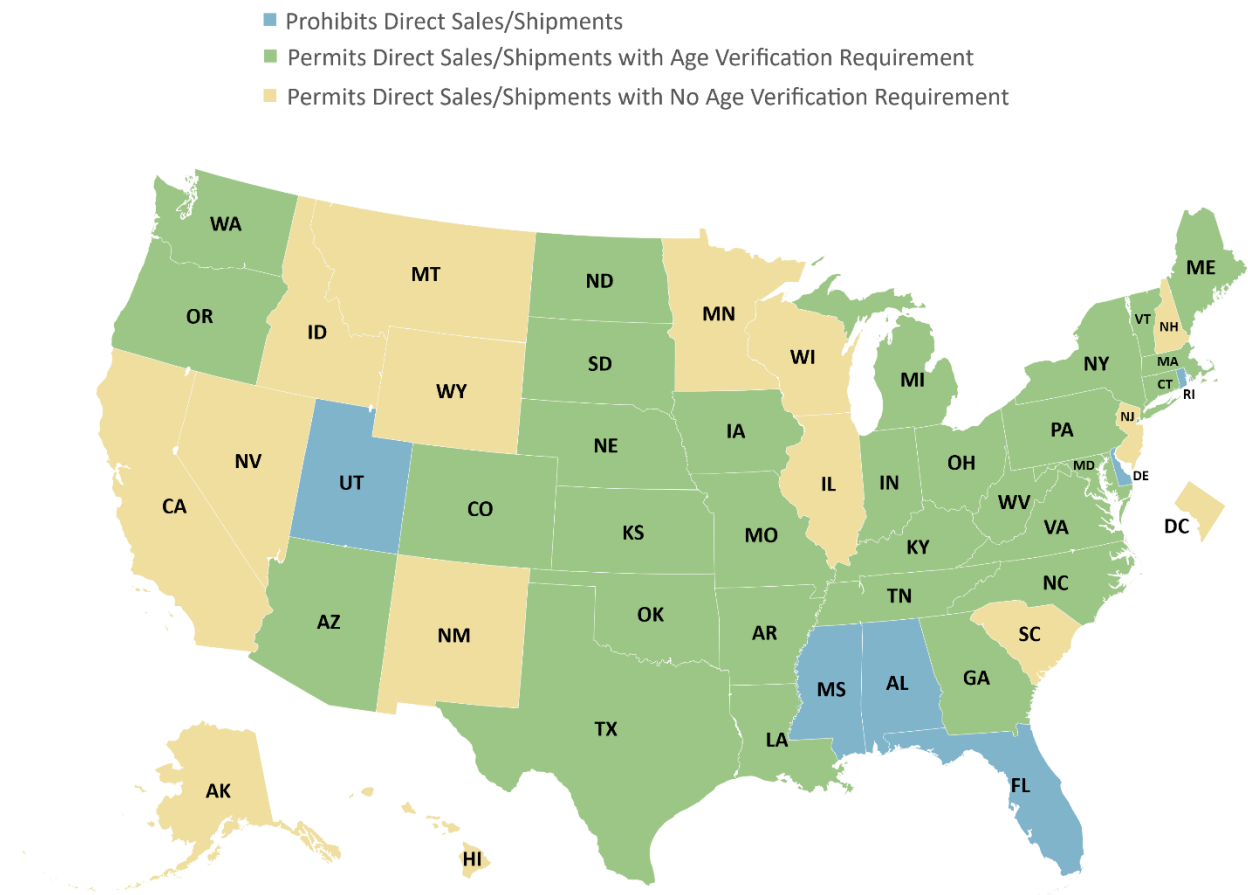
<sup>35</sup> Laws that require face-to-face transactions for all sales prior to delivery are treated as prohibitions on direct sales/shipments.

State laws also vary on the types of alcoholic beverages (i.e., beer, wine, distilled spirits) that producers may sell directly and ship to consumers. These and other restrictions may apply to all direct shipments. Only those requirements related to preventing underage sales are discussed here.<sup>36</sup>

### Status of Direct Sales/Shipment Policies

As of January 1, 2021, 45 states permit direct sales/shipments from producers to consumers, and six prohibit such transactions (Exhibit 2.22). Of the 45 states permitting direct sales or shipments, 30 require some form of age verification, whether by shippers, deliverers, or both. Fifteen states do not require any age verification. One state (Kentucky) requires face-to-face transactions at producers' places of business and verification of valid age ID before shipments to the consumer can be made.

**Exhibit 2.22: Direct Sales/Shipment Policies and Age Verification Requirements as of January 1, 2021**



<sup>36</sup> These include caps on the amount that can be shipped; laws that permit only small producers to sell directly to consumers; reporting and taxation provisions unrelated to identifying possible underage recipients; and brand registration requirements. In some cases, exceptions are so limited that a state is coded as not permitting direct sales (e.g., shipments are allowed only by boutique historical distilled spirits producers).

### Trends in Direct Sales/Shipments Policies

Between January 1, 2009–January 1, 2021, 15 states amended their existing direct shipping policies. Twelve of these states added restrictions on direct shipment, such as requiring labels, collecting purchaser names, or adding age verification requirements, and three states removed restrictions. During the same time period, nine other states adopted permit systems allowing direct shipment of wine from producers to purchasers.

### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Home Delivery

### Policy Description

Home delivery restrictions prohibit or limit the ability of off-premises alcohol retailers (e.g., liquor stores) to deliver alcoholic beverages to customers who are not present at their retail outlet. Delivery of alcohol may increase alcohol availability to youth by increasing opportunities for underage persons to subvert minimum age purchase requirements (Wagenaar et al., 2005). Ordering by phone, email, or the internet may facilitate deception. Delivery persons may have less incentive to check purchasers' age ID when they are away from the licensed establishment and cannot be watched by a surveillance camera, the liquor store's management, or other customers. Home delivery policies differ from the direct-to-consumer policies (detailed later) in that direct-to-consumer policies address deliveries from on-premises retailers (e.g., bars, restaurants) and delivery by third parties.

A state home delivery law may:<sup>37</sup>

1. Specifically prohibit or permit the delivery of beer, wine, or spirits to residential addresses, hotel rooms, conference centers, and similar locations.
2. Permit home delivery but with restrictions, including:
  - a. Limits on the quantity that may be delivered.
  - b. Limits on the time of day or days of the week when deliveries may occur.
  - c. A requirement that the retail merchant obtain a special license or permit to deliver.

In some states that allow home delivery, local ordinances may restrict or ban home delivery in specific substate jurisdictions.

### Status of Home Delivery Policies

Twenty-three states permit home delivery of beer, wine, and spirits; eight prohibit delivery of all three; and 13 have no law for any beverage. Seven states have differing laws for each of the three beverages. Of the states that permit home delivery, some place restrictions on retailers, including:

1. Requiring a state permit.
2. Restricting the volume that can be delivered.
3. Requiring clearly marked delivery vehicles.

Alaska is the only state that requires that orders must be in writing and that written information on fetal alcohol syndrome accompany the delivered product. Washington requires a special license for internet orders. Exhibits 2.23–2.25 summarize the status of home delivery for beer, wine, and spirits as of January 1, 2021.

### Trends in Home Delivery Policies

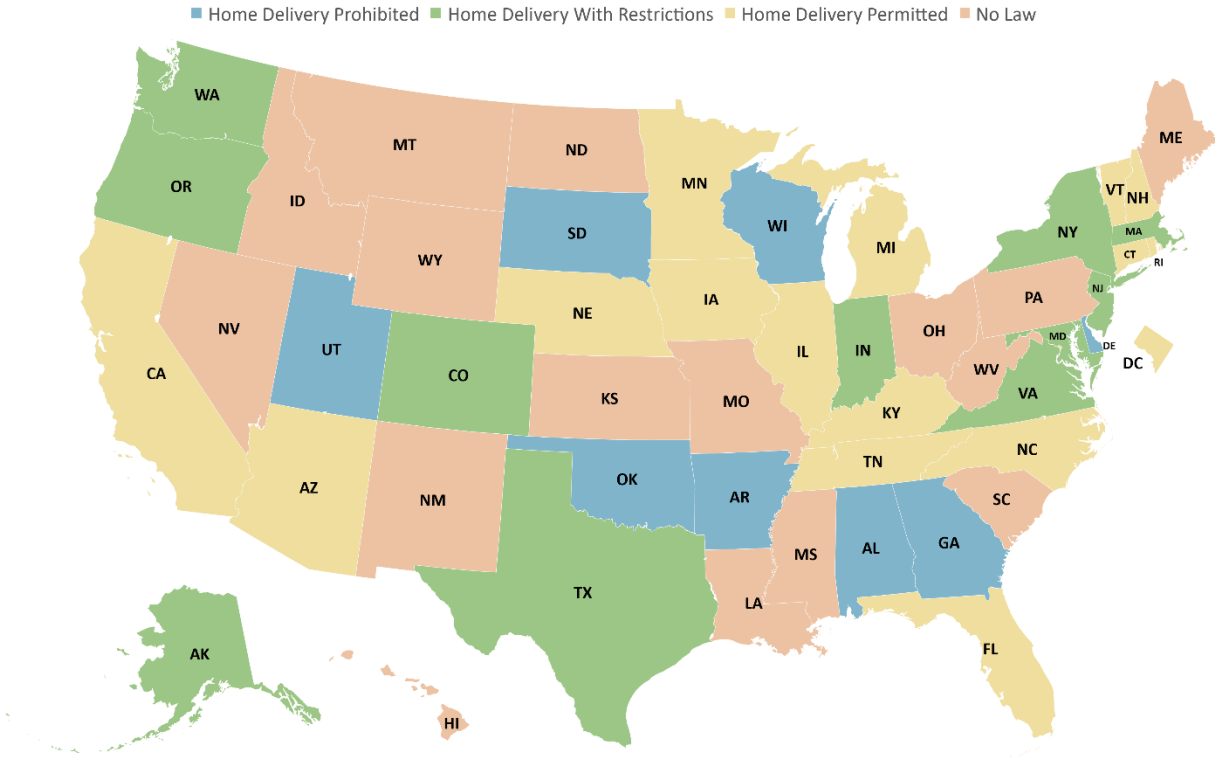
Between 2010–21, six states changed their home delivery policies to permit delivery or to loosen restrictions in the type of beverage that may be delivered, and one state introduced restrictions on the delivery of spirits.

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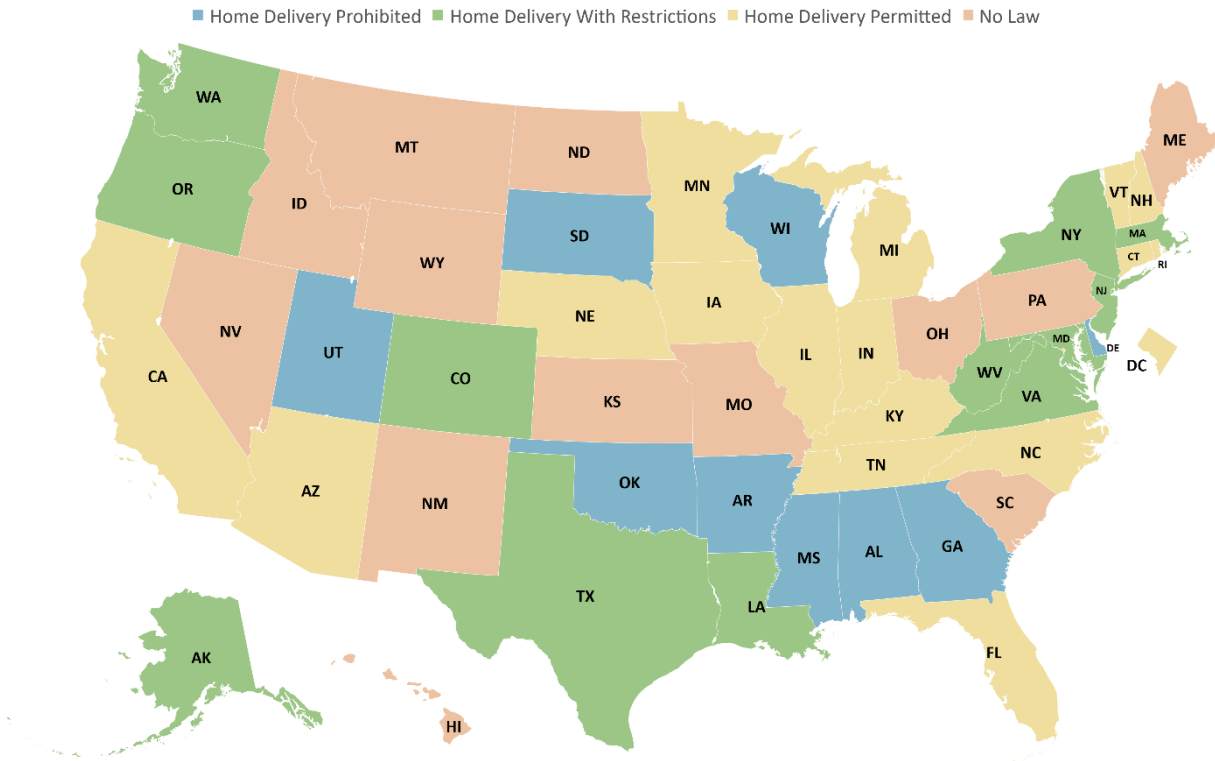
<sup>37</sup> Note that throughout this chapter, "states" refers to the 50 states and the District of Columbia.



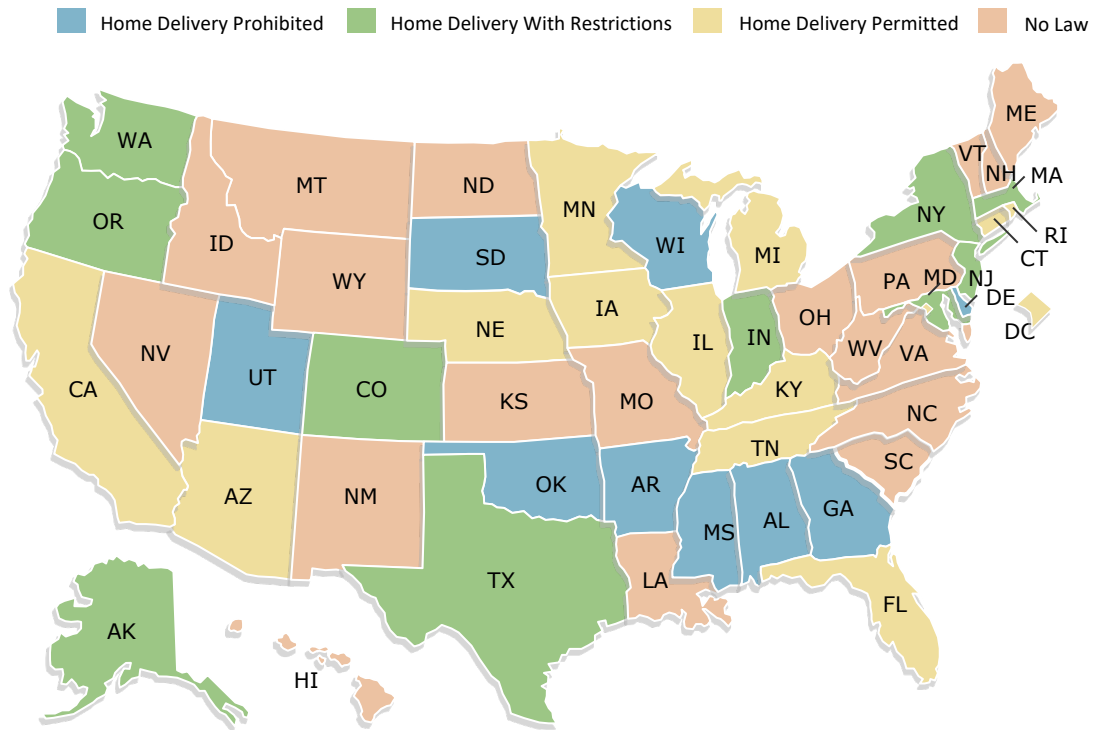
**Exhibit 2.23: Home Delivery of Beer as of January 1, 2021**



**Exhibit 2.24: Home Delivery of Wine as of January 1, 2021**



**Exhibit 2.25: Home Delivery of Spirits as of January 1, 2021**



**Data Sources and Citations**

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Direct-to-Consumer Alcohol Delivery

### Policy Description

Beginning March 15, 2020, U.S. state governors began issuing shut-down orders to reduce the spread of COVID-19. These Executive Orders include shutting down “non-essential businesses” (as specifically defined in each state), which included on-premises alcohol retailers. At the same time that on-premises alcohol retailers were ordered to shut down in-person service to consumers, many states temporarily permitted them to deliver alcoholic beverages to consumers’ homes. Subsequently, some states made their direct-to-consumer policy permanent.

A consequence of laws that permit ongoing direct-to-consumer sales is increased alcohol availability. For example, checking that recipients of the alcohol delivery to each home or other location are age 21 or above is more difficult to monitor and enforce than purchases at bars or restaurants. Additionally, as alcohol outlets may use third-party delivery services rather than use their own employees to conduct deliveries, they have less control over whether delivery laws are followed. Further, retailers may be able to shield themselves from sales that violate state law without affecting the status of their liquor licenses, therefore, reducing the incentive to follow delivery laws.

Direct-to-consumer policies differ from three related but distinct policies addressed in this report:

- Retailer interstate shipments of alcohol
- Home delivery of alcohol
- Direct sales/shipments from producers to consumers

Retailer interstate shipments are laws that prohibit or permit retailers to ship alcohol directly to consumers located across state lines, usually by ordering alcohol over the internet. Home delivery laws prohibit or limit the purchase from and delivery by off-premises retailers of alcoholic beverages to customers who are not physically present at retail outlets. Direct sales/shipments from producers to consumers policies are state proscriptions against direct sales and shipments of alcohol from producers to consumers. Thus, producers must distribute products through wholesalers rather than sell directly to retailers or consumers, wholesalers must purchase from producers, and consumers must purchase from retailers.

### *Provisions Applicable to Sale*

States that have enacted direct-to-consumer laws differ by the types of on-premises retailers that may deliver alcohol to consumers such as restaurants, bars, and third-party delivery firms. The types of products that may be delivered vary as well and include beer, wine, distilled spirits, and/or mixed beverages such as cocktails. States also differ according to whether a restaurant, bar, or third-party firm is required to have a state license authorizing delivery.

### *Provisions Applicable to Deliveries*

States vary regarding provisions applicable to deliveries of alcoholic beverages by on-premises retailers to consumer’s homes. Some states specifically set the hours during which deliveries are permitted. Some limit the amount alcohol that may be delivered with each order, and some determine whether food is required to be included with alcohol deliveries.

### ***Provisions Applicable to Delivery Persons***

States that permit direct-to-consumer deliveries have also enacted provisions applicable to delivery persons. Some states require that deliverers of alcohol be at least 21 years of age. Some require that delivery persons physically check age ID of recipients to complete deliveries. Finally, some states require that delivery persons receive payment for deliveries regardless of whether or not they are able to complete the delivery. This latter type of provision is important because without a guarantee of payment, delivery persons may ignore rules that are intended to prevent deliveries to underage persons.

### **Status of Direct-to-Consumer Policies**

By January 1, 2022, 22 states had enacted laws permitting on-premises retailers to deliver alcoholic beverages to consumers' homes (Exhibit 2.26). Each of the 22 states permit delivery by restaurants, 16 permit delivery by bars, and 13 permit third parties to deliver alcohol from on-premises retailers directly to the homes of consumers.

Of the 22 states that permit restaurants to deliver directly to consumers, 12 require state delivery permits to do so. Of the 16 states that permit delivery by bars, nine require state delivery permits. Of the 13 states the permit third-party delivery, eight require state delivery permits.

Of the 22 states that permit deliveries, all but two permit beer to be delivered. All states that permit delivery allow wine to be delivered, and 14 allow distilled spirits to be delivered directly to consumers.

Of the 22 states that permit deliveries, three provide specific hours during which delivery may occur; 10 limit the amount of alcohol that may be delivered at one time; and 15 require food to be delivered along with alcohol.

Especially important to reducing availability of alcohol to minors, of the 22 states that permit deliveries, all but six require delivery persons to be age 21 or above. Ten states of the 22 that permit delivery require that age ID be shown to delivery persons. Only one state requires that payment be provided to delivery persons regardless of whether the delivery can be completed.



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## Policies Affecting Alcohol Pricing

### Alcohol Taxes

#### Policy Description

This policy addresses beer, wine, and distilled spirits taxes. Although some states have separate tax rates for other alcoholic products (e.g., sparkling wine, flavored alcohol beverages), these account for a small market share and are not addressed.<sup>38</sup>

There is ample evidence that the “economic availability” of alcoholic beverages (i.e., retail price) affects underage drinking and a wide variety of related consequences. The *Surgeon General’s Call to Action* includes economic availability as a strategy in the context of increasing the cost of underage drinking (OSG, 2007). Taxes are a major way that alcohol prices are amended by policymakers and increasing alcohol taxes has been recommended by the U.S. Community Preventive Services Task Force for effectively reducing excessive drinking, including among adults and underage drinking.<sup>39</sup>

The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorder) are considerable. There are also significant effects on youth motor vehicle crashes, violence on college campuses, and crime among people under 21.

Although alcohol taxes are an imperfect index of retail prices, tax rates are relatively easy to measure and provide a useful proxy for economic availability. Based on this and other research, the 2004 NRC/IOM report *Reducing Underage Drinking: A Collective Responsibility* (NRC & IOM, 2004) made the following recommendation: “[S]tate legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose.” However, alcohol excise taxes have not kept up with inflation, reducing their value since the 1970s because of insufficient tax increases and infrequent tax increases (Blanchette et al., 2020).

#### Status of Alcohol Taxation

As of January 1, 2021, all license states have a specific excise tax for beer, wine, and spirits. The federal government also levies a specific excise tax on beer, wine and distilled spirits.<sup>40</sup>

Like the federal-specific excise tax, state-specific excise taxes are generally highest for spirits and lowest for beer, roughly tracking the alcohol content of these beverages. The states with the highest excise tax for one beverage may not be the states with the highest excise taxes for other beverages. States may control for one, two, or three categories (beer, wine, and spirits).

Exhibits 2.27–2.29 show the levels of excise taxes for beer, wine, and spirits in each state for on- and off-premises sales.

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<sup>38</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

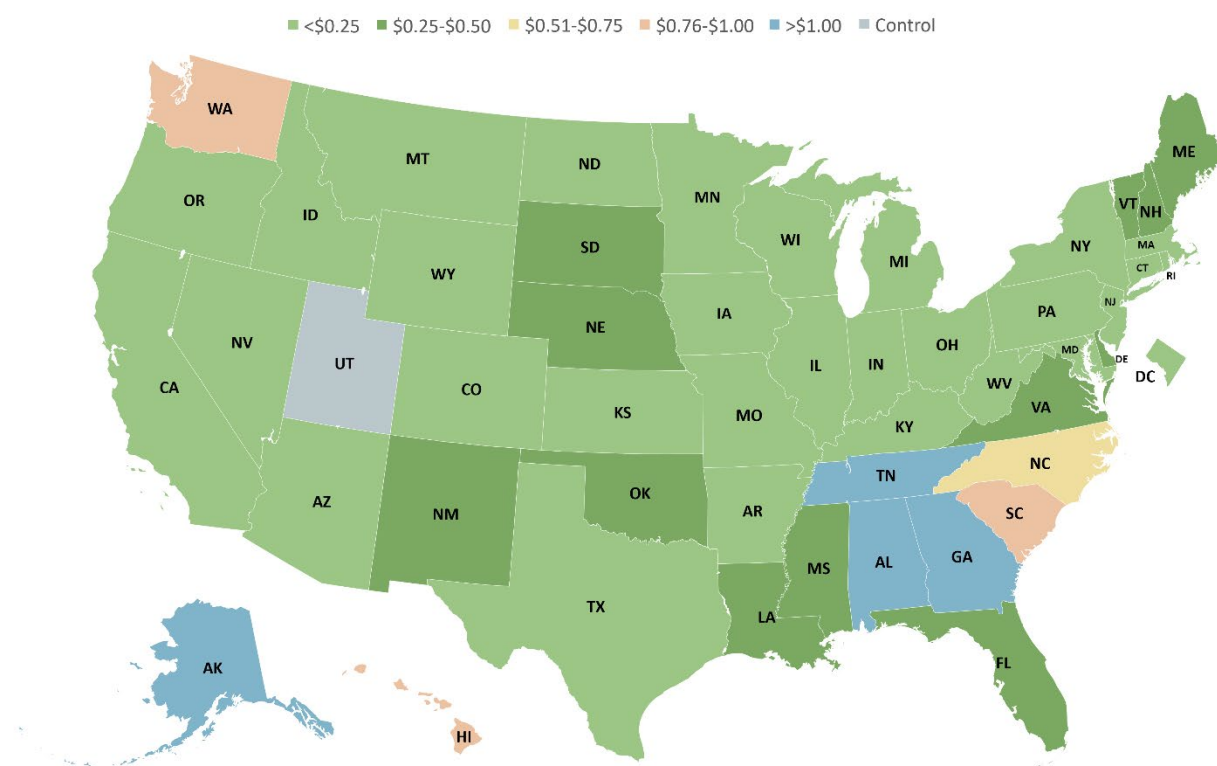
<sup>39</sup> *The Guide to Community Preventive Services (The Community Guide)*. (n.d.). Retrieved July 3, 2020, from <https://www.thecommunityguide.org/>.

<sup>40</sup> “Spirits are taxed at the rate of \$13.50 on each proof gallon and a proportionate tax at the like rate on all fractional parts of a proof gallon. A proof gallon is one liquid gallon of spirits that is 50 percent alcohol at 60°F. Distilled Spirits bottled at 80 proof (40 percent alcohol) would be 0.8 proof gallons per gallon of liquid and taxed at a rate of \$10.80 per gallon. Distilled Spirits bottled at 30 proof (15 percent alcohol) would be 0.3 proof gallons per gallon of liquid and taxed at a rate of \$4.05 per gallon.”

## Trends in Alcohol Taxes

Exhibit 2.30 shows the number of tax increases or decreases in beer, wine, or spirits excise taxes since 2003. These changes do not reflect increases or decreases in sales tax-adjusted ad valorem excise tax rates that were caused only by a state’s change to its general sales tax.<sup>41,42</sup> Changes also do not include the initial tax changes that occurred in 2011 when Washington changed from a control state to a license state. Measured in real-dollar terms to account for inflation, state alcohol excise taxes have declined about 30 percent since 1991 and now averages about 5 cents per drink (Naimi et al., 2018). As a result, considering all types of taxes on alcohol, total alcohol taxes in 2010 accounted for just one-tenth of the costs due to excessive drinking in the United States (Blanchette et al., 2019).

**Exhibit 2.27: Specific Excise Tax Per Gallon on Beer as of January 1, 2021**

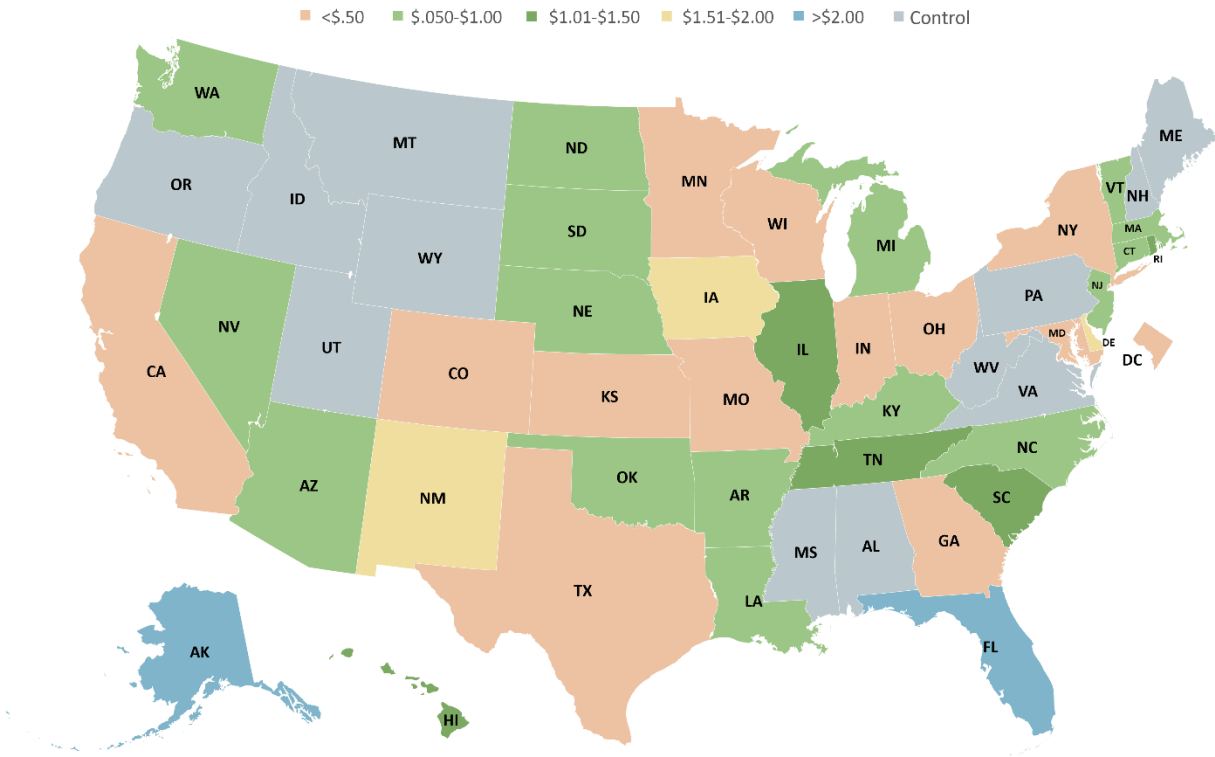


<sup>41</sup> Ad valorem taxes are based on the price of the alcoholic beverage.

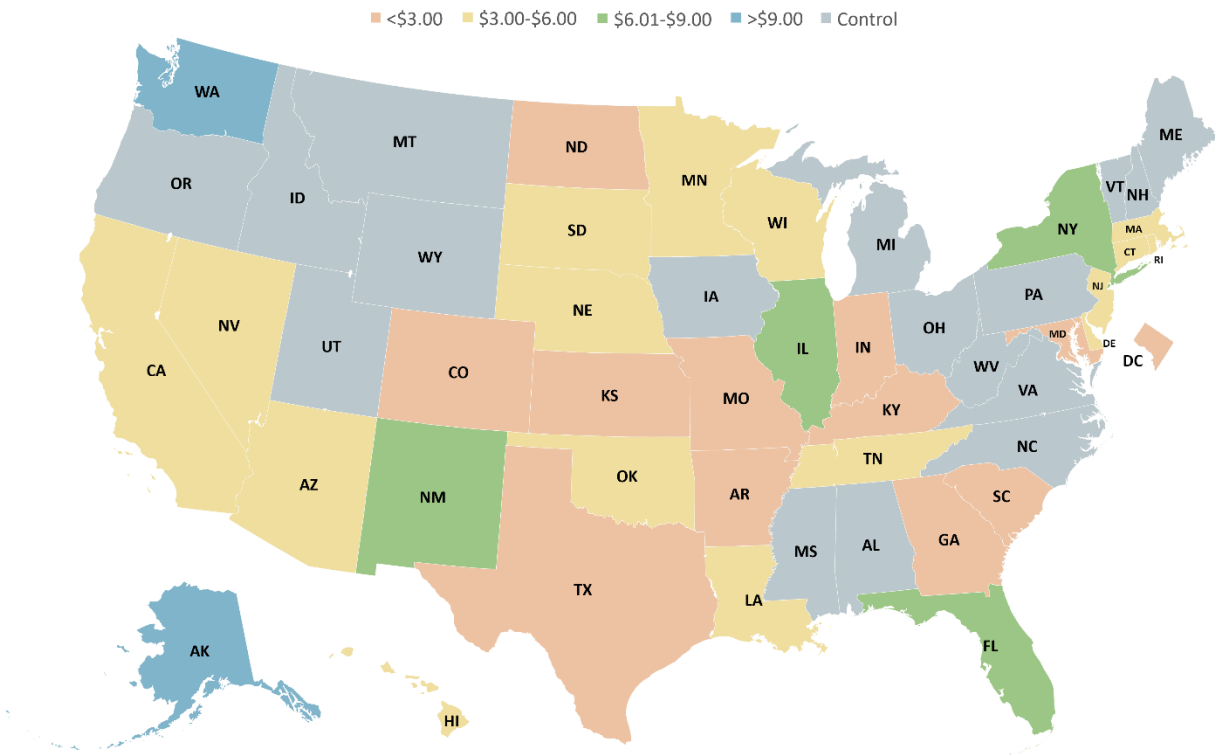
<sup>42</sup> The retail ad valorem excise tax minus the sales tax; applicable only to states in which sales tax does not apply to alcoholic beverages in order to reflect the actual taxation rate.



**Exhibit 2.28: Specific Excise Tax Per Gallon on Wine as of January 1, 2021**



**Exhibit 2.29: Specific Excise Tax Per Gallon on Distilled Spirits as of January 1, 2021**



**Exhibit 2.30: Alcohol Tax Changes 2003–21**

		Beer		Wine		Spirits		Total Number of Changes
		Specific Excise Tax	Ad Valorem Excise Tax	Specific Excise Tax	Ad Valorem Excise Tax	Specific Excise Tax	Ad Valorem Excise Tax	
Number of states that:	Increased rates	11	7	12	6	10	7	53
	Decreased rates	1	6	0	4	0	2	13

### Data Sources and Citations

All data for the three components of the “Alcohol Beverages Taxes” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS) websites: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beer/30>; <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/wine/32>; and <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/distilled-spirits/31>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Low-Price, High-Volume Drink Specials

### Policy Description

Restrictions on low-price, high-volume drink specials regulate on-premises retailers in their use of various price-related marketing tactics, such as “happy hours,” two-for-one specials, or free drinks, that encourage heavier consumption. These promotions are particularly prevalent in college communities, where large numbers of underage students are present.

Research has examined the effects of on-premises retail drink specials on binge drinking among college students. For example, one study that measured self-reported binge drinking rates among college students reported that price-related marketing promotions were significantly correlated with higher binge drinking and self-reported drinking and driving rates among students (Wechsler et al., 2003).

Based on this and other research, the *Surgeon General’s Call to Action* concluded that “increasing the cost of drinking can positively affect adolescent decisions about alcohol use” and recommended “[e]limination of low price, high-volume drink specials, especially in proximity to college campuses, military bases, and other locations with a high concentration of youth” (OSG, 2007).

A state law concerning low-price, high-volume drink specials may prohibit or restrict the following practices:

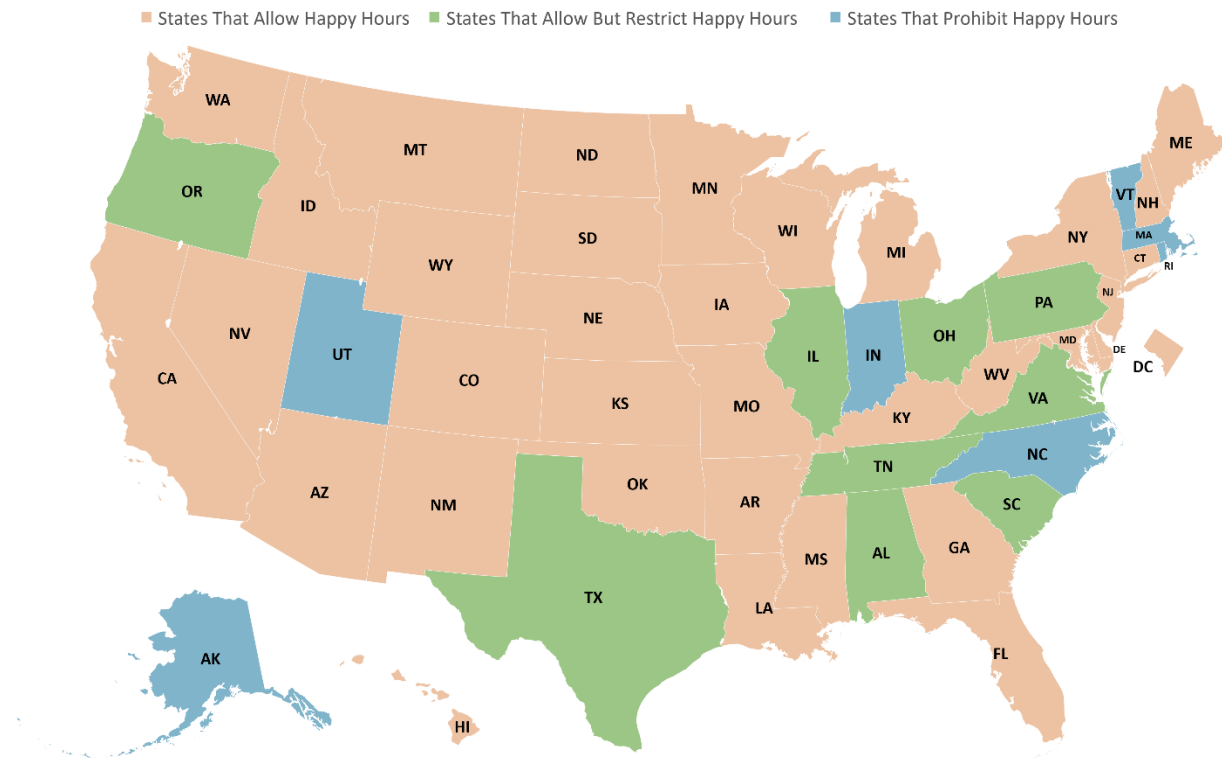
1. Providing customers with free beverages either as a promotion or on a case-by-case basis (e.g., on a birthday or anniversary, as compensation for poor services).
2. Offering additional drinks for the same price as a single drink (e.g., two-for-ones).
3. Offering reduced-price drinks during designated times of day (i.e., happy hours).
4. Instituting a fixed price for an unlimited number of drinks during a fixed period of time (i.e., “beat the clock” and similar drinking games).
5. Offering drinks with increased amounts of alcohol at the same price as regular-sized drinks (e.g., double shots for the price of single shots).
6. Service of more than one drink to a customer at a time.

### Status of Low-Price, High-Volume Drink Specials Law

As of January 1, 2021, 14 states prohibit free beverages. Two states prohibit multiple servings at one time. Nineteen states prohibit multiple servings for a single serving price. Twenty-four states prohibit unlimited beverages for a fixed price or period. Ten states prohibit increased volume without increase in price. As shown in Exhibit 2.31, seven states prohibit happy hours (reduced prices). Nine additional states allow happy hours but restrict the hours in which they may be offered.

### Trends in Low-Price, High-Volume Drink Specials Law

Since 2011, five states have either repealed their drink specials laws or amended them to make them less stringent.

**Exhibit 2.31: Happy Hours as of January 1, 2021****Data Sources and Citations**

All data for the “Drink Specials” policy were obtained from the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) Alcohol Policy Information System (APIS) website: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/drink-specials/2>. APIS provides further descriptions of this policy and its variables, details regarding state policies, and a review of the limitations associated with the reported data.

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## Wholesaler Pricing Restrictions

The 21st Amendment to the Constitution repealed Prohibition and gave states broad authority to regulate alcohol sales within their borders.<sup>43</sup> Most states established a three-tier structure: producers, wholesalers, and retailers. Many states included restrictions on wholesaler pricing practices intended to strengthen the three-tier system, reduce price competition among wholesalers and retailers, and combat corruption and crime in the alcohol market.

Research suggests that the specific wholesaler pricing restrictions described below increase the price of alcohol to consumers. Research also shows that underage consumption and problems are strongly influenced by alcohol prices. One study has concluded that restrictions on certain wholesale pricing practices may have as strong an effect on alcohol pricing as alcohol taxes (Chaloupka, 2010).

Some states operate alcohol wholesale operations directly through a state agency, usually limited to distilled spirits, beer with high alcohol content, and wine with high alcohol content. In these cases, the state sets wholesaler prices as part of its administrative function, and statutory provisions are relevant only to that portion of the wholesaler market in the control of private entities. For this policy, an index beverage (defined by alcohol content) has been selected: beer (5 percent), wine (12 percent), and spirits (40 percent). If the index beverage is controlled, in whole or in part, by the state at the wholesale level, the state is defined as a “control” state. If an index beverage is not controlled by the state at the wholesale level, that state is defined as a “license” state.<sup>44</sup> For the purpose of describing wholesale pricing restrictions, a state may be both control and license, depending on the beverage. One state, Utah, is defined as a control state for all three beverage indexes because that state sets wholesaler prices for the index beverage (5 percent ABV for beer).

### Types of Wholesaler Pricing Policies

In general, wholesaler pricing policies fall within four types:

- (1) restrictions on volume discounts,
- (2) restrictions on discounting practices,
- (3) price posting requirements, and
- (4) restrictions on the ability of wholesalers to provide credit extensions to retailers.

Policy categories are closely interrelated but may operate independently of each other. Each is described briefly below.

#### *Volume Discounting Restrictions*

Large retailers often have an advantage over smaller retailers due to the large volumes they can purchase at once. This purchasing power allows them to negotiate lower prices on most commodities and therefore offer items at lower prices to consumers. Many states have imposed restrictions on the ability of wholesalers to provide volume discounts—the same price must be charged for products regardless of the amount purchased by individual retailers. The primary

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<sup>43</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

<sup>44</sup> For a state-by-state review of control state wholesaler systems and further discussion of license systems, see <http://www.apis.niaaa.nih.gov>.

purpose of these laws is to protect small retailers from predatory marketing practices of large-volume competitors and to prevent corruption. They have a secondary effect of increasing retail prices generally by making retail price discounting more difficult.

### ***Minimum Pricing Requirements***

States may require wholesalers to establish a minimum markup or maximum discount for each product sold to retailers based on the producer's price for the product, or states may enact a ban against selling any product below cost. These provisions are designed to maintain stable prices on alcohol products by limiting price competition at both retail and wholesale levels. In most cases, this increases the retail price to consumers and thus affects public health outcomes.

### ***Post-and-Hold Provisions***

This policy requires wholesalers to publicly “post” prices of their alcohol products (i.e., provide a list of prices to a state agency for review by the public, including retailers and competitors) and hold these prices for a set amount of time, allowing all retailers the opportunity to make purchases at the same cost.

Post-and-hold requirements are typically tied to minimum pricing and price discounting provisions and enhance the states' ability to enforce those provisions. Post-and-hold provisions reduce price competition among both retailers and wholesalers because posted prices are locked in for a set amount of time. They also promote effective enforcement of other wholesaler pricing policies. Some states require wholesalers to post prices but have no “hold” requirement—that is, posted prices may be changed at any time. This is a weaker restriction.

### ***Credit Extension Restrictions***

Wholesalers often provide retailers with various forms of credit (i.e., direct loans or deferred payment of invoices). Many states restrict alcoholic beverage wholesalers' ability to provide credit to retailers, typically by banning loans and limiting the period of time required for retailers to pay invoices. The primary purpose of the restrictions is to limit the influence of wholesalers on retailer practices. When a retailer is relying on a wholesaler's credit, the retailer is more likely to promote the wholesaler's products and to agree to the wholesaler's demands regarding product placement and pricing. Restrictions have a secondary effect of limiting the retailer's ability to operate on credit, indirectly increasing retail prices.

### ***Federal Court Challenges to State Wholesaler Pricing Restrictions***

As noted earlier, in general, states have broad authority under the 21st Amendment to the Constitution to regulate alcohol availability within their boundaries. That authority has been constrained by U.S. Supreme Court and Federal Court of Appeals cases, which have interpreted the Interstate Commerce Clause and Sherman Antitrust Act to prohibit certain state restrictions

on the alcohol market.<sup>45,46,47</sup> These cases have led to considerable uncertainty regarding the validity of state restrictions on alcohol wholesaler prices, and additional challenges to those restrictions are anticipated. In the meantime, this uncertainty has prompted states to re-examine their alcohol wholesaler practices provisions.

## **Status of Wholesaler Pricing Restrictions**

### ***Federal Law***

Federal law addresses restrictions on wholesaler credit practices:

The Federal Alcohol Administration Act provides for regulation of those engaged in the alcohol beverage industry and for protection of consumers (27 U.S.C. § 201 et seq). Under the Act, wholesalers may not induce retailers to purchase beverage alcohol by extending credit in excess of 30 days from the date of delivery (27 U.S.C. § 205(b)(6), 27 C.F.R. § 6.65).

Some states allow wholesalers to extend credit to retailers for a longer period than is permitted under federal law.

### ***State Law as of January 1, 2021***

Only two license states have no wholesaler pricing restrictions. Among the remaining states, bans on extending credit and post-and-hold (excluding post only) are the most common wholesaler pricing restrictions (ranging from about one-fifth to about one-half the states depending on beverage type). Other restrictions range from about 10 percent of the license states to about a quarter of the states depending on beverage type.

## **Trends in Wholesaler Pricing Restrictions**

Since 2016, four states have amended their post-and-hold provisions.

Exhibits 2.32–2.35 present detailed state-by-state information for wholesaler pricing policies for beer.

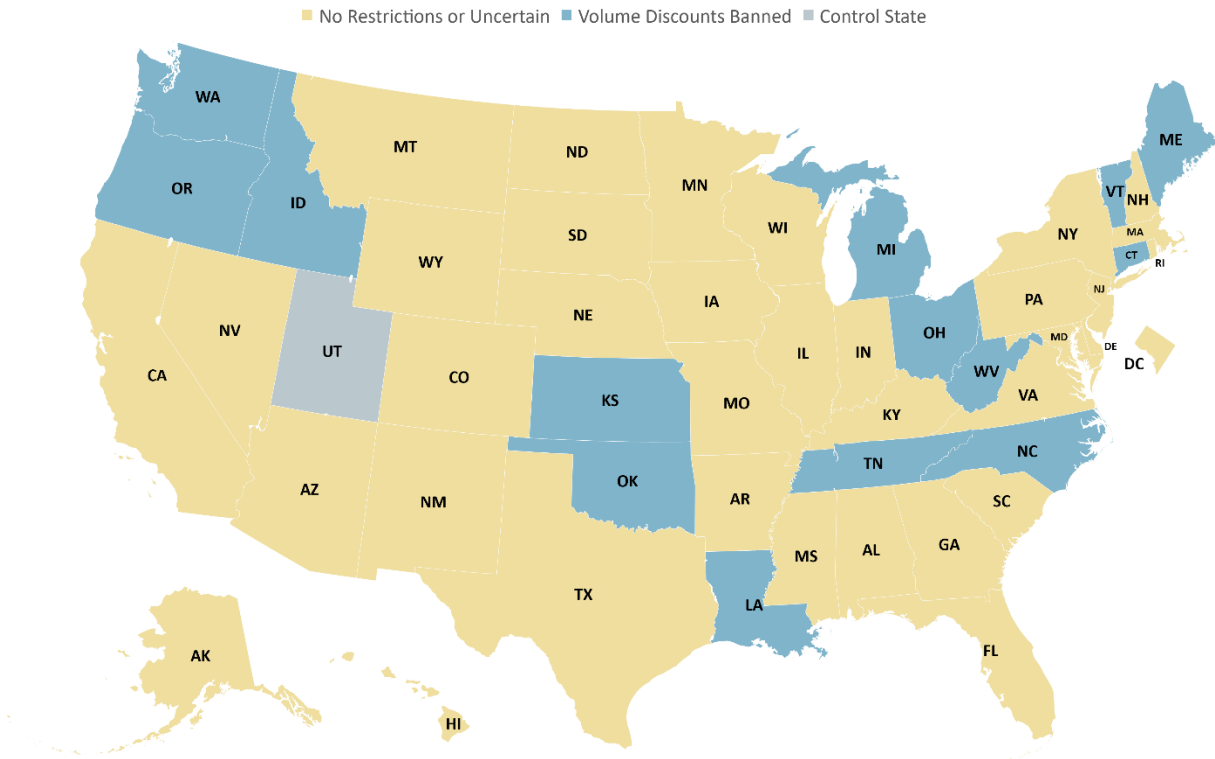
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<sup>45</sup> July 2, 1890, Ch. 647, 26 Stat. 209, 15 U.S.C. § 1-7.

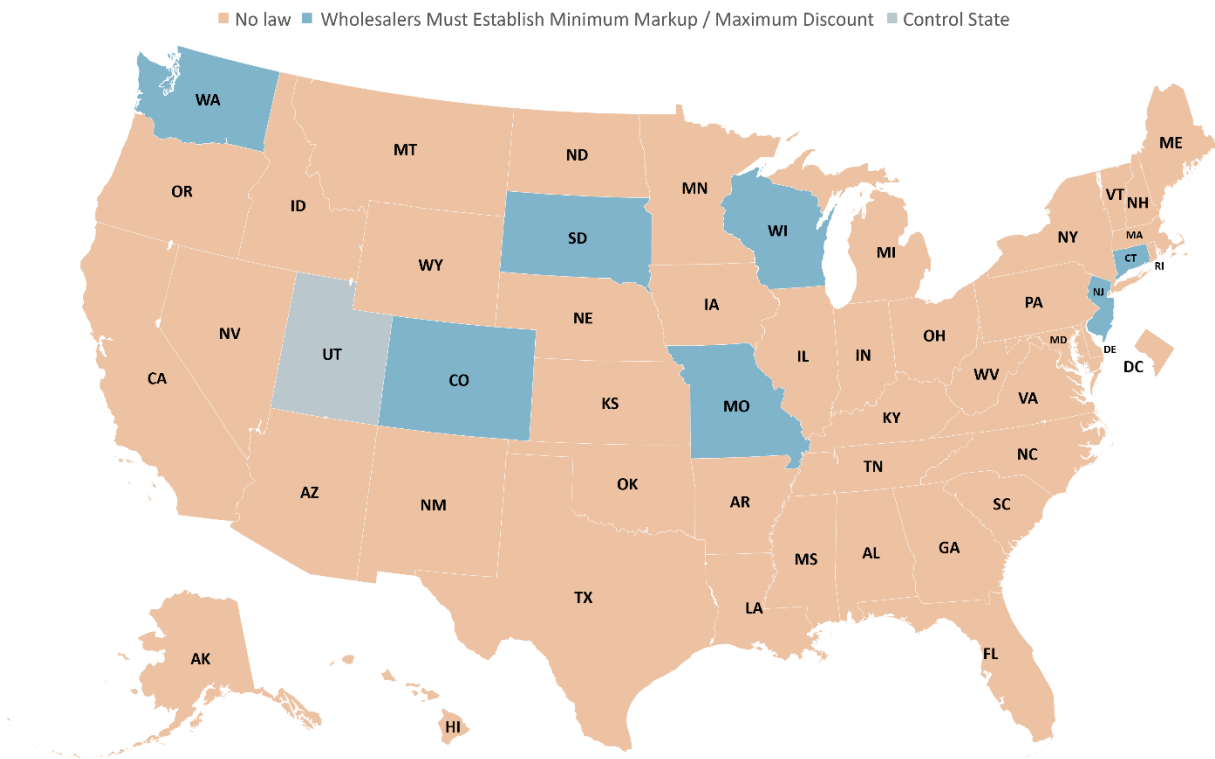
<sup>46</sup> See, for example, *Tenn. Wine & Spirits Retailers Ass'n v. Thomas*, 139 S.Ct. 2449 (2019), finding that Tennessee's 2-year durational residency requirement for retail liquor store license applicants was unconstitutional as it violated the Commerce Clause and was not saved by the 21st Amendment.

<sup>47</sup> Several federal and state courts have addressed the constitutionality of selected wholesaler pricing practices, with conflicting results. For example, in *Costco Wholesale Corp. v. Maleng*, 522 F.3d 874 (9th Cir. 2008), the plaintiff challenged nine distinct Washington state restrictions governing wholesaler practices, including policies in all four categories described above. The court upheld the state's volume discount and minimum markup provisions but invalidated the post-and-hold requirements. In *Manuel v. State of Louisiana*, 982 So.2d 316 (3<sup>rd</sup> Cir. 2008), a Louisiana appellate court rejected six separate challenges to the Sherman Act, including the ban on volume discounts. It upheld the state's ability to regulate alcoholic beverages within the state and concluded that the Sherman Act had to yield to the state's authority granted under the 21st Amendment. Maryland's post-and-hold law and volume discount ban were challenged in *TFWS, Inc. v. Franchot*, 572 F.3d 186 (4th Cir. 2009), a complicated case involving multiple appeals and re-hearings. On Maryland's fourth appeal, the court upheld its previous decisions to strike down the two policies.

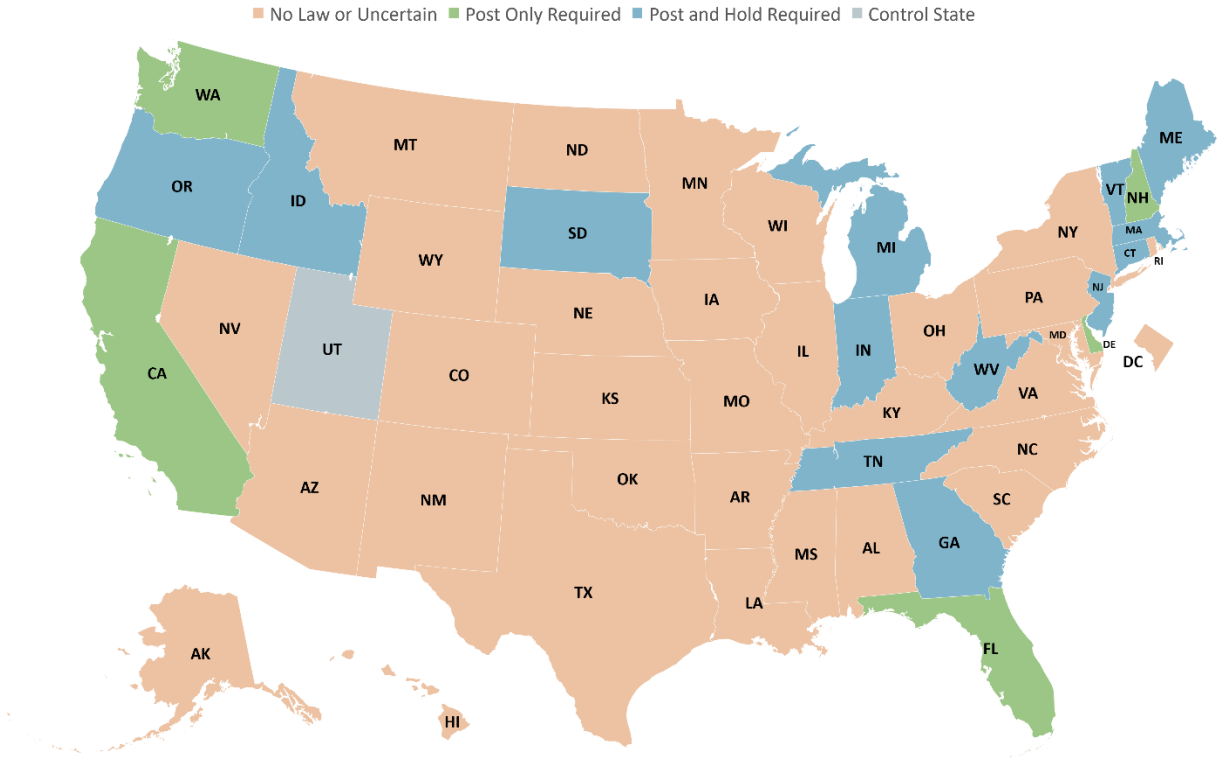
**Exhibit 2.32: Volume Discounts for Beer as of January 1, 2021**



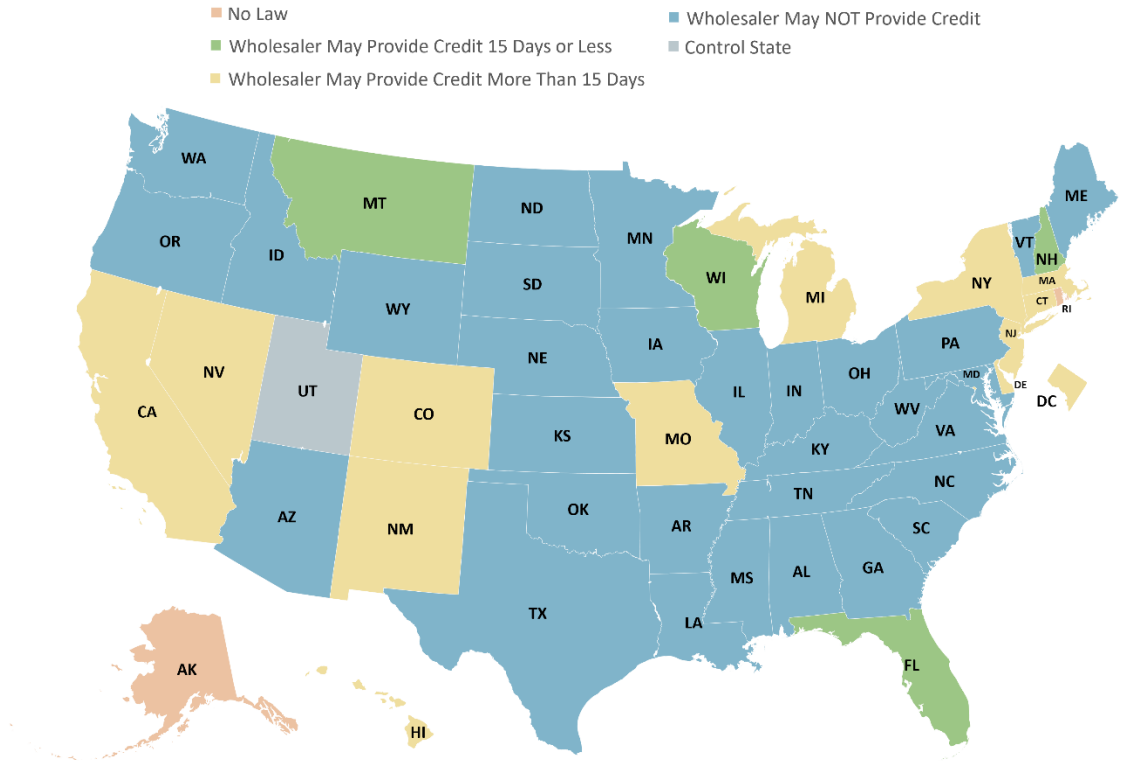
**Exhibit 2.33: Minimum Markup, Maximum Discount for Beer as of January 1, 2021**



**Exhibit 2.34: Post-and-Hold Requirements for Beer as of January 1, 2021**



**Exhibit 2.35: Retail Credit for Beer as of January 1, 2021**



## Data Sources and Citations

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## Enforcement

The effectiveness of alcohol control policies depends heavily on how well they are implemented and whether they are enforced. Laws that prohibit sales to minors require strong enforcement to achieve desirable levels of compliance. Two effective enforcement strategies discussed below are (1) conducting compliance checks and (2) a system of administrative penalties, including fines and license suspensions, that increase in severity with repeat offenses.

### Compliance Check Protocols

#### Policy Description

Compliance checks involve an underage operative (a “decoy”)—working either with local law enforcement officials or with agents from the state alcoholic beverage control (ABC) agency—who enters an alcohol retail establishment and attempts to purchase an alcoholic beverage from a server, bartender, or clerk.<sup>48</sup>

Protocols for these compliance checks vary from state to state but, in general, follow a similar outline. An underage person (allowable ages vary by state) serves as a decoy. The decoy enters an alcohol retail outlet and attempts to purchase a pre-determined alcohol product. Typically, an undercover enforcement officer from a local police department or the state ABC agency observes the decoy. Audio and video recording equipment may also be used or required. State rules vary regarding a decoy’s use of legitimate ID cards (e.g., driver’s licenses), although a few states allow decoys to verbally exaggerate their age. If a purchase is made successfully, the establishment and the clerk or server may be subject to an administrative or criminal penalty.

Compliance checks have both educational and behavior change goals:

1. Reinforce social norms that underage drinking is not acceptable by publicizing enforcement efforts.
2. Educate the community—including parents, educators, and policymakers—about the ready availability of alcohol to youth, which many may not consider a major issue.
3. Increase alcohol retailers’ perception that violation of sales to underage persons laws will be detected and punished, creating a deterrent effect.
4. Decrease the likelihood that retailers will sell alcohol to people under age 21, thereby reducing youth access to alcohol.

Most, but not all, states permit law enforcement agencies to conduct compliance checks on a random basis. A few states permit the checks only when there is a basis for suspecting that a particular licensee has sold alcohol to a person under the age of 21. To ensure that state and local law enforcement agencies are following uniform procedures, most states issue formal compliance check protocols or guidelines designed to ensure that law enforcement actions are fair and reasonable and to provide guidelines to licensees for avoiding prosecution.

Compliance checks of off- and on-premises licensed alcohol retailers are an important community tool for reducing illegal alcohol sales to minors and promoting community normative

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<sup>48</sup> Note that throughout this chapter, “states” refers to the 50 states and the District of Columbia.

change. The 2004 NRC/IOM report *Reducing Underage Drinking: A Collective Responsibility* (2004) calls for:

1. Regular, random compliance checks;
2. Administrative penalties, including fines and license suspensions that increase with each offense;
3. Enhanced media coverage for the purposes and results of compliance checks; and
4. Training for alcohol retailers regarding their legal responsibility to avoid selling alcohol to underage youth.

The 2016 *Surgeon General's Report on Alcohol, Drugs, and Health* found that compliance checks are an effective strategy for reducing alcohol consumption by underage youth and can be implemented in conjunction with other population-level alcohol policies (SAMHSA, 2016).

### **Status of Compliance Check Protocols**

Data for this policy were coded from formal compliance check protocols or guidelines. A total of 39 states have formal written protocols. The remaining states either do not have these protocols or these protocols are not readily available to the public or were not available at the time the protocol data were collected.

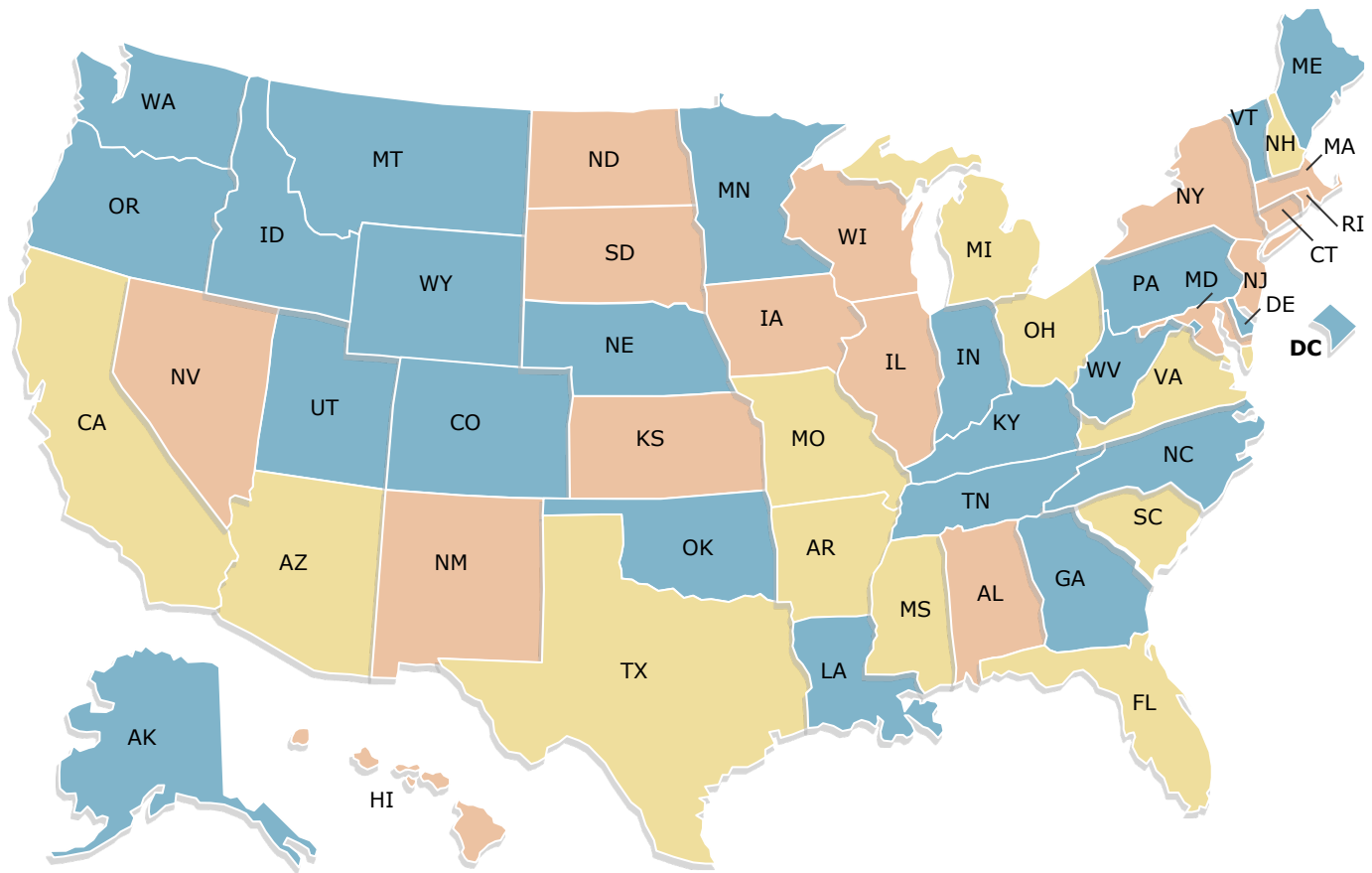
The maximum age of the decoy varies from 18 to 21 (Exhibit 2.36). The minimum age of the decoy ranges from 15 to 19.

Thirty-four states have guidelines for the decoys' appearance (e.g., appropriately dressed for age; no hats, excessive makeup, or facial hair). The majority (27) of the states prohibit decoys from verbally exaggerating their age. Decoy training is mandatory in 19 states. Nineteen states require decoys to have valid ID in their possession at the time of the check, whereas five states prohibit decoys from carrying ID with them during a compliance check.



**Exhibit 2.36: Maximum Age of Compliance Check Decoys in 2021**

■ Not Specified or No Protocol   
 ■ Ages 18--19   
 ■ Ages 20+



### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Penalty Guidelines for Sales/Service to Underage Youth

### Policy Description

An influential report by the Institute of Medicine recommended that “enforcement agencies should issue citations for violations of underage sales laws, with substantial fines and temporary suspension of license for first offenses and increasingly stronger penalties thereafter leading to permanent revocation of license after three offenses” (NRC & IOM, 2004).

Alcohol law enforcement seeks to increase compliance with laws by increasing the level of perceived risk of detection and sanctions. Such deterrence involves three key components:

1. Perceived likelihood that a violation will lead to apprehension and sanction,
2. Swiftness with which the sanction is imposed, and
3. Severity of the sanction (Ross, 1992).

Although alcohol law enforcement agencies may issue the citations, adjudication of the cases is usually handled by another division or agency, most often in a state ABC agency. States typically include administrative penalties in their statutory scheme prohibiting sales to people under age 21. Penalties may include warning letters, fines, license suspensions, a combination of fines and suspensions, or license revocation. Agencies may consider both mitigating and aggravating circumstances as well as the number of violations within a given time period, with repeat offenders usually receiving more severe sanctions.

Many ABC agencies issue penalty guidelines to alert licensees to the sanctions that will be imposed for first, second, and subsequent offenses, providing a time period for determining repeat offenses. The agency may treat the guidelines as establishing a set penalty or range of penalties or may treat them as providing guidance, allowing for deviation at the agency’s discretion.

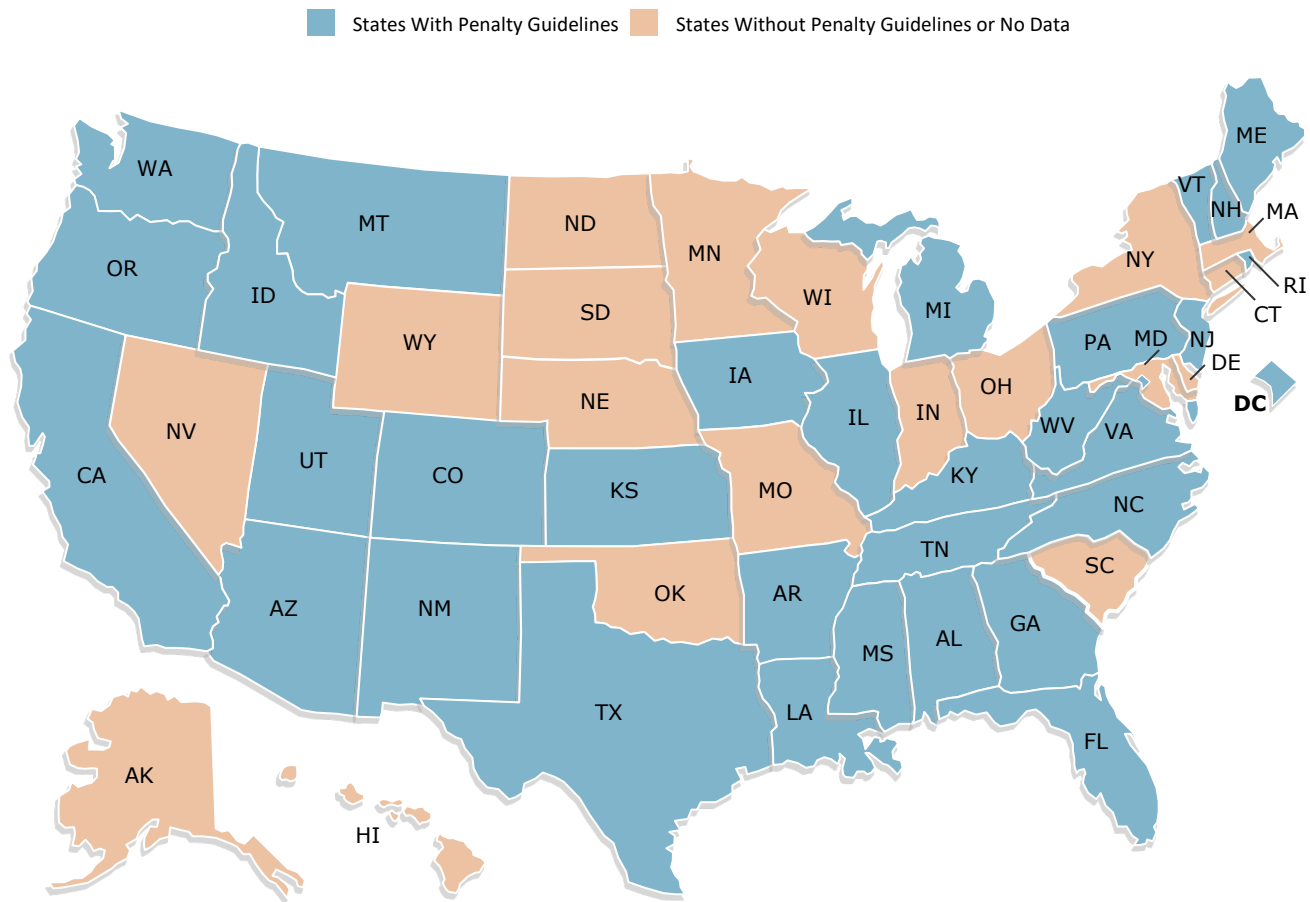
Penalty guidelines that establish firm, relatively severe penalties (particularly for repeat offenders) can increase the deterrent effect of the policy and its enforcement and can increase licensees’ awareness of the risks associated with violations (Ross, 1992).

### Status of Penalty Guidelines for Sales/Service to People Under Age 21

Thirty-two states have defined administrative penalty guidelines for licensees that sell alcohol to an underage youth (Exhibit 2.37).<sup>49</sup> Nineteen states either do not have penalty guidelines or do not make them readily available to the public or were not available at the time of data collection. The guidelines may be based on statute, regulations, and internal policies developed by the agency.

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<sup>49</sup> Oklahoma has a statute providing that the Alcoholic Beverage Laws Enforcement Commission must revoke the license of an outlet that “knowingly” sells alcohol to a person under age 21. 37A OK Stat § 37A-2-148(E) (2020). There are no penalties specified for sales that occur due to negligence or in circumstances other than “knowingly.” Oklahoma is therefore coded as having no penalty guidelines.

**Exhibit 2.37: States With Penalty Guidelines in 2021**

Guidelines vary widely across states. For example, although a few states may issue warning letters for first offenses if there are no aggravating circumstances, the majority of states impose fines or suspensions. Fines are typically in lieu of suspensions for first offenses, with some states allowing licensees to choose between the two sanctions. Three states (California, Florida, and New Mexico) have adopted the IOM recommendation that licenses should be revoked after three offenses, with an additional six providing the option of revocation. Six states have guidelines that state that licenses are to be revoked for a fourth offense.

States also vary in the specificity of their guidelines. Many states list a set penalty or a relatively limited range of penalties. For example, Florida lists a \$1,000 fine and a 7-day suspension for a first offense, whereas Georgia's guideline provides for penalties ranging from a \$500–\$2,500 fine and up to a 30-day suspension and a 12-month probation for first offenses. See Chapter 3 for a review of penalties imposed by states for selling to and serving people under age 21.

### Data Sources and Citations

Legal research for this topic is planned and managed by ICCPUD, chaired by the Assistant Secretary for Mental Health and Substance Use, and managed by the Associate Administrator for Alcohol Prevention and Treatment Policy under contract number 75S20120C00001. For further information, including definitions of the variables for this policy, visit [stopalcoholabuse.gov](http://stopalcoholabuse.gov).

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## Intervention

The 2016 reauthorization of the STOP Act provides funding for expanding the use of screening, brief intervention, and referral to treatment (SBIRT) in healthcare settings. The law defines screening as “using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient” (Public Law No. 114-255). Brief intervention is defined as “after screening a patient, providing the patient with brief advice and other brief motivational enhancement techniques designed to increase the insight of the patient regarding the patient’s alcohol use, and any realized or possible consequences of such use, to effect the desired related behavioral change.”

The U.S. Preventive Services Task Force (USPSTF) recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. The USPSTF concluded in 2018 that the evidence was insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents ages 12–17 years (Curry et al., 2018). However, considerable literature has been published indicating that SBIRT offered by a provider such as a physician, nurse, psychologist, or counselor can be effective in reducing adolescent drinking and related problems (Komro et al., 2017; Scott-Sheldon et al., 2014; Tanner-Smith & Lipsey, 2015). A recent article published in *JAMA Pediatrics* indicated that 5.6 percent of adolescents ages 12–17 developed alcohol use disorder within 12 months of their first alcohol use (Volkow et al., 2021).

The American Academy of Pediatrics recommends that pediatricians become familiar with adolescent SBIRT practices and their potential to be incorporated into universal screening and comprehensive care of adolescents (American Academy of Pediatrics, 2016; Committee on Substance Use and Prevention, 2016). NIAAA has developed a screening guide for healthcare providers titled *Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide* (NIAAA, 2011). The guide is aimed at healthcare professionals who care for young people ages 9–18 and provides empirically based advice and recommendations for conducting efficient and effective screening and follow-up.

For educators, SAMHSA offers “Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools,” which helps schools develop screening processes to identify students with possible mental health and substance use problems so that further assessment, monitoring, and/or support can be provided.

## Treatment

The need for adolescent substance use treatment is urgent and ongoing. In 2019, 6.7 percent of adolescents had a substance use disorder involving alcohol, cannabis, and/or illicit other drugs (including misuse of medication), and 3.3 percent of adolescents were diagnosed specifically with alcohol use disorder (CBHSQ, 2022). Current substance use intervention and treatment programs are not addressing the needs of the majority of adolescents; 95 percent of adolescents who needed treatment in a specialized facility did not receive this treatment, according to the most recent NSDUH data (CBHSQ, 2022). Local treatment options are frequently unavailable to

adolescents, and many individuals have little or no health insurance coverage for their treatment needs (Winters et al., 2018).

NIDA has created *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide* (NIDA, 2014). This guide describes 13 key principles of adolescent treatment:

1. Adolescent substance use needs to be identified and addressed as soon as possible.
2. Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug.
3. A relapse signals the need for more treatment or a need to adjust the individual's current treatment plan.
4. Routine annual medical visits are an opportunity to ask adolescents about drug use.
5. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.
6. Substance use disorder treatment should be tailored to the unique needs of the adolescent.
7. Behavioral therapies are effective in addressing adolescent drug use.
8. Families and the community are important aspects of treatment.
9. Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.
10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
11. It is important to monitor drug use during treatment.
12. Staying in treatment for an adequate period of time and continuity of care afterward are important.
13. Testing adolescents for sexually transmitted infections like human immunodeficiency virus, as well as hepatitis B and C, is an important part of drug treatment.

The guide also includes a section entitled "Evidence-Based Approaches to Treating Adolescent Substance Use Disorders", which discusses:

- Behavioral approaches,
- Family-based approaches,
- Addiction medications, and
- Recovery support services.

CHAPTER 3  
2021 *State Survey* Results—  
State Underage Drinking  
Prevention Policies, Programs, and  
Practices



## CHAPTER 3: 2021 STATE SURVEY RESULTS—STATE UNDERAGE DRINKING PREVENTION POLICIES, PROGRAMS, AND PRACTICES

### Introduction

The 2006 Sober Truth on Preventing Underage Drinking (STOP) Act requires annual reporting of data from the 50 states and the District of Columbia on their performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking. The STOP Act *State Survey* was developed to efficiently collect the portions of these data that were not available elsewhere.

Since 2011, the STOP Act *State Survey* has collected data on the following topics:

1. Programs targeted to youth, parents, and caregivers to deter underage drinking.
2. State interagency collaborations and best practices that address underage drinking prevention, including social marketing efforts intended to reduce underage drinking and increase parent/child communications about alcohol consumptions and collaborations with tribal governments.
3. The amount that each state invests in the prevention of underage drinking.
4. Enforcement programs to promote compliance with underage drinking laws and regulations.

A key conclusion from *State Survey* responses is that states are committed to the reduction of underage drinking and its consequences. Evidence of this commitment can be seen by the following: (1) All states completed the 90-question survey, (2) most reported numerous program activities, and (3) in many cases, states provided substantial detail about those activities (see individual state summaries). Finally, the unique challenges presented by the Coronavirus disease 2019 (COVID-19) pandemic in 2021 did not deter the states from completing the Survey and continuing the 100 percent response rate that the Survey has elicited for every year of its existence.

Results presented here must be viewed with caution. In many cases, missing data decrease the extent to which a meaningful conclusion can be drawn. Caution must also be exercised in interpreting changes from 2011–21, given variations in data availability.

### Programs Targeted to Youth, Parents, and Caregivers

States reported implementing a wide variety of underage drinking prevention programs for youth, parents, and caregivers. Many well-known programs were reported, including those focused on life skills, refusal skills, media advocacy, community organizing, and environmental change. Fifty-one percent of the programs focused on individuals, whereas nearly one in four programs focused on environmental change.

Data on numbers of program participants were limited, owing perhaps to inherent difficulties in estimating program participation for programs focused on entire populations or subpopulations (e.g., environmental change programs). Thirty-six percent of the states reported implementing programs to measure or reduce youth exposure to alcohol advertising and marketing.

Evaluation of underage drinking prevention programs is not comprehensive. Forty-six percent of the programs the states described have been evaluated, and reports are available for 56 percent of these.

Eighty-six percent of the states reported they had best-practice standards for underage drinking prevention programs. Eighty percent of states with best-practice standards reported that a federal agency had contributed to establishing these standards, and 84 percent indicated that their standards were based on guidelines developed by a state agency.

### **Collaborations, Planning, and Reports**

Sixty-five percent of states reported the existence of a state-level interagency body or committee to coordinate or address underage drinking prevention activities. However, of the states with such a committee, only 18 percent included the governor and 12 percent included a representative of the legislature.

Thirty-nine percent of the states with interagency committees included community coalitions, and 45 percent included college or university administrations, campus life departments, or campus police. Twenty-seven percent of the states included local law enforcement, and only 3 percent included youth. Overall, key decisionmakers (e.g., governors, legislatures) were underrepresented on interagency committees.

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. Forty-three percent of the states had prepared a plan, and 45 percent had issued a report.

### **State Expenditures on the Prevention of Underage Drinking**

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youth, parents, and caregivers. Responses indicate that the largest expenditure category is for community-based programs, followed by K–12 programs. The median of expenditures for programs targeted to youth, parents, and caregivers (\$165,869) is seven times that for all enforcement activities (median = \$25,251), and the total dollar amount expended for these non-enforcement programs (\$113,868,959) is 22 times the total dollar amount spent on enforcement (\$5,210,489). Expenditure data reporting on the survey was incomplete, with response rates ranging from 40 percent to 78 percent (median = 69 percent) across the five expenditure categories for programs targeting youth, parents, and caregivers. Thus, these results must be viewed with some caution. However, these data may be difficult for states to assemble, given multiple funding streams and asynchronous fiscal years, among other issues.

It should be noted that the total dollar amount reported in the *State Survey*—for enforcement or other programs—reflects only funds from the state’s budget and represents only a relatively small portion of total state spending on substance use prevention. Each state receives substantial federal funding (through block grants and other sources) that is used for underage drinking prevention and treatment as well as substance misuse prevention generally. Each of the 51 *State Reports* includes a pie chart showing sources of funds spent by the state on substance misuse prevention and treatment.

## Enforcement Programs

The majority of states collect data on state compliance checks, minor in possession (MIP) charges, and penalties imposed on retail establishments. However, less than one-third of the states collect data on local enforcement efforts. Thus, the ability to draw conclusions about enforcement activities and effectiveness is limited because underage drinking law enforcement also occurs at the local level. Improvements in state enforcement data systems would increase the accuracy of these analyses in future years.

Overall, enforcement activities appear highly variable across states. Compliance checks and other enforcement activities related to furnishing (i.e., party patrol operations, underage alcohol-related fatality investigations, and enforcement of direct shipment laws) are widely implemented, although not necessarily at both state and local levels. The total number of checks is modest, however. Sixty-seven percent of those states conducting compliance checks test 20 percent or fewer of their licensees. Sanctions for furnishing are predominantly fines, which are about 11 times more common than suspensions. Revocations are extremely rare; 91 percent of the states in which license revocation is an option reported revoking one or no licenses.

Data on MIP activities (an index of the enforcement of a variety of laws aimed at deterring underage drinking) revealed medians of 0.22 arrests per 1,000 underage drinking occasions and 242 arrests per 100,000 in a population of 16- to 20-year-olds.

## Comment

The data reveal a wide range of activity in the areas studied in the survey, although the activities vary in scope and intensity from state to state. Clearly, all states have areas of strength and areas where improvements can be realized. A recurrent theme is the unavailability of some data requested in the survey, especially that pertaining to local law enforcement and statewide expenditures. Accurate and complete data are essential both for describing current activities to prevent underage drinking and for monitoring progress through future *State Surveys*.

## Survey Instrument

The survey instrument consists of approximately 90 questions divided into the four sections described below, consistent with the topics and performance measures described in the STOP Act.<sup>50</sup>

1. Enforcement of underage drinking laws, including:
  - a. The extent to which states implement checks of retail outlets to assess compliance with laws prohibiting the sale of alcohol to minors and the results of these checks.
  - b. The extent to which the states implement other strategies for underage drinking enforcement, including MIP, Cops in Shops, shoulder tap operations, party patrol operations or programs, and underage alcohol-related fatality investigations.
  - c. Sanctions imposed for violations (e.g., fines, license suspensions, license revocations).
2. Underage drinking prevention programs targeted to youth, parents, and caregivers, including data on the number of people served by these programs and whether these programs are evaluated.

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<sup>50</sup> A copy of the survey instrument is available by contacting [underagedrinking@samhsa.hhs.gov](mailto:underagedrinking@samhsa.hhs.gov).

3. State collaborations on underage drinking prevention and reduction programs, including:
  - a. Collaborations with tribal governments.
  - b. Programs to reduce or prevent youth exposure to alcohol advertising and marketing.
  - c. State support of, and participation in, media campaigns to reduce underage drinking, including the “Talk. They Hear You.®” campaign, a national media campaign required by the STOP Act.
  - d. Implementation of best-practice standards.
  - e. Formation of state interagency coordinating body to address underage drinking prevention.
  - f. Preparation of plans for underage drinking prevention.
4. State funds spent in the following categories, along with descriptions of any dedicated fees, taxes, or fines used to raise funds:
  - a. Compliance checks and provisions for technology to aid in detecting false identifications at retail outlets.
  - b. Checkpoints and saturation patrols.
  - c. Community-based, school-based, and higher education–based programs.
  - d. Programs that target youth within the juvenile justice and child welfare systems.
  - e. Other state efforts as deemed appropriate.

Survey questions are structured to allow states maximum flexibility in deciding which initiatives to describe and how to describe them. Open-ended questions are used whenever possible to allow states to “speak with their own voices.” The survey provides the option to respond “Don’t Know” or “Data Not Available” in those instances where requested information is not accessible.

## Methods

State governors and the District of Columbia’s mayor were sent letters requesting confirmation of a designated representative to serve as the contact and be responsible for completing the survey. Designated contacts are typically staff members from state substance misuse program agencies or state alcohol beverage control (ABC) agencies.

A new website, [stopactstatesurvey.com](http://stopactstatesurvey.com), was created in 2021 as a starting point for completing the survey. This website was designed to make it easier for the designated contacts to complete the survey and included technical instructions, suggested resources, frequently asked questions, and links to the survey itself. The website also provided links to each state’s 2020 survey report so that data that remained unchanged between years could be readily copied into the web survey.

The online survey was available for completion by the states in the first week of June 2021. Telephone and online technical support were available to *State Survey* contacts while the survey was in the field.

As with all STOP Act *State Surveys* since 2011, responses were received from all 50 states and the District of Columbia—a 100 percent response rate. Each state’s response was reviewed, and state contacts were queried when necessary about apparent omissions, ambiguities, or other content issues. Copy edited reports of survey responses were returned to each state by email. States provided any requested clarifications and either approved the proposed copyedits or submitted their own revised text/information.

## Best Practices, Performance Measures, and the Survey

The STOP Act *Survey of State Underage Drinking Prevention Policies, Programs, and Practices* fulfills the STOP Act requirement for data collection and measurement of state performance and use of best practices for the prevention and reduction of underage drinking. Many of the Survey questions directly address best practice categories that appear in the STOP Act: prevention programs to deter underage drinking and provision of treatment services to youth, exposure of underage persons to alcohol advertising, enforcement of underage drinking laws and penalties for underage drinking offenses, regulation of direct sales, and expenditures on underage drinking prevention.

To best appreciate the Survey results, it is important to briefly review some of the elements of best practices that have been identified through research into the evidence supporting the use of different practices and programs addressed in the Survey.

### Prevention and Treatment Programs

Strategies for prevention and treatment programs that have been identified as best practices include:

- School strategies—through student assistance programs designed to reduce risk factors and increase protective factors that impact underage drinking (Das, et al, 2016).
- Extracurricular strategies—designed to channel young people’s “discretionary” time into adult-supervised activities.
- Family strategies—supporting and encouraging parental involvement and family interactions as a protective factor against underage alcohol use.
- Community strategies—reducing and preventing underage drinking through environmental strategies, such as policies or other community-wide activities.
- Multicomponent strategies—utilizing more than one of these strategies has been shown to increase the impact of the individual approaches (Komro, et al, 2002).

As indicated above, the settings of programs may vary, but effective strategies generally contain one or more of the following components (National Institute on Drug Abuse [NIDA], 2003):

- Transmission of information—examples include school-based curricula that provide information about how alcohol effects the body and brain development.
- Skills development—examples include training to reduce risky behaviors by teaching self-management skills, social skills, and alcohol awareness and resistance skills.
- Structural change—examples include environmental programs that produce change among populations (rather than individuals) through the development of policies or programs that encourage change in social norms related to underage drinking.
- Services—examples include counseling, health care, and treatment services.

Finally, effective programs demonstrate an awareness of the target “audience” and encourage interaction with appropriate mentors involved (Komro et al., 2002; NIDA, 2003):

- Programs are designed for a particular audience, taking into account gender, ethnicity, race, and other population characteristics to meet its needs more effectively.

- Programs support family relationships by engaging parents and caregivers in parenting skills and communications training.
- Programs support mentoring relationships by bringing trusted adults together with youth in their communities or by encouraging peer-to-peer activities.

Data collected by the Survey provides some measures by which to evaluate the states' performance in implementing prevention and treatment programs, including:

- Types of programs and their contents.
- Settings in which programs are implemented.
- Populations served.
- Numbers of youth, parents, and caregivers reached by programs.
- Whether the programs are evaluated, and if evaluation reports are available.
- State expenditures on prevention programs.

## Enforcement

Studies that assess enforcement interventions in relation to outcomes (e.g., incidents of drinking and driving and underage drinking parties) make clear that enforcement results in greater compliance and better public health outcomes (Preusser & Williams, 1992; Smith et al., 2014). However, enforcement of underage drinking policies is often uneven, inconsistent, and sporadic, and outcomes generally diminish over time (Ferguson et al., 2000; Forster et al., 1994; Montgomery et al., 2006; Mosher et al., 2002; Preusser & Williams, 1992; Voas et al., 1998; Wagenaar & Wolfson, 1995; Wolfson et al., 1995).

Of all enforcement practices, compliance checks (or decoy operations) have been most frequently studied. These practices, in which trained underage (or apparently underage) operatives (“decoys”) working with law enforcement officials enter retail alcohol outlets and attempt to purchase alcohol, are a way of reducing sales of alcohol to minors. The 2003 National Research Council (NRC)/Institute of Medicine (IOM) report on preventing underage drinking (NRC & IOM, 2004) includes the recommendation that compliance checks be carried out regularly and comprehensively at the state and local levels. The 2016 *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (Department of Health and Human Services [SAMHSA], 2016) describes the use of compliance checks as “an effective way to reduce alcohol consumption by minors.”

Other underage drinking enforcement interventions may include enhanced enforcement of drinking and driving through roadside stops; the use of party patrol (or party dispersal) operations to identify underage drinking parties, make arrests, and issue citations; and strategies employed at the point of sale to prevent youth access to alcohol: Cops in Shops and shoulder tap operations.

Best practices for effective compliance checks and other enforcement interventions to reduce underage drinking require the consideration of:

- Consistency—Without regular compliance or other checks, the impact on sales to minors and compliance with underage drinking laws will erode (Erickson et al., 2013; Rutledge et al., 2013; Wagenaar et al., 2005).

- Frequency—Increasing the number of compliance checks or other interventions results in lower rates of sales to minors and greater compliance with underage drinking laws (Grube, 1997; CDC, 2004).
- Perception—When compliance checks and other enforcement interventions are conducted together with a media campaign, this increases public perception of the likelihood that the law will be enforced and violators sanctioned, which can have a deterrent effect on violations (Hingson et al., 1996; CDC, 2004; Nagin, 2013).
- Populations impacted by the enforcement—Whereas enforcement actions such as compliance checks or penalties (license suspensions or revocations) target alcohol retailers, many interventions target young consumers of alcohol (MIP arrests, party dispersal operations, Cops in Shops). The target population should be considered when evaluating the efficacy of enforcement interventions.

Data collected by the Survey provide greater insight into the use of enforcement interventions by states and local jurisdictions, and provide some measures by which to evaluate the states' performance in implementing enforcement of underage drinking laws, including:

- The number of compliance checks conducted by the state and by local law enforcement, and the percentage of all licensed establishments in a state that are checked.
- The failure rate of checks conducted.
- Whether or not compliance checks are conducted randomly.
- The utilization of strategies such as Cops in Shops and shoulder tap operations.
- The number of MIP arrests.
- Data on penalties (i.e., fines, license suspensions, revocations) imposed for sales to minor violations.
- The numerical relationship between enforcement targeting youth and enforcement actions targeting alcohol retailers.
- State expenditures on enforcement.

### **Best Practices, Performance Measures, and Institutional Infrastructure**

The best practices and performance measures described above include some discussion of differences or inequalities among populations impacted by the programs, as in the following examples. A best practice for prevention and treatment programs is to design programs that specifically address the needs of the audience, considering gender, race, ethnicity, and other social or demographic indicators. The frequency of enforcement actions targeting youth are measured in relationship to those taken against retailers. However, a closer examination of institutionalized inequities in the area of underage drinking prevention could inform and expand the definition of best practices and suggest new performance measures.

Studies of institutions that provide behavioral health services to youth or interact with youth in the juvenile justice system illustrate the need for institutional change that considers racial, ethnic, and other disparities among the youth served. The goal of redesigning and reconfiguring of institutional infrastructure should be to “better accommodate best practices” (Nissen & Curry-Stevens, 2012). These expanded best practices should recognize power imbalances and guide programs to redress these inequalities (Burke et al., 2002; Dalrymple & Burke, 1995; Dominelli, 2002).

## Results

Individual *State Reports* (see individual state summaries on [stopalcoholabuse.gov](http://stopalcoholabuse.gov)) present all survey data submitted by each state. This section provides summary information about all variables amenable to quantitative analysis. It is important to keep in mind that each state determined how much information to provide and that the range of information respondents provided was highly variable. Comparisons of some datasets over the 10-year period of the survey are provided for general topic areas when significant or otherwise noteworthy. In all cases, where numerical estimates are reported, the reporting period is the most recent 12-month period for which complete data were available to the state. Average values are reported as medians.<sup>51</sup>

Results are grouped under five broad headings:

1. Programs Targeted to Youth, Parents, and Caregivers
2. Collaborations, Planning, and Reports
3. Media Campaigns
4. State Expenditures on the Prevention of Underage Drinking
5. Enforcement Programs

### Programs Targeted to Youth, Parents, and Caregivers

In keeping with the STOP Act’s requirement that prevention performance measures be collected on “[w]hether or not the State has programs targeted to youths, parents, and caregivers to deter underage drinking; and the number of individuals served by these programs,” states were asked to list general prevention programs that have underage drinking as one objective and are funded or operated directly by the state. The survey provided space for detailed descriptions of up to 10 programs plus additional space to briefly list any other programs that the states wanted to highlight.

States were also asked:

1. The number of youth, parents, and caregivers served by each program (if the program was aimed at a specific, countable population).
2. Whether the program has been evaluated.
3. Whether an evaluation report is available and where the report can be found.

Specific populations served were defined as follows:

- **Youth:** People younger than 21 years old.
- **Parents:** People who have primary responsibility for the well-being of a minor (e.g., biological and adoptive parents, grandparents, foster parents, extended family).
- **Caregivers:** People who provide services to youth (e.g., teachers, coaches, healthcare and mental healthcare providers, human services and juvenile justice workers).

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<sup>51</sup> The median is the numerical value separating the higher half of a sample from the lower half and is the best representation of the “average” value when (as is often the case with *State Survey* responses) the data include outliers (a data point that is widely separated from the main cluster of data points in a dataset).



In addition to program descriptions, states were asked whether they had programs to measure and reduce youth exposure to alcohol advertising and marketing and best-practice standards for selecting or approving underage drinking programs.

### **Program Content**

States varied widely in the number of programs described, in part because some states provided detailed information on local variations of some program types (e.g., community coalitions) whereas others described umbrella programs. Many well-known programs were reported, including those focused on life skills, refusal skills, media advocacy, community organizing, and environmental change. Prevention initiatives developed by individual states were also well represented.

The types of programs states are implementing were coded into one of four categories:

- 1. Programs focused on individuals**—Including programs designed to impart knowledge, change attitudes and beliefs, or teach skills. These programs focus on individual youth or adults (usually parents) but are almost always conducted with groups (e.g., classrooms, Boys & Girls Clubs, parent–teacher associations, members of a congregation). Also in this category are programs for offenders (e.g., youth charged with MIP or driving while intoxicated). Certain kinds of education and skills development were considered part of the environment, including training for alcohol sellers and servers, healthcare workers, public safety personnel, and others whose activities affect large numbers of people.
- 2. Programs focused on the environment**—Including programs that seek to alter physical, economic, and social environments which may be focused on entire populations (e.g., everyone in a state or community) or a sub-population (e.g., underage people, youth who drive). The main mechanisms for environmental change include state laws and local ordinances and their enforcement; institutional policies (e.g., enforcement priorities or prosecutorial practice, how alcohol is to be served at public events, carding everyone who looks younger than 35 years old, alcohol screening of all emergency room injury admissions); and changing norms. These changes are generally designed to decrease physical availability of alcohol (e.g., home delivery bans, retailer compliance checks), raise economic costs (e.g., drink special restrictions, taxation), and limit social availability (e.g., policies that affect the extent to which alcohol and people who use alcohol are visible in the community, such as banning alcohol in public places and at community events or banning outdoor alcohol advertising).
- 3. Mixed**—Includes programs where both individual and environmental approaches are a substantive part of the effort. Comprehensive prevention programs are a relevant example. Comprehensive prevention programs involve the achievement of multiple goals while engaging the community, family, and social environment.
- 4. Media campaigns**—Includes campaigns conducted through television, radio, social media, and websites to provide information about underage drinking, promote social norms that discourage underage drinking, and increase awareness of underage drinking policies (e.g., social host laws). Media campaigns are often directed to specific audiences, including parents or college students, as well as to the general public.

In total, 305 programs (87 percent of all programs) were described in sufficient detail to allow coding. Results are presented in Exhibit 3.1. As shown, programs focused on individuals were over twice as common as programs focused on the environment. States tended to adopt either

individual or environmental approaches in the programs they described, and 41 percent of the states that reported any programs that could be coded focused exclusively on one or the other.

**Exhibit 3.1: Types of Programs Implemented by States**

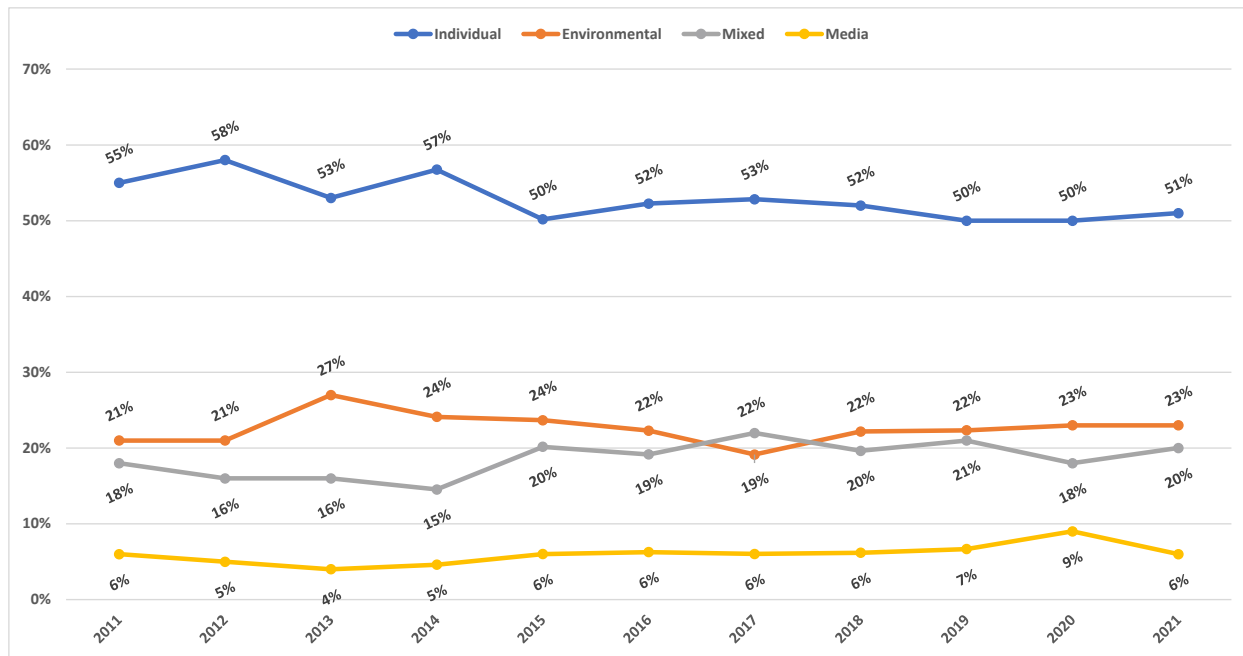
Program Category	Percentage of Programs Implemented
Focused on individuals	51
Focused on the environment	23
Mixed focus	20
Media campaigns	6

Source: STOP Act State Survey, 2021

**Prevention Program Types 2011–20**

As noted above, programs focused on individuals were far more common than programs focused on the environment. This pattern has remained consistent throughout the 11-year history of the survey as shown in Exhibit 3.2. Throughout the years, media campaigns have represented the smallest percentage of reported programs.

**Exhibit 3.2: Types of Programs Implemented by States 2011–21**



Source: STOP Act State Survey, 2011–21

**Numbers Served**

States were asked to estimate the number of youth, parents, and caregivers served by programs aimed at specific populations. These data were incomplete, with 69 percent of the states (n=35) providing data for at least one program for youth served; 41 percent (n=21) for parents served; and 27 percent (n=14) for caregivers served. These data may be difficult for certain types of

programs to estimate. In particular, the target populations for programs focused on the environment may be entire populations or subpopulations. Estimating the actual numbers reached is therefore problematic. Exhibit 3.3 provides the reported number of youth, parents, and caregivers served across all states that provided data.

**Exhibit 3.3: Reported Numbers of Youth, Parents, and Caregivers Served**

	Youth Served	Parents Served	Caregivers Served
Median	22,000	0	0
Minimum	0	0	0
Maximum*	1,468,300	4,578,918	179,304

\*Maximum numbers served are high in those instances where states reported that a program served the entire state population or in those instances in which individuals may be served multiple times by a program or programs.

Source: STOP Act State Survey, 2021

**Evaluation Data**

For each program, states were asked whether the program had been evaluated and if an evaluation report was available. Summary data for these questions appear in Exhibit 3.4. (Note: Data should be viewed with the caveat that evaluation data were not reported for 27 percent of all programs.)

**Exhibit 3.4: Evaluation of Underage Drinking–Specific Programs**

	Percentage of State Programs Evaluated	Percentage of Evaluated Programs With Reports Available
Median	48	50
Minimum	0	0
Maximum	100	100

Source: STOP Act State Survey, 2021

**Programs to Measure and Reduce Youth Exposure to Alcohol Advertising and Marketing**

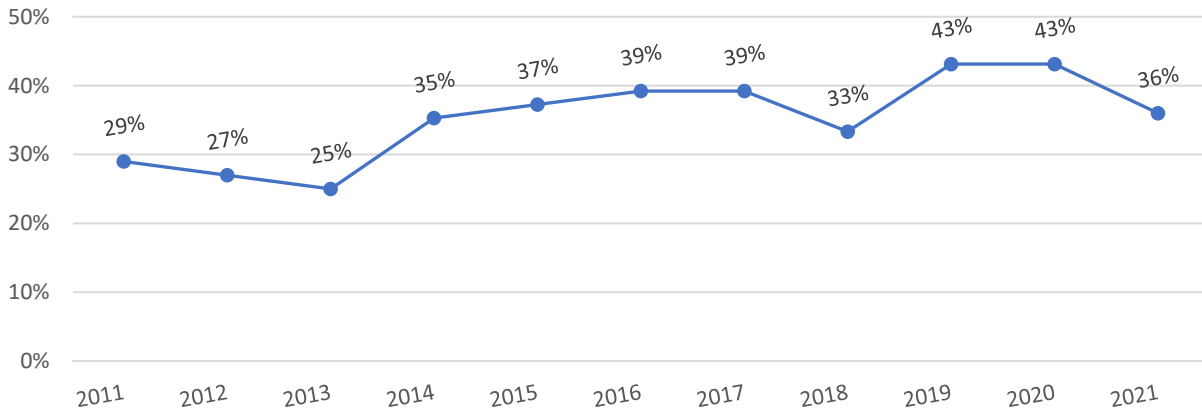
States were asked whether they have programs to measure or reduce youth exposure to alcohol advertising and marketing. Thirty-six percent (n=18) of the states reported they had such programs, which tend to implement four approaches:

1. Environmental scans to assess the degree of youth exposure to alcohol advertising.
2. Counter-advertising initiatives.
3. Eliminating environmental advertising aimed at youth.
4. Social marketing.

***Programs to Measure and Reduce Youth Exposure to Alcohol Advertising and Marketing 2011–20***

The number of states reporting that they had these programs has generally increased over the 11 years of the survey, as shown in Exhibit 3.5:

**Exhibit 3.5: Percentage of States With Alcohol Advertising and Marketing Programs 2011–21**



Source: STOP Act State Survey, 2011–21

**Best-Practice Standards**

States were asked whether they have adopted or developed best-practice standards for underage drinking prevention programs and, if so, the type of agency or organization that established the standards. Eighty-six percent (n=44) reported they had best-practice standards. As shown in Exhibit 3.6, state agencies play a significant role in their establishment, followed by federal agencies. Seventy percent of those states with best-practice standards reported that more than one type of agency was responsible for their establishment. Nearly three-quarters (73 percent) included the Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Substance Abuse Prevention in their list of agencies.

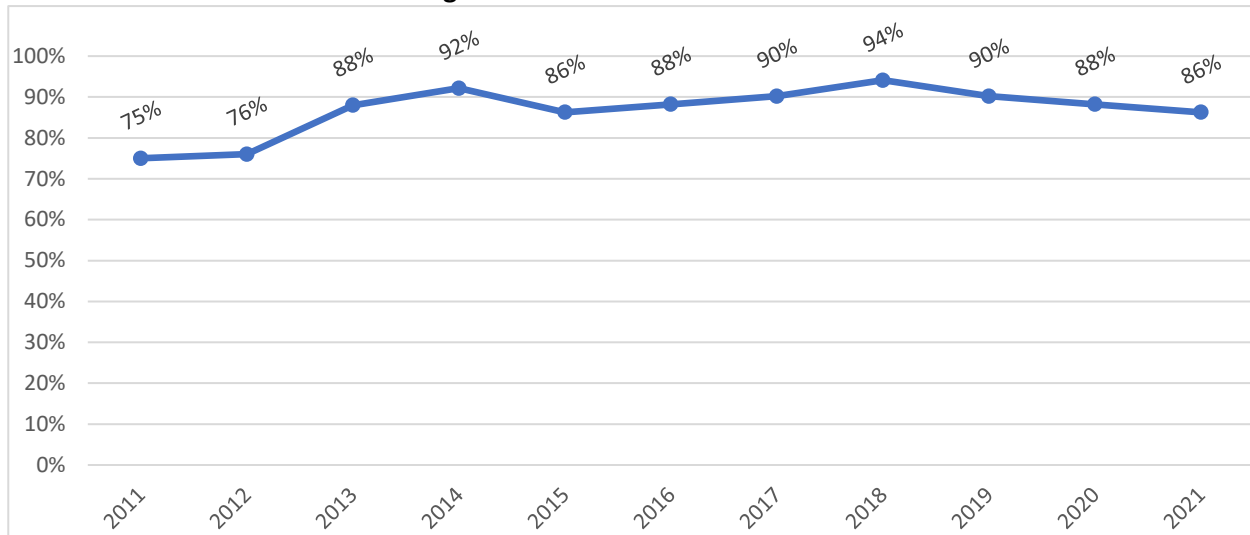
**Exhibit 3.6: Agencies Establishing Best-Practice Standards**

Type of Agency Establishing Best-Practice Standards	Percentage of States Adhering to Best-Practice Standards
Federal (n=35)	80
State (n=37)	84
Non-governmental (n=13)	30
Other (n=8)	18

Source: STOP Act State Survey, 2021

**Best-Practice Standards 2011–21**

The number of states reporting the adoption of best-practice standards has remained high over the years, as shown in Exhibit 3.7. State and federal agencies consistently play a significant role in the development of these standards, as shown in Exhibit 3.8.

**Exhibit 3.7: Percentage of States With Best-Practices Standards 2011–21**

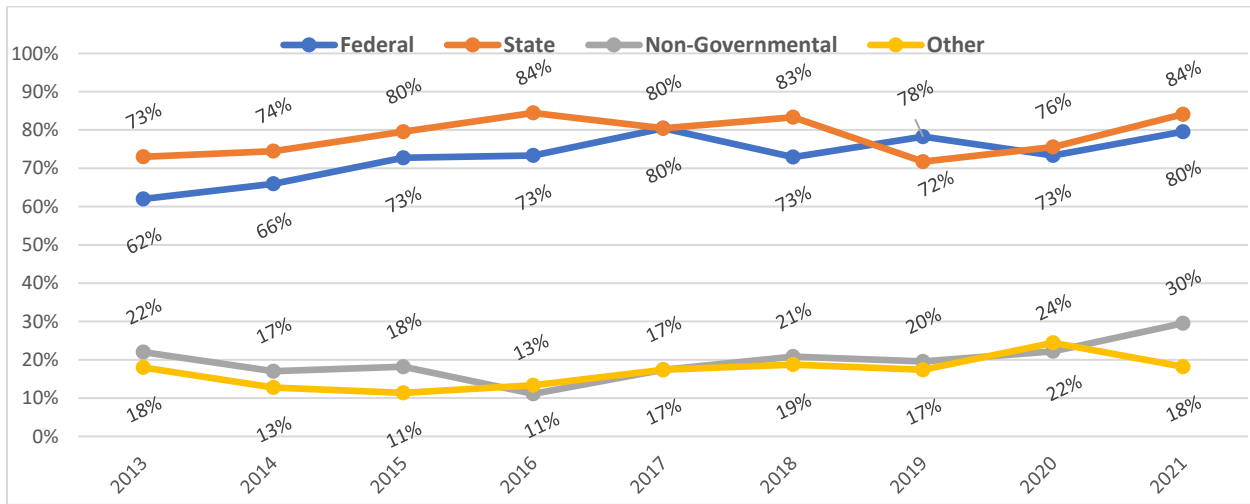
Source: STOP Act State Survey, 2011–21

### Collaborations, Planning, and Reports

The STOP Act *State Survey* included two questions about collaborations. The first question asked whether states collaborated on underage drinking issues with federally recognized tribal governments (if any). Forty-seven percent (n=24) said they did collaborate, 24 percent said they did not collaborate, and the remainder reported no federally recognized tribes in their states.

The second question asked whether states had a state-level interagency body or committee to coordinate or address underage drinking prevention activities. Sixty-five percent of the states reported that such a committee exists, although the composition of the committee varied somewhat from state to state. Most states' interagency committees included a variety of state agencies directly involved in underage drinking prevention policy implementation and enforcement, as well as educational and treatment program development and oversight. These include the states' departments of health and human services and alcohol beverage control, their substance misuse agency, and their state police/highway patrol.

**Exhibit 3.8: Agencies Establishing Best-Practice Standards 2011–21**



Source: STOP Act State Survey, 2013–21<sup>52</sup>

Of interest is the extent to which the committees included representatives from the governor’s office, state legislature, and office of the attorney general, given that these individuals and offices are so critical in setting priorities, providing funding, and generating political and public support. Exhibit 3.9 shows that 18 percent of the states with a committee included the governor, 12 percent included a legislative representative, and nearly one in four included an attorney general.

**Exhibit 3.9: Composition of the Interagency Group—State Government Entities**

	Office of the Governor	Legislature	Attorney General
Percentage of states with a committee (n=33)	18	12	24

Source: STOP Act State Survey, 2021

Exhibit 3.10 shows the extent to which the interagency committee included relevant entities and constituencies outside of state government. Forty-five percent of the states with interagency committees included college/university administrations, campus life departments, or campus police, and 39 percent included community coalitions or concerned citizens. About one in four states included local law enforcement, and 3 percent included youth.

States were asked whether they had prepared a plan for preventing underage drinking or issued a report on underage drinking in the past 3 years. Forty-three percent of the states had prepared a plan, and 45 percent had issued a report. The majority of states provided a source for obtaining the plans or reports (see individual *State Reports*).<sup>53</sup>

<sup>52</sup> Detailed data on this topic were collected starting with the 2013 State Survey.

<sup>53</sup> These and other related reports can be found on [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov).

**Exhibit 3.10: Composition of the Interagency Group—Other Entities**

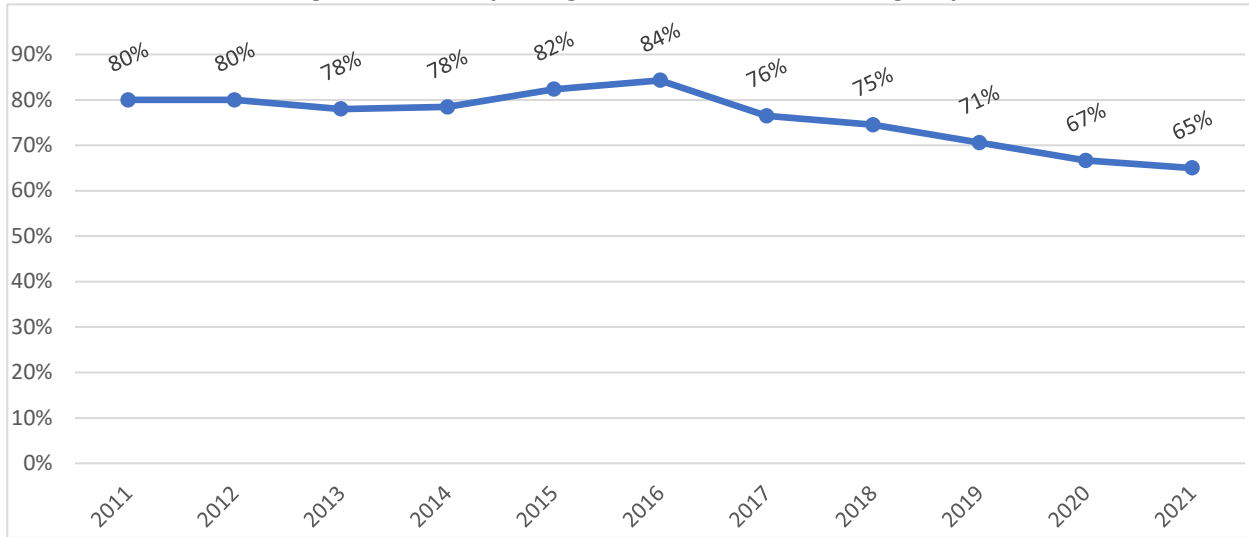
	Local Law Enforcement	College/University Administration, Campus Life Department, Campus Police	Community Coalitions/ Concerned Citizens	Youth
Percentage of states with a committee (n=33)	27	45	39	3

Source: STOP Act State Survey, 2021

**State Interagency Committees to Address Underage Drinking Prevention: 2011–21**

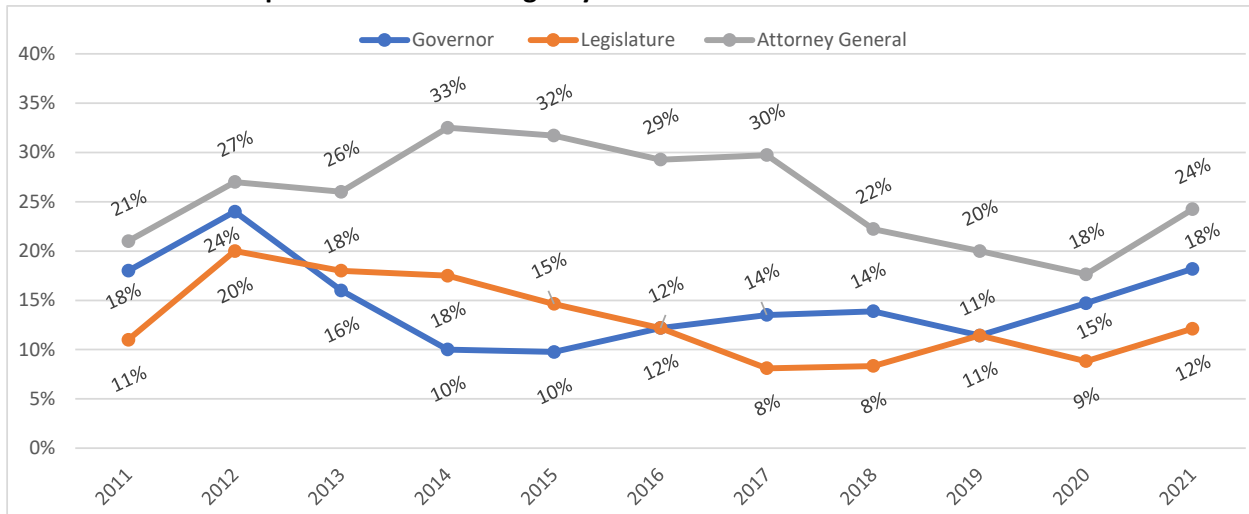
The number of states reporting the presence of a state interagency committee has been in decline for the last 5 years, as shown in Exhibit 3.11. Although there has been some variation in the composition of these groups, some patterns remain consistent during the 11 years of the survey, as shown in Exhibits 3.12 and 3.13. The office of the state attorney general has been represented on more state committees than other state government entities, and colleges and community coalitions are represented more often than local law enforcement or youth.

**Exhibit 3.11: Percentage of States Reporting the Presence of an Interagency Committee 2011–21**



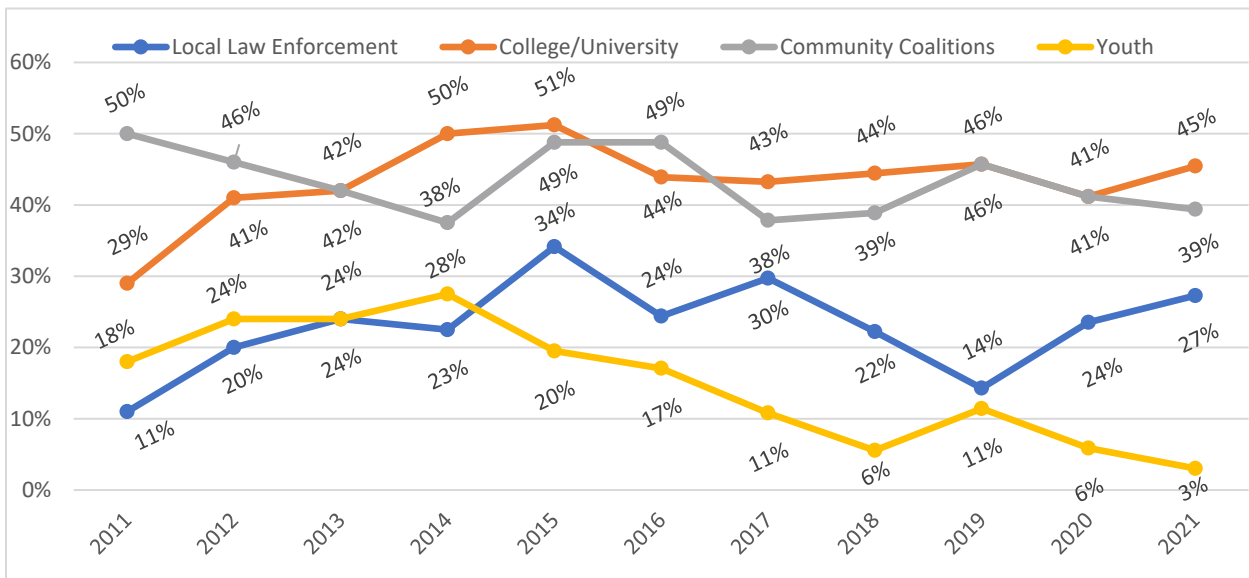
Source: STOP Act State Survey, 2011–21

**Exhibit 3.12: Composition of the Interagency Committee—State Government Entities 2011–21**



Source: STOP Act State Survey, 2011–21

**Exhibit 3.13: Composition of the Interagency Committee—Other Entities 2011–21**



Source: STOP Act State Survey, 2011–21

### Media Campaigns

The survey contains a series of questions about state participation in media campaigns and other social marketing efforts intended to reduce underage drinking and increase parent–child communications about alcohol consumption. Media campaigns have been shown to enhance efforts to reduce underage drinking and increase perception of the enforcement of underage drinking laws. States were asked whether they participated in or collaborated with a media campaign to prevent underage drinking. Seventy-eight percent of the states indicated that they did participate in such a campaign. When asked what types of media campaign the states participated in, regional and local campaigns were the most popular, followed by federal campaigns (Exhibit 3.14).



States were specifically asked about their participation in SAMHSA’s national media campaign, “Talk. They Hear You.®” (TTHY). Eighty-five percent responded that they did, indicating that they may think of it as more of a state campaign once adopted rather than as a federal campaign. States participating in TTHY were asked to describe how they participated and which resources they devoted to the TTHY campaign. As indicated in Exhibit 3.15, the majority of states forward TTHY materials to local areas. However, approximately one-third (34 percent) of these states indicated that they procure funding for TTHY (Exhibit 3.16).

**Exhibit 3.14: Type of Media Campaigns**

Media Campaigns State Collaborates With/Participates In (n=40)	
Federal campaigns	75%
Regional and local media campaigns	78%
Local school district efforts	25%
Other	25%

Source: STOP Act State Survey, 2021

**Exhibit 3.15: Participation in TTHY**

How State Participates in TTHY Media Campaign (n=34)	
State officially endorses TTHY efforts	44%
State commits state resources for TTHY	15%
State forwards TTHY materials to local areas	82%
Other	29%

Source: STOP Act State Survey, 2021

**Exhibit 3.16: Procuring Funding for TTHY**

How State Procures Funding for TTHY (n=29)*	
Pro bono	7%
Donated airtime	10%
Earned media	10%
Other	28%
State does not procure funding for TTHY	66%

\*Five states that reported participating in the TTHY campaign did not respond to questions about funding.

Source: STOP Act State Survey, 2021

## State Expenditures on the Prevention of Underage Drinking

States were asked to estimate state expenditures for two categories of enforcement activities and five types of programs targeted to youth, parents, and caregivers.<sup>54</sup> Exhibit 3.17 provides the data in \$1,000 units reported for: (1) enforcement activities, (2) program activities, and (3) other activities. An entry of zero in the “Minimum reported” row means that at least one state that collects data reported no expenditures in that category.

**Exhibit 3.17: 12-Month Expenditures (in \$1,000 Units) for Enforcement Activities; Programs Targeted to Youth, Parents, and Caregivers; and Other Programs†**

	Enforcement Activities		Programs Targeted to Youth, Parents, and Caregivers					Other Programs
	Compliance Checks	Checkpoints and Saturation patrols	Community-Based Programs	K–12 Programs	College/University Programs	Juvenile Justice System Programs	Child Welfare System Programs	
Number of states providing data	21	9	27	18	16	10	10	11
Median expenditure*	\$63	\$0	\$473	\$525	\$55	\$52	\$0	\$38
Minimum reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Maximum reported	\$3,848	\$45	\$39,600	\$4,692	\$3,500	\$450	\$450	\$4,111
Percentage of states providing data that invest in this category	81	44	78	78	69	50	40	55

†These data must be viewed cautiously. Response rates for prevention program expenditures ranged from 40 percent to 78 percent. Thus, the extent to which some of these data reflect national trends is unclear.

\*The median is zero if more than half the responses are zero.

Source: STOP Act State Survey, 2021

The largest expenditure category is for community-based programs, followed by K–12 school programs. The median of expenditures for programs targeted to youth, parents, and caregivers (\$165,869) is seven times that for all enforcement activities (median = \$25,251), and the total dollar amount expended for these non-enforcement programs (\$113,868,959) is 22 times the total dollar amount spent on enforcement (\$5,210,489).

States were also asked whether funds dedicated to underage drinking are derived from taxes, fines, and fees. Eighty-two percent of the states provided data for these questions. The use of these funding sources for underage drinking prevention activities is limited (Exhibit 3.18).

<sup>54</sup> The *State Survey* asks about expenditures only from state budget sources. Federal block grants and other federal funds make up approximately 80 percent of state substance misuse prevention expenditures.

**Exhibit 3.18: Sources of Funds Dedicated to Underage Drinking Prevention**

Source	Number of States Providing Data	Percentage Reporting Yes*
Taxes	42	24
Fines	42	26
Fees	42	24

\*Percentages reflect only those states that provided data for these questions.

Source: STOP Act State Survey, 2021

### Enforcement Programs

The STOP Act calls for the development and reporting of state enforcement performance measures. To fulfill this requirement, the *State Survey* requested enforcement data in four areas:<sup>55</sup>

1. State enforcement efforts to prevent underage access to alcohol at retail outlets, such as compliance checks and shoulder tap operations.
2. Local enforcement efforts to prevent underage access to alcohol.
3. Enforcement of selected state laws aimed at deterring underage drinking (e.g., MIP laws and laws prohibiting Internet sales and direct shipment of alcohol).
4. Penalties (i.e., fines, license suspensions, and revocations) imposed on retail establishments for violation of these laws.

Exhibit 3.19 shows the percentage of states that collect data on compliance checks, MIP charges, and penalties levied against retail establishments for furnishing alcohol to minors. As illustrated in Exhibit 3.19, a majority of states collect these data. However, the number of states that collect data on local enforcement efforts is limited. Thus, it is likely that the enforcement statistics provided here underestimate the total amount of underage drinking enforcement occurring in the states.

**Exhibit 3.19: Percentage of Jurisdictions That Reported Enforcement Data Collection at the State and Local Levels**

	State Collects Data on Compliance Checks		State Collects Data on MIP Arrests/Citations	State Collects Data on MIP, Including Arrests/Citations by Local Law Enforcement Agencies	State Collects Data on Penalties Imposed on Retail Establishments		
	State Conducted	Locally Conducted			Fines	License Suspensions	License Revocations
<b>Percentage</b>	75	27	65	25	76	75	75

Source: STOP Act State Survey, 2021

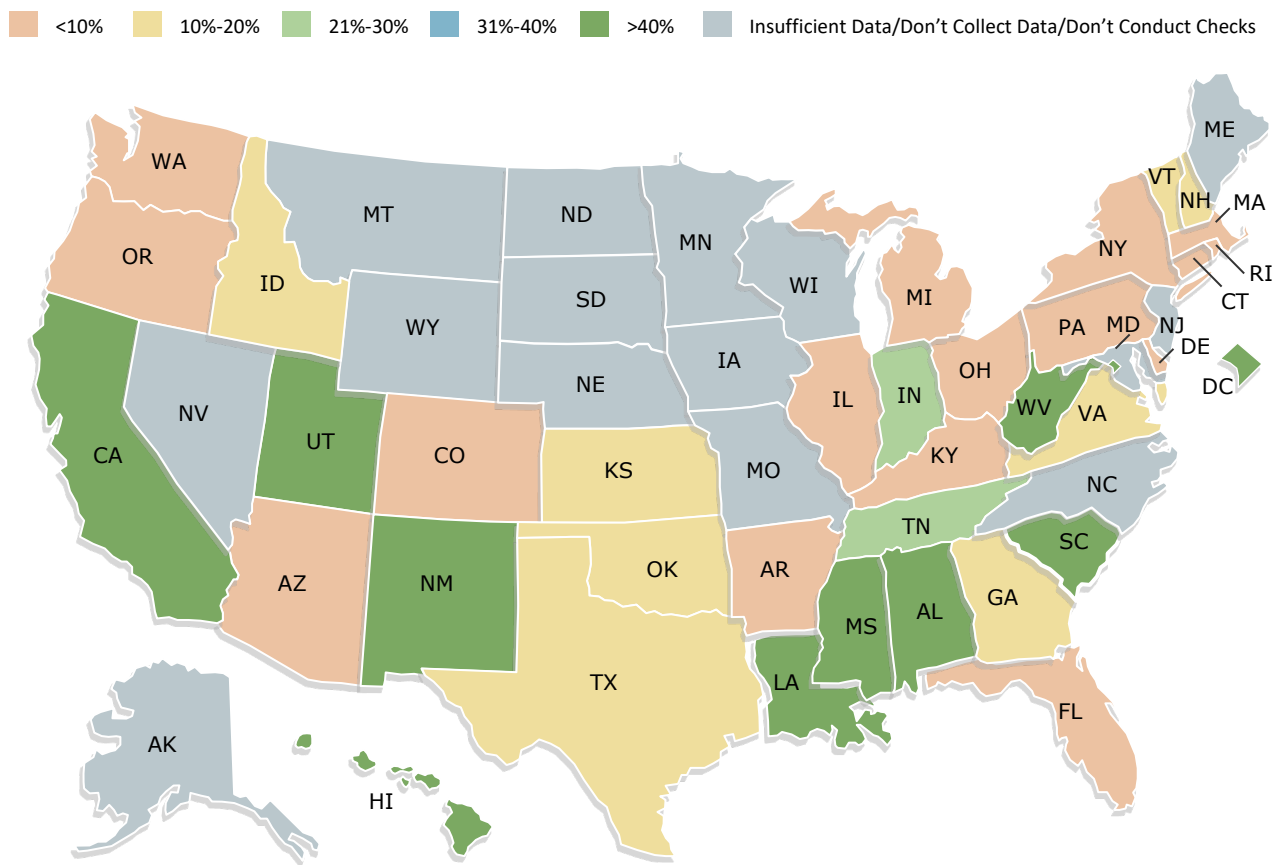
<sup>55</sup> Charts showing individual state responses to all enforcement program questions on the 2021 *State Survey*, are available by contacting [underagedrinking@samhsa.hhs.gov](mailto:underagedrinking@samhsa.hhs.gov).

### Compliance Checks

Compliance checks (or decoy operations) are defined as those enforcement actions in which trained underage (or apparently underage) operatives (“decoys”)—working with law enforcement officials—enter retail alcohol outlets and attempt to purchase alcohol. States were asked to provide an estimate of the total number of retail licensees in their state so that the percentage of licensees checked annually could be measured. A median of 12 percent of licensed establishments are checked across all 36 states that conduct compliance checks and collect associated data.<sup>56</sup>

Exhibit 3.20 provides a state-by-state picture of the percentage of licensees checked. Sixty-seven percent of those states conducting checks tested 20 percent or fewer of their licensees, indicating that checking is generally not comprehensive. The majority (84 percent) of these states reported that checks were conducted at both on- and off-premises establishments.

**Exhibit 3.20: Percentage of Licenses Checked by State**



Source: STOP Act State Survey, 2021

<sup>56</sup> Two additional states indicated that they conducted state compliance checks and collected data but did not provide sufficient information to be included in this calculation.

In addition to questions about the number of state checks and the number of outlets that failed the checks, states were asked whether they conduct random compliance checks. Of the states that report conducting and collecting data on compliance checks, 89 percent indicated that some or all of the checks conducted were done randomly, as opposed to being conducted in response to a complaint or as part of a convenience sample. For 52 percent of the states that report conducting random checks, all state checks were conducted randomly.

Exhibit 3.21 compares the number and failure rates of all state compliance checks, those state checks conducted randomly, and local compliance checks. Fourteen states also collected data on compliance checks conducted by local law enforcement. Ten states report conducting and collecting data for **both** state and local compliance checks; 42 states conduct and collect data on either state or local compliance checks; and nine states conduct neither state nor local checks. As shown in Exhibit 3.21, the number of licensees checked and licensee failures varies widely.

**Exhibit 3.21: Compliance Checks**

	Number of Licensees on Which Checks Were Conducted		Percentage of Licensees on Which Checks Were Conducted That Failed the Checks	
State agencies—all checks (n=36)	Median for those that collect data	855	Median for those that collect data	11
	Minimum	0	Minimum	0
	Maximum	35,613	Maximum	30
State agencies—random checks only (n=23)	Median for those that collect data	1,016	Median for those that collect data	11
	Minimum	0	Minimum	3
	Maximum	8,594	Maximum	26
Local agencies (n=9)	Median for those that collect data	475	Median for those that collect data	11
	Minimum	0	Minimum	6
	Maximum	4,858	Maximum	16

**Note:** The “n” figures in this exhibit differ from the total numbers of states that answered “yes” to collecting and conducting state, random, and local compliance checks because some states provided incomplete data.

**Source:** STOP Act State Survey, 2021

Exhibits 3.22 and 3.23 provide state-by-state licensee failure rates for all compliance checks conducted by state and local agencies based on data reported by the states. Most states (87 percent) reported failure rates of 20 percent or less for state-level checks, with four states reporting higher rates.

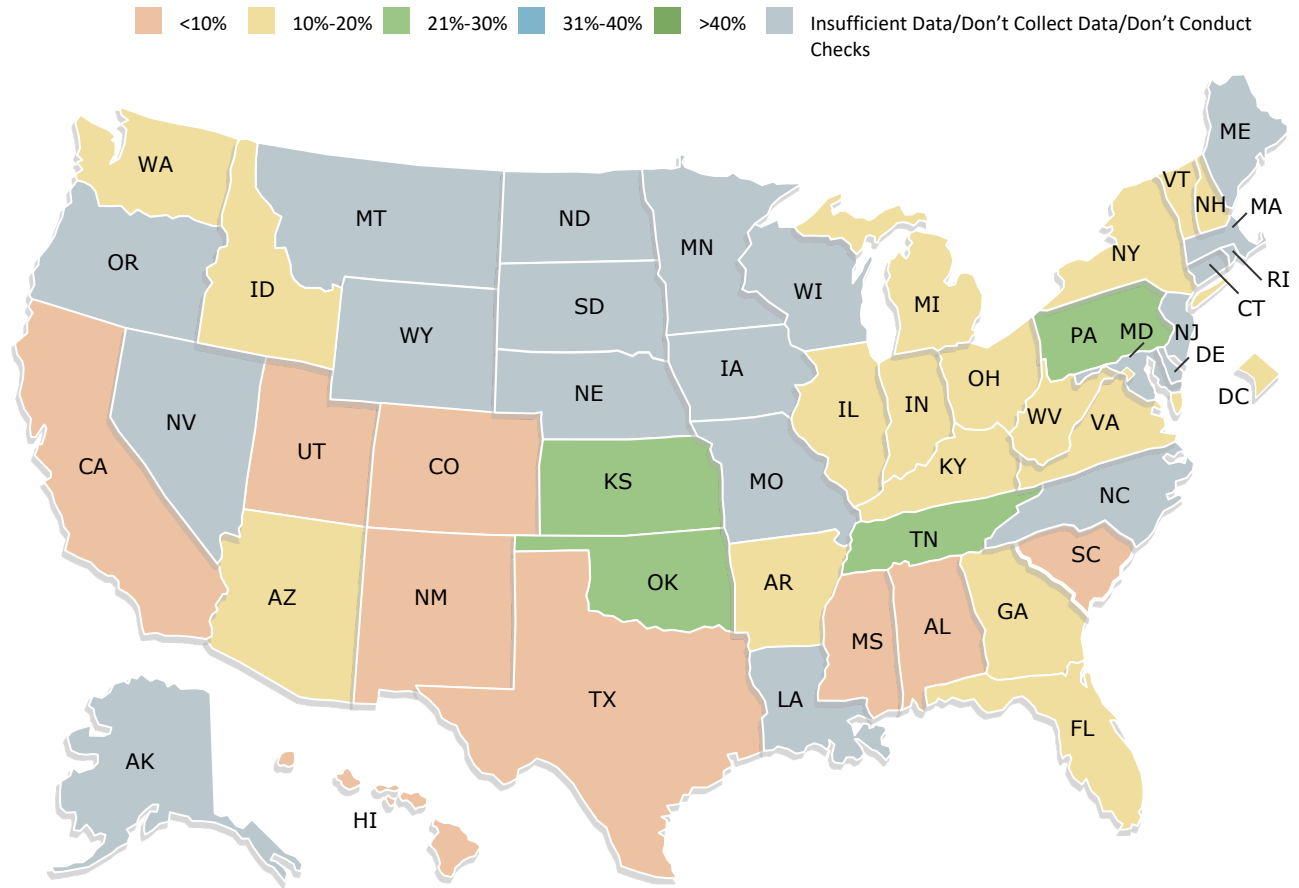
Exhibit 3.23 highlights the lack of data on local compliance checks for most states. Only nine states reported any data from local compliance checks, and 100 percent of those states reported failure rates of 20 percent or less.

As noted above, there is great variation among the states in the percentage of the total number of outlets checked during this period. Some states indicated that they make multiple checks on single outlets during the year in question, and this may be true of other states. Compliance check

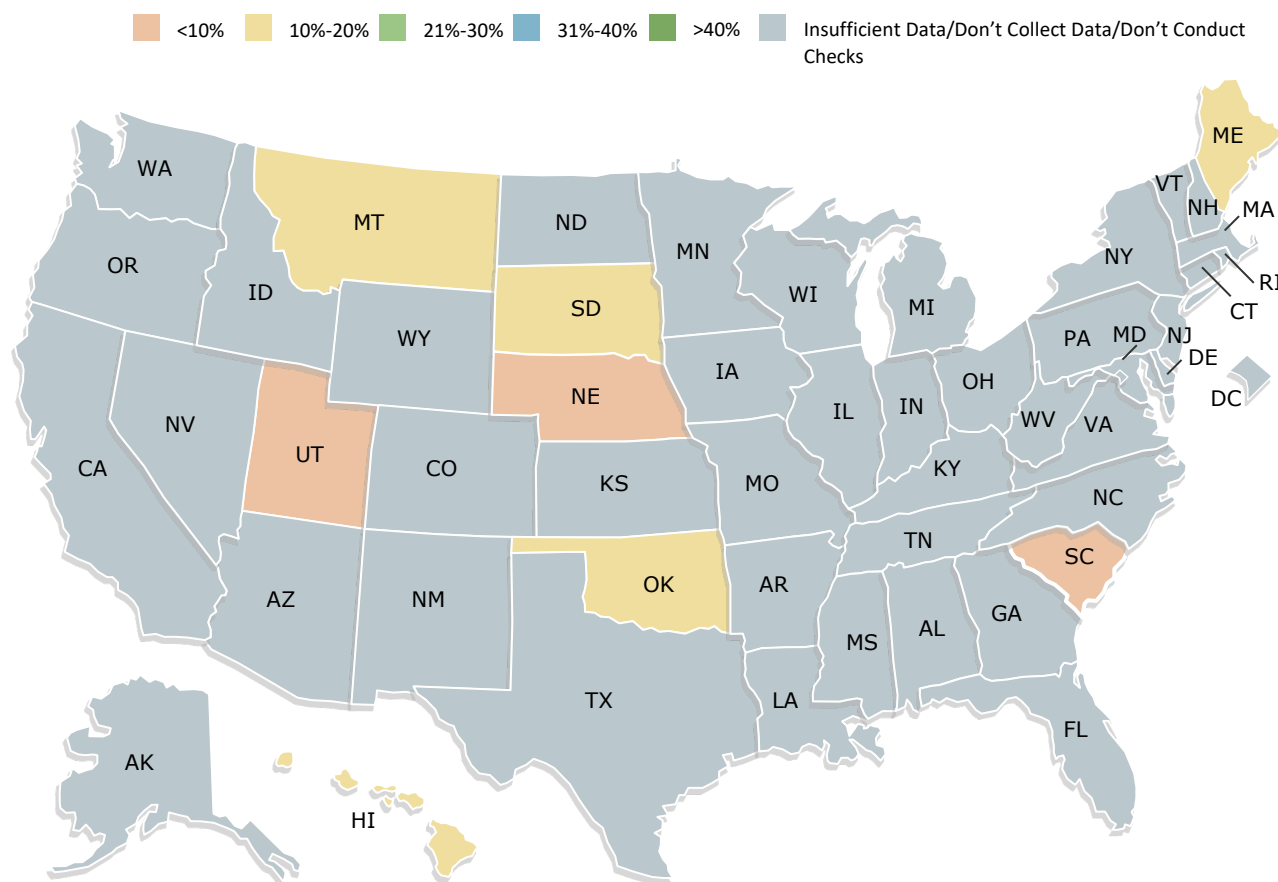
protocols also vary by state. For example, states use differing procedures and requirements for choosing underage decoys (see Compliance Check Protocols, Chapter 2).

States may also conduct compliance checks randomly in response to complaints or as a result of a previous compliance check failure. Hence, differences in compliance check protocols may affect the number of outlets checked, the frequency of checks at a particular establishment, and the failure rates.

**Exhibit 3.22: State Compliance Checks Failure Rate**



Source: STOP Act State Survey, 2021

**Exhibit 3.23: Local Compliance Checks Failure Rate**

Source: STOP Act State Survey, 2021

### Other Enforcement Strategies

States were asked to report on four other state and local strategies to enforce underage drinking laws: Cops in Shops, shoulder tap operations, party patrol operations or programs, and underage alcohol-related fatality investigations. Definitions of these enforcement strategies follow.

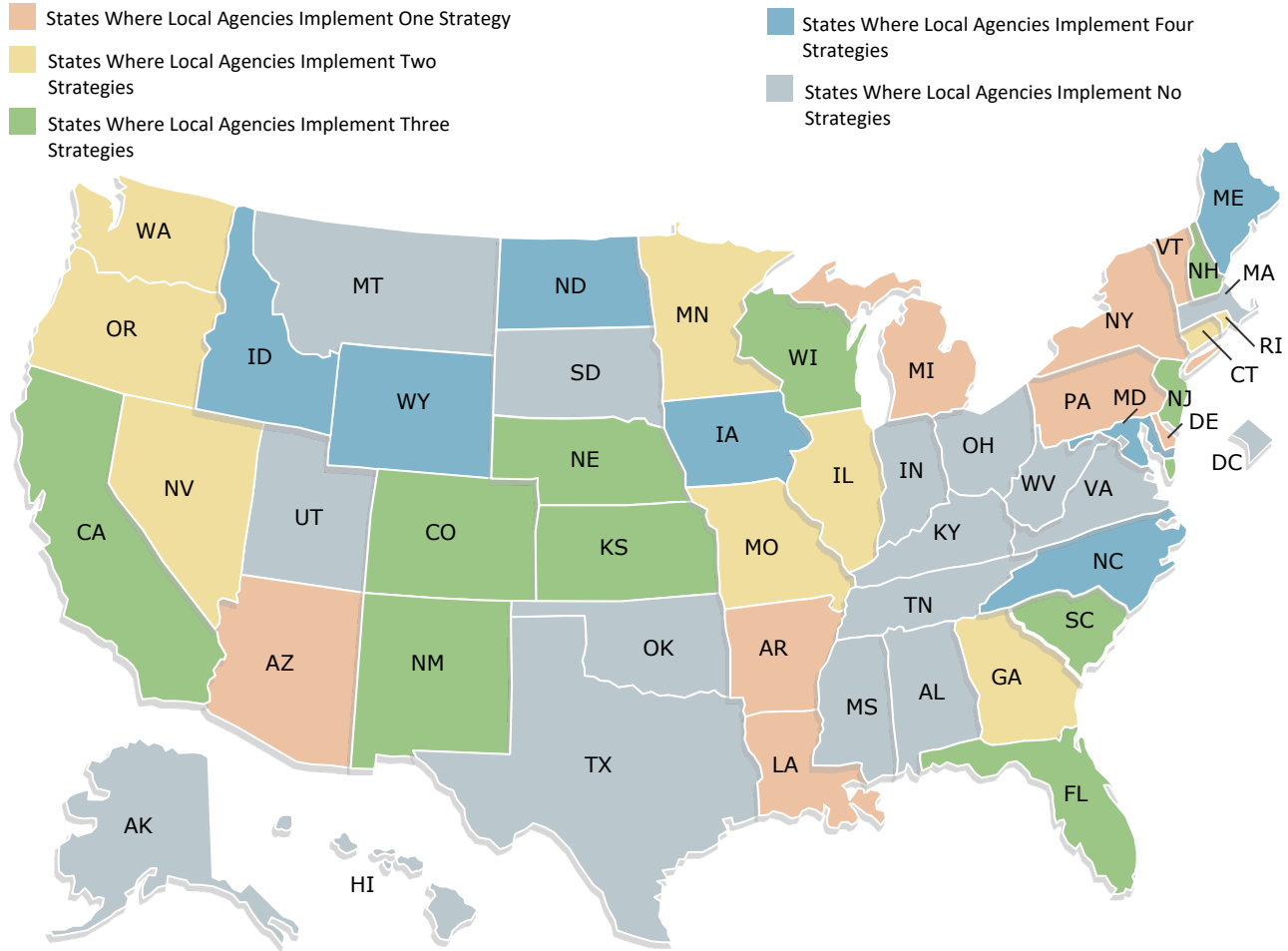
1. **Cops in Shops:** A well-publicized enforcement effort in which undercover law enforcement officers are placed in retail alcohol outlets.
2. **Shoulder tap operations:** Trained young people (decoys) approach individuals outside of retail alcohol outlets and ask them to make an alcohol purchase.
3. **Party patrol operations or programs:** Operations that identify underage drinking parties, make arrests and issue citations, and safely disperse participants.
4. **Underage alcohol-related fatality investigations:** Investigations to determine the source of alcohol ingested by fatally injured minors.

As shown in Exhibit 3.24, the most common enforcement activities at both state and local levels are party patrol operations or programs and underage alcohol-related fatality investigations.





**Exhibit 3.26: Number of Enforcement Strategies Implemented by Local Law Enforcement Agencies**



Source: STOP Act State Survey, 2021

All states regulate or prohibit direct sales and direct shipment of alcohol from producers to consumers, typically through internet orders and delivery by common carriers. (Note: These laws do not address home delivery or internet sales by retailers.) States were asked whether they have a program to investigate and enforce direct sales or direct shipment laws and whether these laws are also enforced by local law enforcement agencies. Exhibit 3.27 shows that 63 percent of the states report having direct shipment enforcement programs but only 12 percent confirmed that local law enforcement enforces these laws.

**Exhibit 3.27: Enforcement of Direct Shipment Laws**

	State Has a Program to Investigate and Enforce Direct Sales/Shipments Laws (%)	Laws Are Also Enforced by Local Law Enforcement Agencies (%)
Yes	63	12
No	20	33
Don't know/no answer	18	20

Source: STOP Act State Survey, 2021

### Sanctions Imposed on Retail Establishments for Violations

The *State Survey* requested information on penalties imposed on retail establishments for furnishing to minors (Exhibits 3.28–3.32; note that the “n” figures in these exhibits differ from the total number of states that answered “yes” to collecting data on fines, suspensions, and revocations because some states provided incomplete data).

As would be expected, fines are the most common sanction, imposed about 11 times as often as suspensions. However, revocations are rare. Of the states that collect data on revocations, 91 percent revoked one or no licenses. Ninety-seven percent of the states revoked fewer than six licenses.

**Exhibit 3.28: Fines Imposed on Retail Establishments for Furnishing to Minors**

Number of Outlets Fined for Furnishing to Minors (n=29)		Total Amount of Fines in Dollars Across All Licensees (n=30)
Median for those that collect data	99	\$66,653
Minimum	0	\$0
Maximum	587	\$525,500

Source: STOP Act *State Survey*, 2021

**Exhibit 3.29: Lowest and Highest Fines Imposed on Retail Establishments for Furnishing to Minors**

Lowest Fine Imposed	Dollar Amount of Fines Across All Licensees
Median for those that collect data (n=33)	\$400
Minimum	\$0
Maximum	\$2,500
Highest Fine Imposed	Dollar Amount of Fines Across All Licensees
Median for those that collect data (n=33)	\$3,000
Minimum	\$0
Maximum	\$80,000

Source: STOP Act *State Survey*, 2021

**Exhibit 3.30: License Suspensions Imposed on Retail Establishments for Furnishing to Minors**

Number of Outlets Suspended for Furnishing (n=30)		Total Days of Suspension Across All Licensees (n=26)
Median for those that collect data	3	23
Minimum	0	0
Maximum	89	1,409

Source: STOP Act *State Survey*, 2021

**Exhibit 3.31: Shortest and Longest License Suspensions Imposed on Retail Establishments for Furnishing to Minors**

Shortest Suspension Imposed	Number of Days Across All Licenses
Median for those that collect data (n=29)	2
Minimum	0
Maximum	25
Longest Suspension Imposed	Number of Days Across All Licenses
Median for those that collect data (n=29)	10
Minimum	0
Maximum	365

Source: STOP Act State Survey, 2021

**Exhibit 3.32: License Revocations Imposed on Retail Establishments for Furnishing to Minors**

Number of Outlets Revoked for Furnishing	
Median for those that collect data (n=34)	0*
Minimum	0
Maximum	44

\*The median will be zero if more than half the responses are zero.

Source: STOP Act State Survey, 2021

The survey asked states to report the lowest and highest fine imposed and the shortest and longest number of suspension days. Exhibits 3.28–3.31 illustrate the great variation among the states in the number of fines and the length of license suspensions imposed.

Sanctions for furnishing to minors can be put into perspective by considering rates per 100,000 drinking occasions among youth who are 16–20 years old. Exhibit 3.33 presents these rates for 26 states that collect complete sanctions data (i.e., fines, suspensions, and revocations).

**Exhibit 3.33: Retailer Sanctions for Furnishing to Minors**

Sanctions Per 100,000 Drinking Occasions	
Median for those that collect data (n=26)	2.18
Minimum	0
Maximum	28.39

Source: STOP Act State Survey, 2021

### MIP Offenses

States were also asked to provide statistics on MIP offenses. As noted earlier, arrest data for MIP offenses provide an index of the enforcement of laws designed to deter underage persons from drinking. Some states reported data that included arrests/citations issued by local law enforcement agencies; others did not.

The first three rows of Exhibit 3.34 present the number of MIP arrests/citations reported by all states that collect such data. These data may not provide an accurate picture of MIP enforcement, as much of this enforcement is conducted at the local level and therefore is not represented in state data. The last three rows of Exhibit 3.34 present data only from those states that collect both state and local MIP data. When only those states that collect local data are considered, the median number of arrests/citations increases by 50 percent, highlighting the importance of local enforcement efforts and data.

**Exhibit 3.34: Number of Minors Found in Possession of (or Having Consumed or Purchased Per State Statutes) Alcohol**

	Number of Arrests/Citations
Median for all states that collect data (n=31)	135
Minimum	0
Maximum	5,136
Median for states that collect both state and local data (n=13)	271
Minimum	0
Maximum	5,136

Source: STOP Act State Survey, 2021

To explore the meaning of these data, two indices were calculated for states with both state and local MIP enforcement (Exhibit 3.35). The first index compares the rates of MIP arrests/citations with an estimate of yearly drinking occasions among 16- to 20-year-olds.<sup>57</sup> The second index reflects arrests per 100,000 youth in each state who are 16–20 years old.

**Exhibit 3.35: State and Local Arrests/Citations for Minors in Possession: 16- to 20-Year-Olds**

	Number of Arrests/Citations	Arrests/Citations Per 1,000 Drinking Occasions	Arrests/Citations Per 100,000 Population 16–20
Median for those that collect data (n=13)	271	0.22	242
Minimum	0	0	0
Maximum	5,136	1.74	1,881

Source: STOP Act State Survey, 2021

### Sanctions Against Youth Versus Sanctions Against Retailers

A comparison of the rates of MIP arrests versus the rates of retailer sanctions (i.e., totals of fines, suspensions, and revocations) highlights enforcement priorities. Sixteen states provided the complete dataset needed for this analysis (Exhibit 3.36).

<sup>57</sup> This estimate is based on the calculations of Wagenaar and Wolfson (1994). Using Monitoring the Future data, they estimated a rate of 90 drinking occasions per 100 youth per month. To maintain consistency of analysis over the years, this formula is used in every year's survey analysis.

**Exhibit 3.36: Ratio of State and Local MIP Arrests to Retailer Sanctions**

	MIP Arrests Per Retailer Sanctions
Median for those that collect data (n=16)	2.91
Minimum	0
Maximum	437

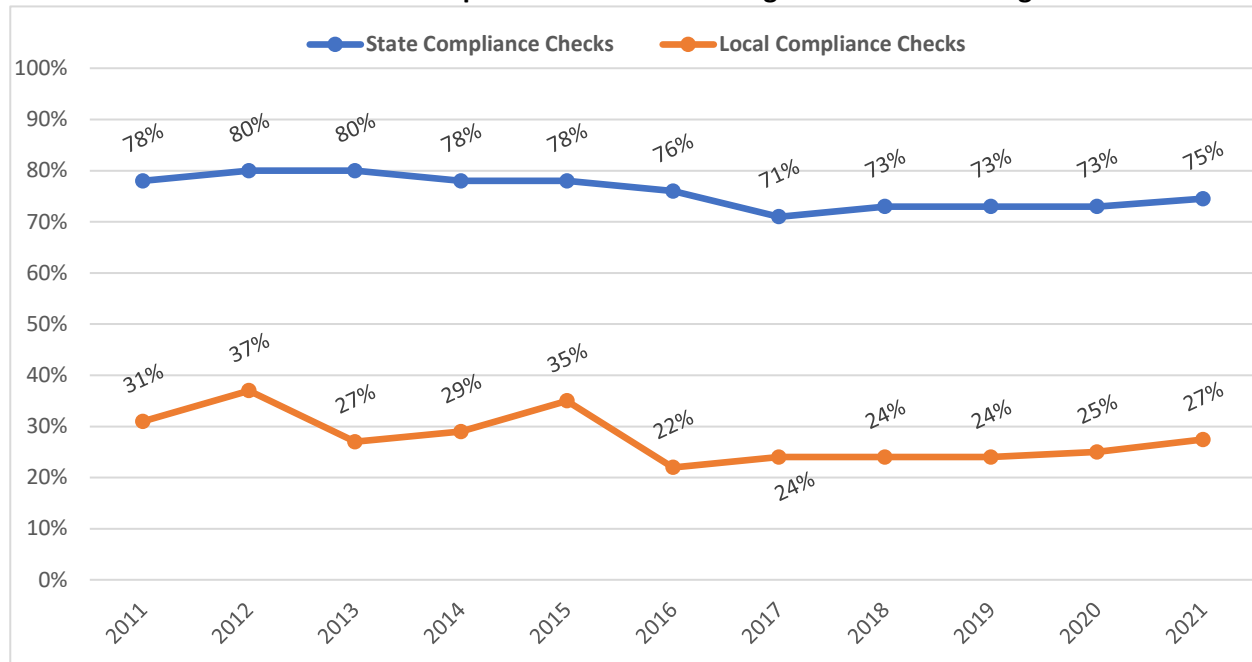
Source: STOP Act State Survey, 2021

In most states, MIP arrests greatly outnumber retailer sanctions, indicating that priority is given to individual arrests over enforcement at the retail level. The ratio of MIP arrests to retailer sanctions (indicating a priority on retailer enforcement) was less than one in five states.

**Enforcement Data Collection Patterns 2011–21**

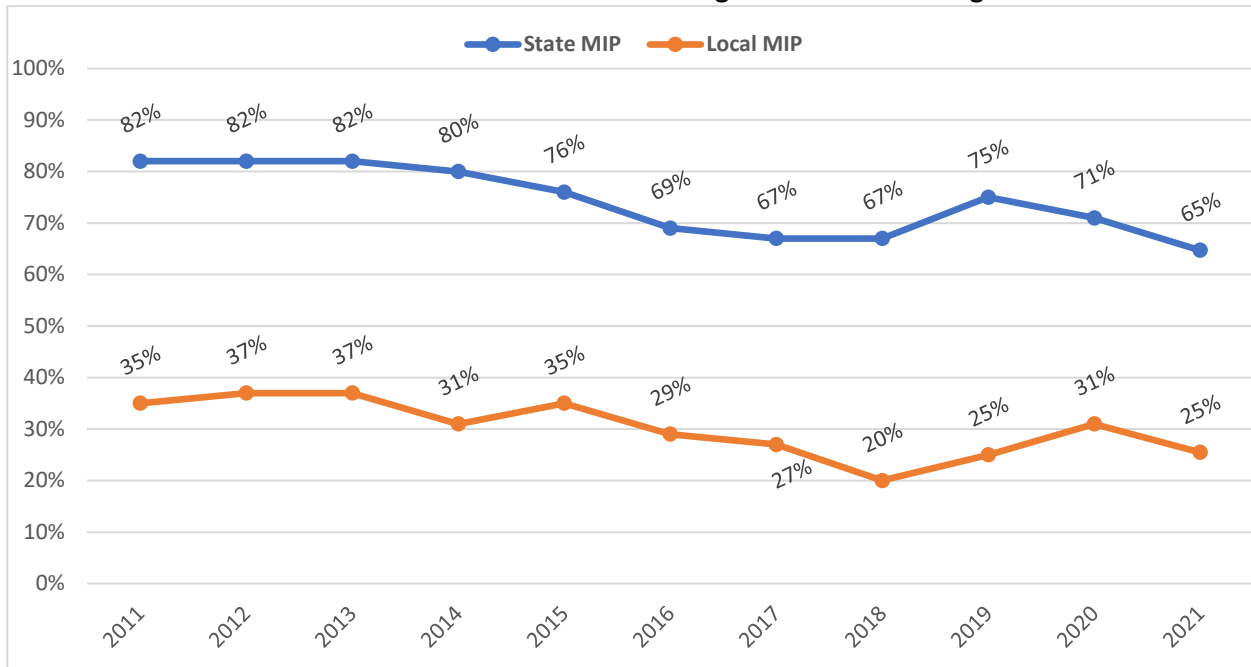
Data collection and reporting of enforcement data vary greatly from year to year among the states, so it is not possible to compare all states over these 11 years. These figures should be viewed with the caveat that numbers reported are impacted by variations in the availability and collection of data. Exhibits 3.37 and 3.38 demonstrate the variability in data collection on key enforcement variables by all states between 2011 and 2021. The collection of state and local compliance check and MIP arrest data has trended downwards since the 2011 survey. By contrast, collection of sanctions data (i.e., fines, suspensions, and revocations) has trended slightly upwards or remained consistent, as shown in Exhibit 3.39.

**Exhibit 3.37: State and Local Compliance Checks: Percentage of States Collecting Data 2011–21**



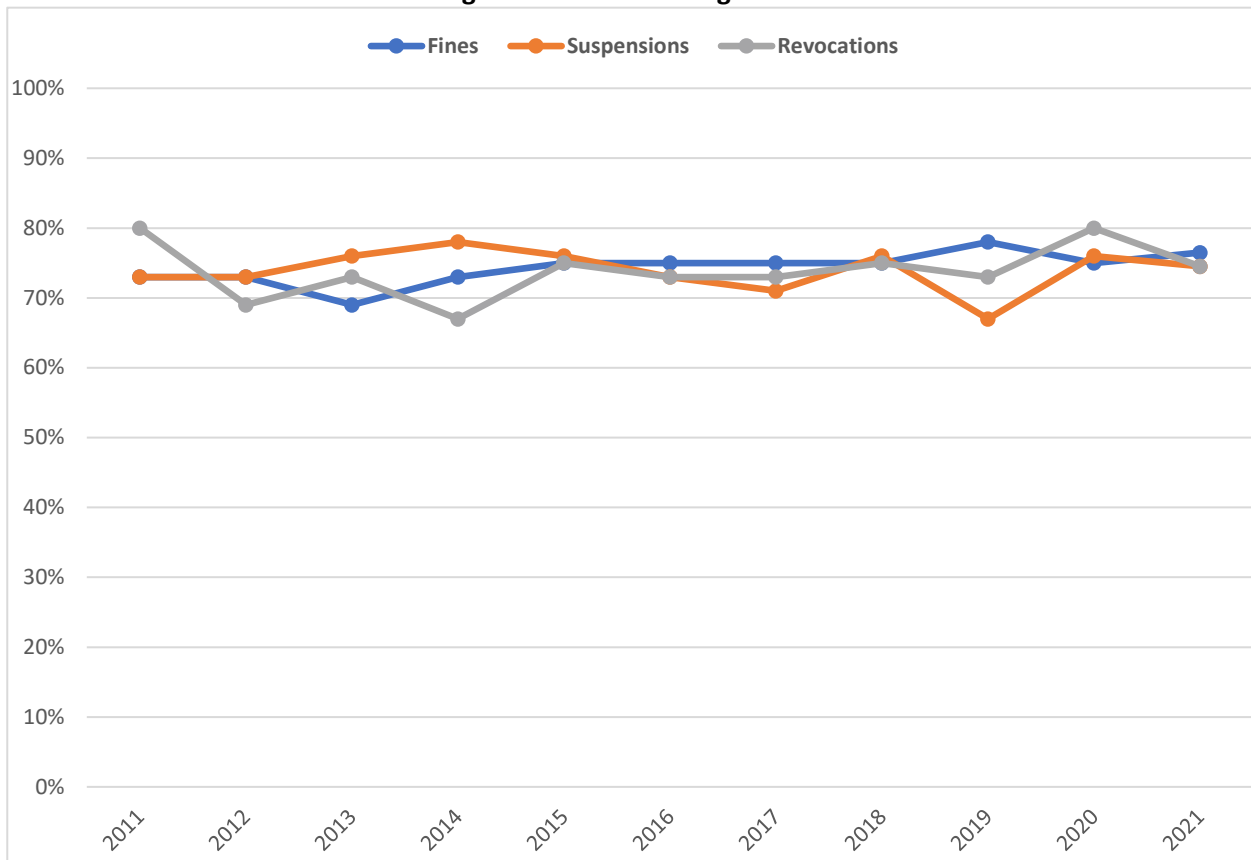
Source: STOP Act State Survey, 2011–21

**Exhibit 3.38: State and Local MIP Arrests: Percentage of States Collecting Data 2011–21**



Source: STOP Act State Survey, 2011–2021

**Exhibit 3.39: Sanctions Imposed on Retail Establishments for Furnishing Alcohol to Underage Persons: Percentage of States Collecting Data 2011–21**



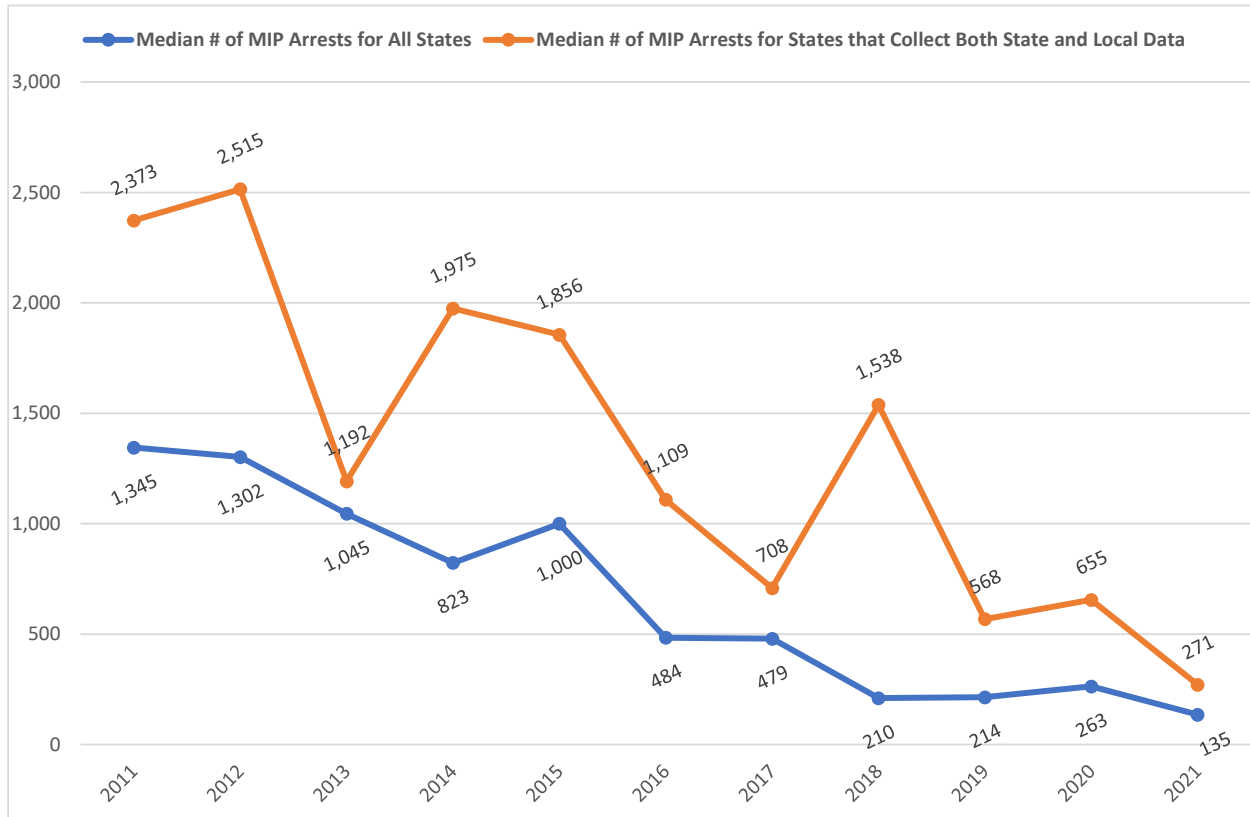
Source: STOP Act State Survey, 2011–2021

**MIP Data: 2011–21**

As an indication of the inconsistency of data collection, only 12 percent of the states provided MIP data over all 11 years. Therefore, caution is warranted when interpreting these data.

Exhibit 3.40 shows the median number of MIP arrests reported by all states over the 11-year period, contrasting the median number of arrests reported by those states that included local arrest data with data from all states. The median number of arrests for those states including local data remained consistently higher than for that of all states, again demonstrating the importance of local enforcement efforts and data. However, numbers of both state and local MIP arrests have trended downward since 2011.

**Exhibit 3.40: Median Number of MIP Arrests: With and Without Local Data 2011–21**

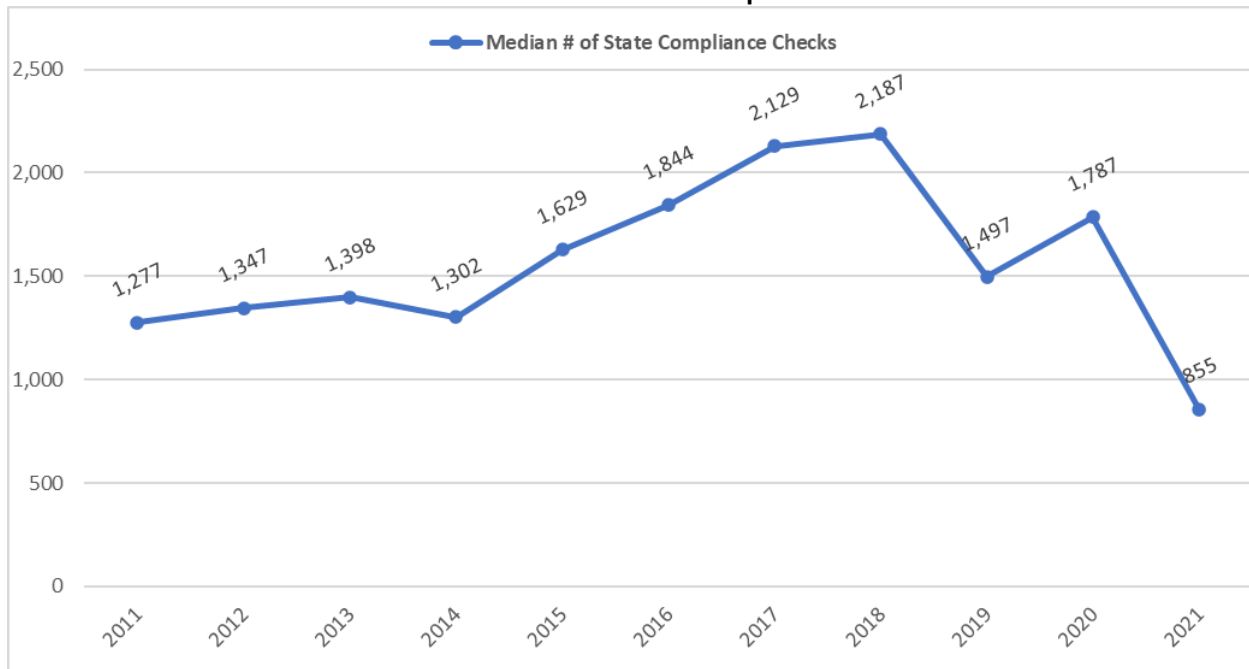


Source: STOP Act State Survey, 2011-21

**State Compliance Checks Data: 2011–21**

Reporting of compliance check data has been more consistent over the years than any other enforcement data category. Forty-three percent of the states reported these data over all 11 years. Exhibit 3.41 shows the median number of state compliance checks reported by all states over the 11-year survey period. The reduction in the number of states reporting compliance checks data over all 11 years indicates that these data should still be viewed with caution.

**Exhibit 3.41: Median Number of State Compliance Checks 2011–21**

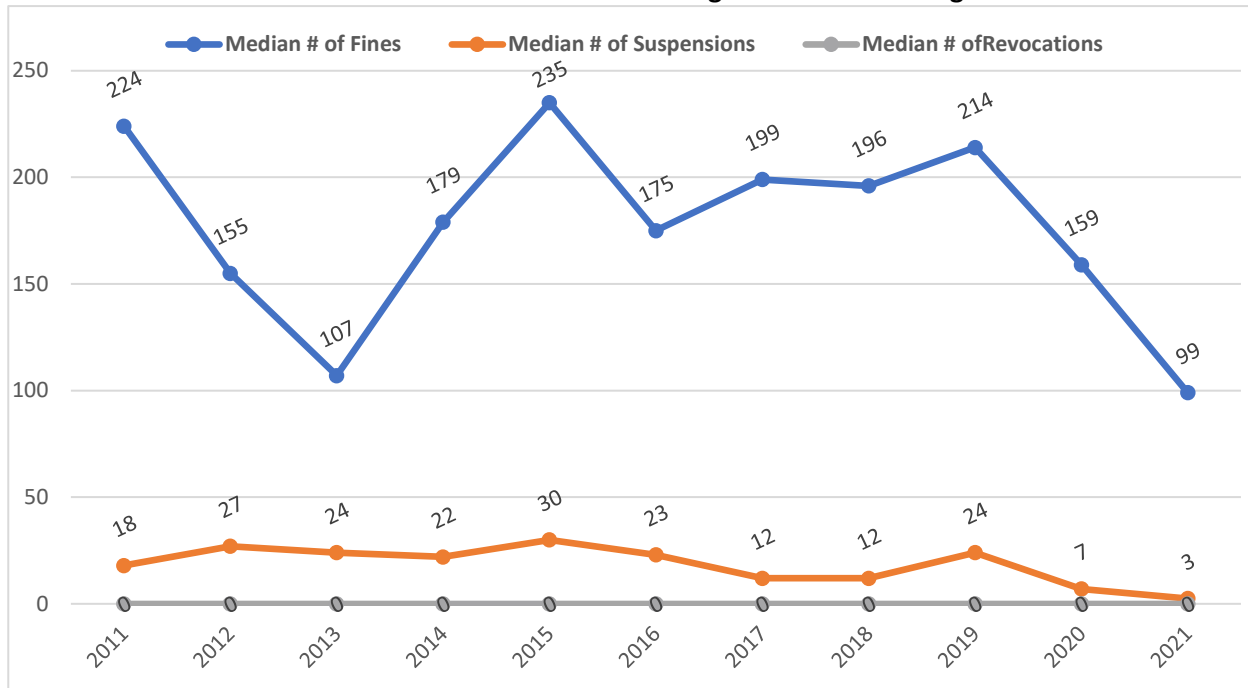


Source: STOP Act State Survey, 2011–21

***Retailer Sanctions Data: 2011–21***

Exhibit 3.42 shows the median number of sanctions reported by all states between 2011 and 2021. Fines are the most common sanction, and revocations are rare. As with the dataset above, the revocations median remains zero across all years; most states report one or zero revocations each year.



**Exhibit 3.42: Median Retailer Sanctions for Furnishing Alcohol to Underage Persons 2011–21**

Source: STOP Act State Survey, 2011–21

### Concluding Observations

A key conclusion from the STOP Act *State Survey* results is that all 50 states and the District of Columbia have demonstrated a commitment to the reduction of underage drinking and its consequences. This commitment is evident in the fact that all states completed the survey, reported numerous program activities, and in many cases provided substantial detail about those activities (see individual state summaries in [stopalcoholabuse.gov](http://stopalcoholabuse.gov)).

Completion of the lengthy survey requires the cooperation of multiple state agencies, including those charged with enforcement of underage drinking laws and policies and those involved in prevention of underage consumption. The 100 percent response rate over the 11 years of the survey's existence shows the states' dedication to the task of preventing underage drinking. In particular, the unique challenges presented by the COVID-19 pandemic in 2020 and 2021 did not deter 100 percent of the states from completing the Survey in both years.

It should be noted that half of the states included comments on the 2021 survey describing the impact of the COVID-19 pandemic on both their underage drinking prevention activities and their ability to report on these activities. Over two-thirds of the comments were specific to the impact on enforcement activities, explaining the reduction or curtailment of compliance checks as a result of stay-at-home orders or out of concern for the safety of the underage “decoys.” Similarly, MIP arrests were impacted by stay-at-home orders. Enforcement agencies in some states also reported that regular activities were curtailed because of a required shift in focus to enforcement of state emergency orders pertaining to the operation of alcohol outlets during the pandemic. The drop-offs in the number of MIP arrests, state compliance checks, fines, and suspensions displayed in the exhibits above are likely a reflection of the pandemic's impact on enforcement efforts.

Nearly one-half (48 percent) of the pandemic-related comments referred to the impact on prevention programs, tribal collaborations, and expenditures. Not surprisingly, school closures had a distinct impact on school-based prevention programs. Although efforts were made to shift these programs to a virtual setting, it was not always possible to make this change.

The COVID-19 pandemic also inspired new prevention activities in some states, including 1) data collection and educational efforts to address increased alcohol availability (through takeout, curbside service, and home delivery of alcohol products) resulting from the relaxation of state and local alcohol policies; and 2) public awareness campaigns to address increased alcohol consumption during the pandemic and to promote healthier coping strategies.

Although data provided by the *State Survey* are informative and useful, it should be noted that variability in data collection and availability is a concern. For example, data on numbers of youth, parents, and caregivers served by prevention and other programs are often not reported. Data on state expenditures on underage drinking prevention are frequently described as being unavailable. Enforcement data are limited by the difficulty of obtaining data on local enforcement activities. These challenges should be met with greater coordination between state and federal agencies and collaboration among states and state agencies.

# CHAPTER 4

## State Performance Measures

## CHAPTER 4: STATE PERFORMANCE MEASURES

### Introduction

This chapter shows how the states compare to national averages for nine key measures:

1. Percentage of 12- to 20-year-olds who used alcohol in the last month.
2. Percentage of 12- to 20-year-olds who binge drank alcohol in the last month.
3. Percentage of 12- to 20-year-olds who perceived great risk from having five or more drinks of an alcoholic beverage once or twice a week.
4. Percentage of 12- to 20-year-olds meeting the criteria for a *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) alcohol use disorder in the past year.<sup>58</sup>
5. Percentage of 12- to 20-year-olds needing but not receiving treatment for an alcohol use disorder at a specialty facility in the past year.<sup>59</sup>
6. Percentage of traffic crash deaths involving a 15- to 20-year-old driver in which that driver had a blood alcohol content (BAC) of 0.01 or higher.
7. Percentage of 12- to 17-year-olds who participated in an alcohol, tobacco, or drug prevention program outside of school in the past year.
8. Percentage of 12- to 17-year-olds indicating drug or alcohol prevention messages were seen or heard in school in the past year.
9. Mean age of initiation of alcohol use among youth and young adults ages 12–20 years.

These measures are intended to assist in the evaluation of progress in underage drinking prevention. Each measure is based on data collected by the federal government.

Measures 1–5 and 7–9 incorporate state-specific data from the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH) on past-month underage alcohol use and binge use. All NSDUH-based measures in this chapter are based on combined data from 2017–20 with the exception of Measure 5, which utilizes data from 2020 only, due to the change in the survey assessment criteria in 2020. Data for Measure 6 comes from the National Highway Transportation Safety Administration’s Fatality Analysis Reporting System (FARS) for 2020.

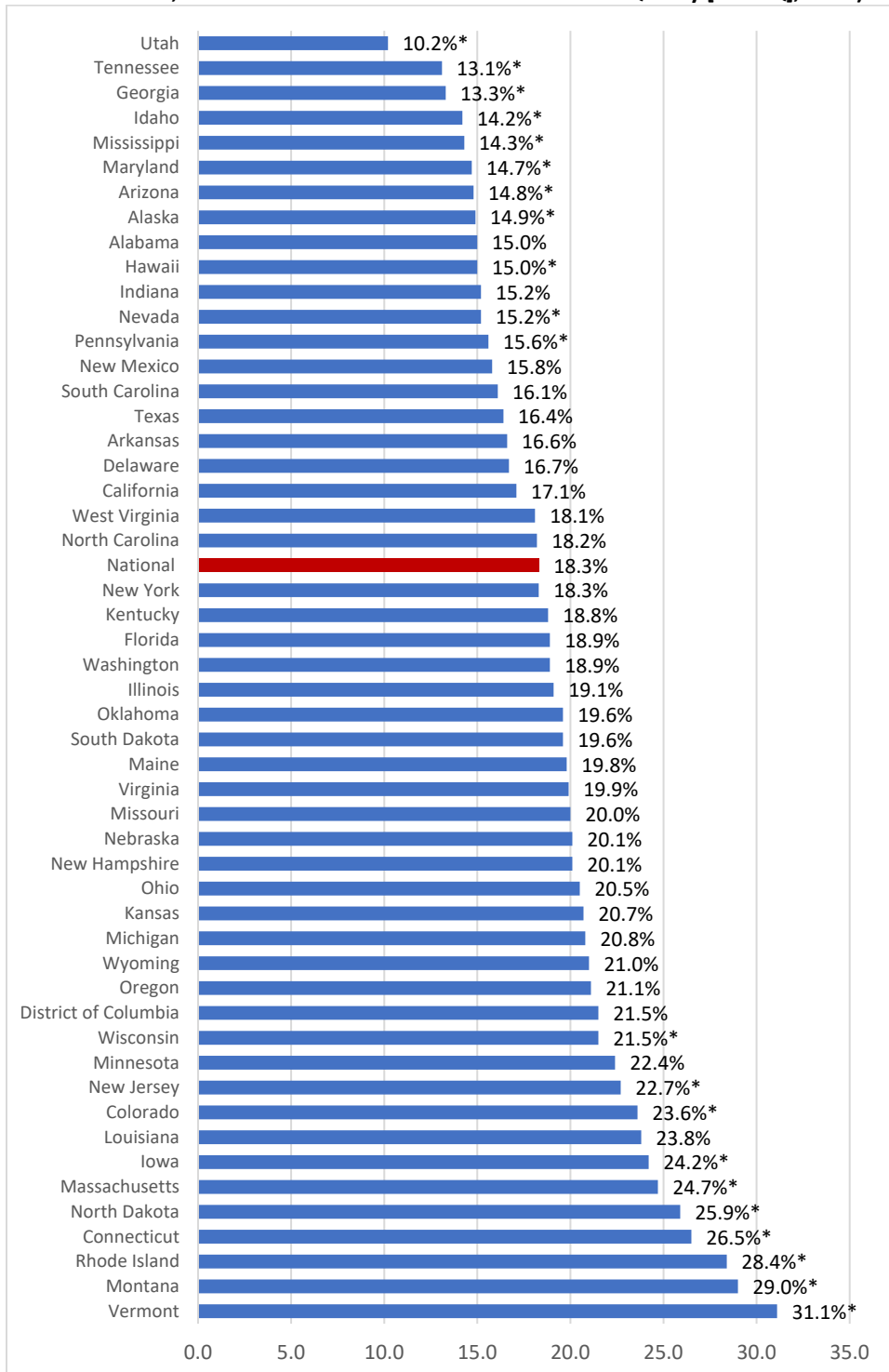
This chapter is not intended to provide a comprehensive ranking of the states’ performance in addressing underage drinking. Caution should be used in interpreting these charts, as a wide variety of factors may influence the data for a given state. In some cases, the total number of cases was low—for example, traffic crash fatalities in low-population states. When available, calculations were performed to determine whether a state’s variation from the national average was statistically significant. These nine measures may provide a useful starting point for state officials and engaged community members who seek to improve outcomes and wish to engage in planning for effective interventions.

<sup>58</sup> NSDUH implemented the use of DSM-5 criteria for alcohol use disorder in the 2020 report.

<sup>59</sup> Due to change in criteria and small sample size in 2020, data for this measure is not available for 2020.

# Measures

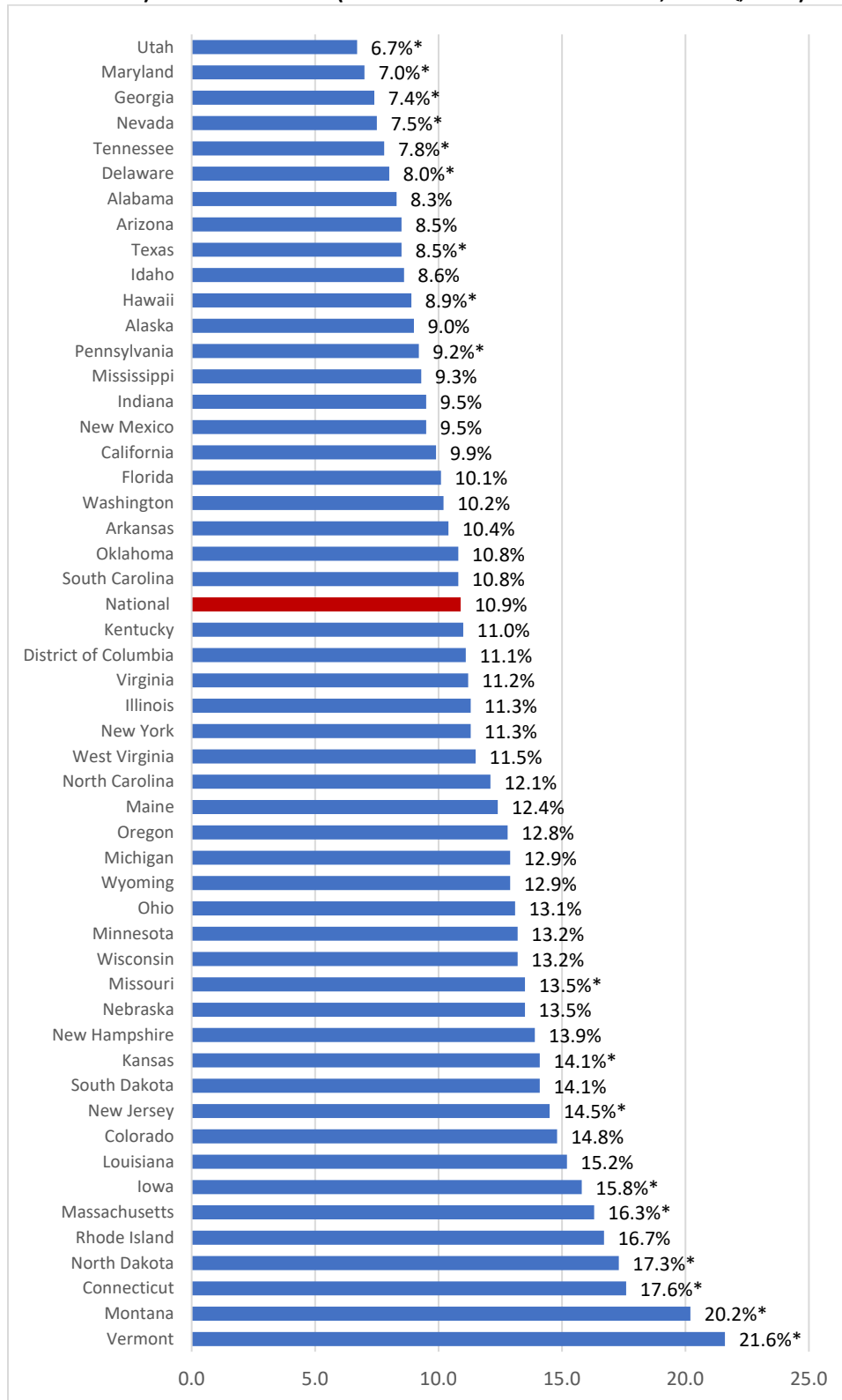
**Measure 1**  
**Annual Average Percentage of 12- to 20-Year-Olds Who Used Alcohol in the Past Month (2017–20 Combined NSDUH Data; Center for Behavioral Health Statistics and Quality [CBHSQ], 2022)**



†Low precision; no estimate provided

\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

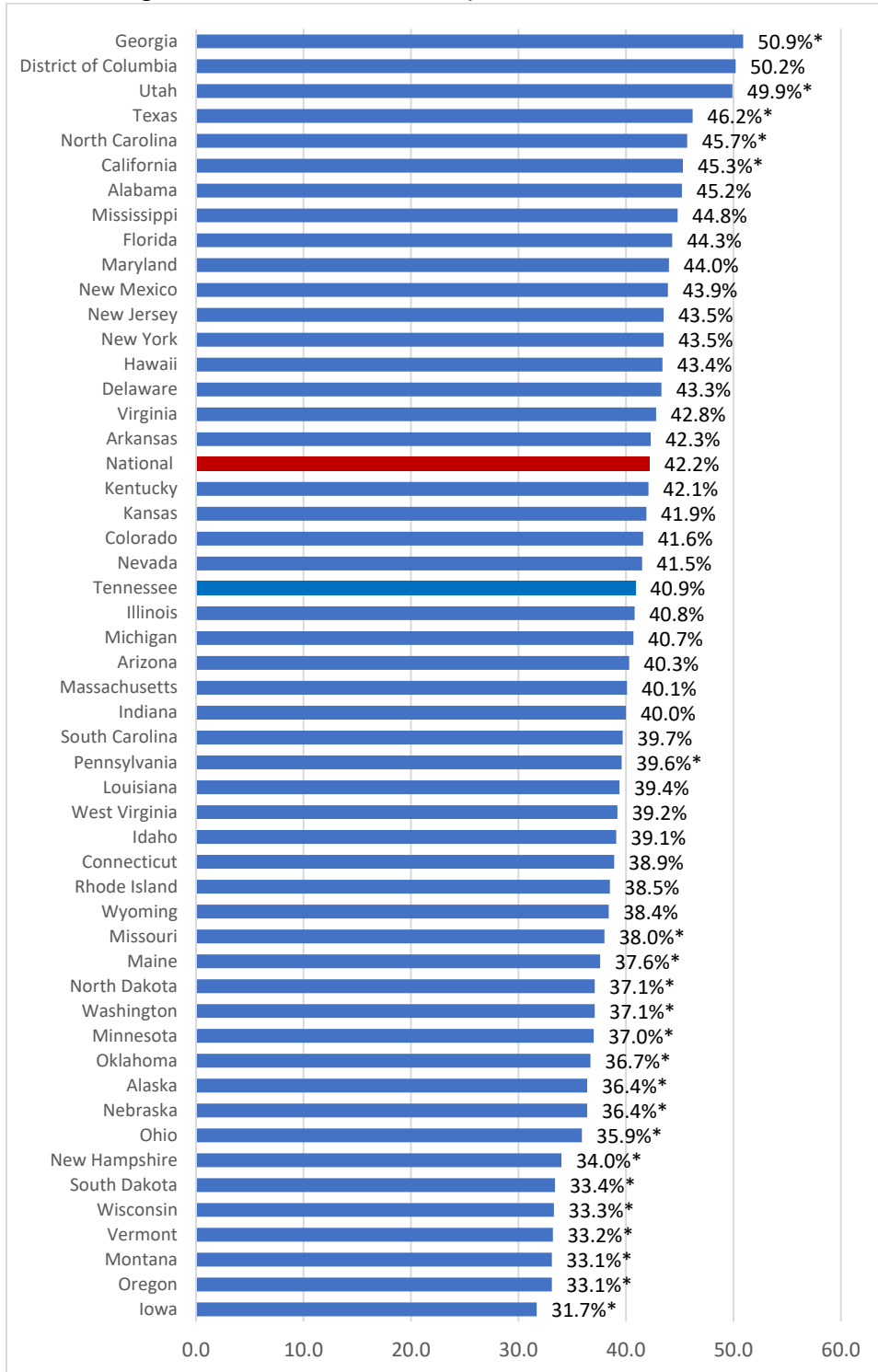
**Measure 2**  
**Annual Average Percentage of 12- to 20-Year-Olds Who Binge Drank (Four to Five or More Drinks on the Same Occasion) in the Past Month (2017–20 Combined NSDUH Data; CBHSQ, 2022)**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

**Measure 3**

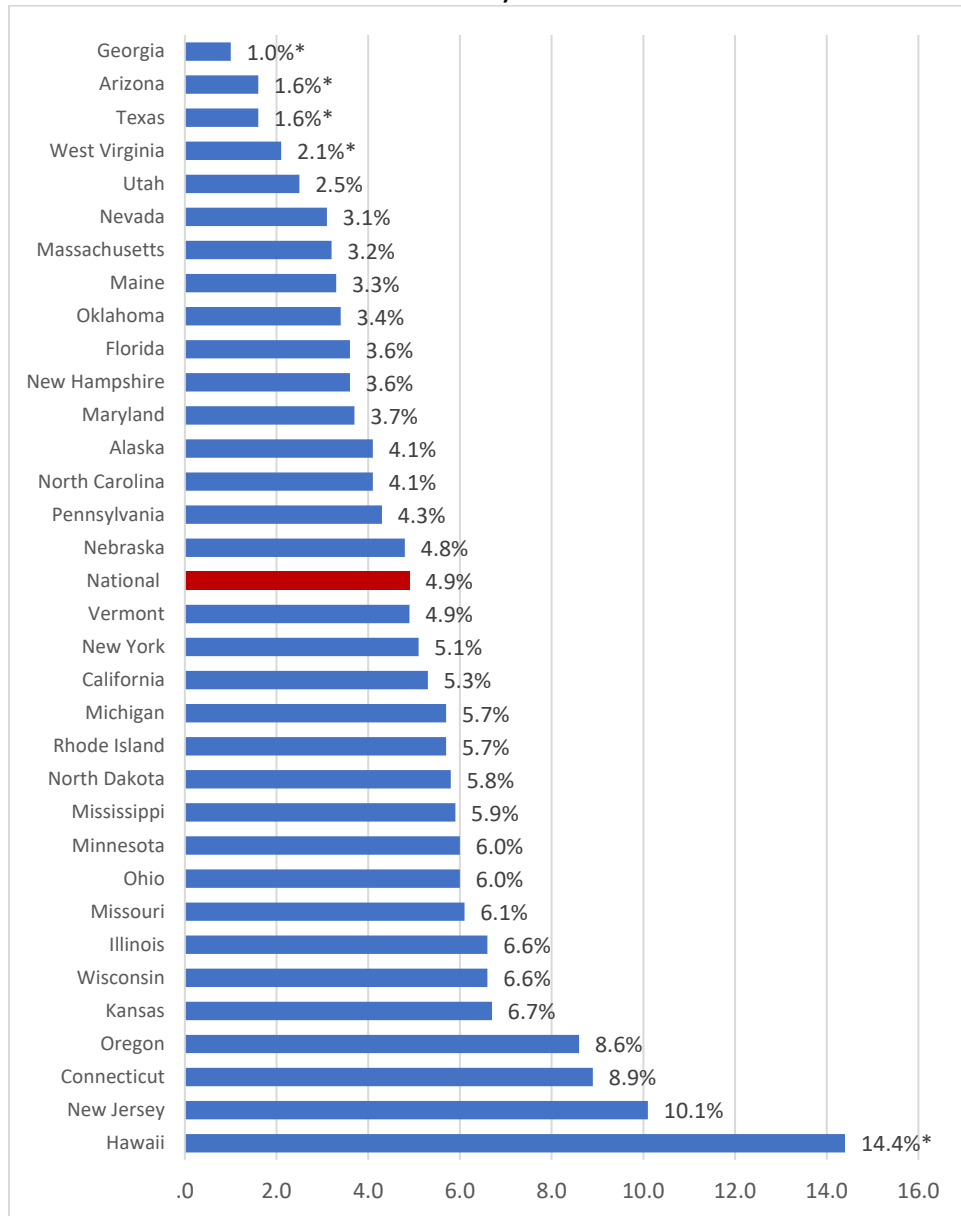
**Annual Average Percentage of 12- to 20-Year-Olds Who Perceived Great Risk From Having Five or More Drinks of an Alcoholic Beverage One or Two Times Per Week (2017–20 Combined NSDUH Data; CBHSQ, 2022)**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.



**Measure 4**  
**Annual Average Percentage of 12- to 20-Year-Olds with DSM-5 Alcohol Use Disorder (2020 NSDUH Data; CBHSQ, 2022)<sup>60</sup>**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

<sup>60</sup> Due to a change in diagnostic criteria in the 2020 data collection, data are for 2020 only. States not appearing in the graph had insufficient data available to calculate percentages.

### Measure 5

#### Annual Average Percentage of 12- to 20-Year-Olds Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year (2020 NSDUH Data; CBHSQ, 2022)<sup>61,62</sup>

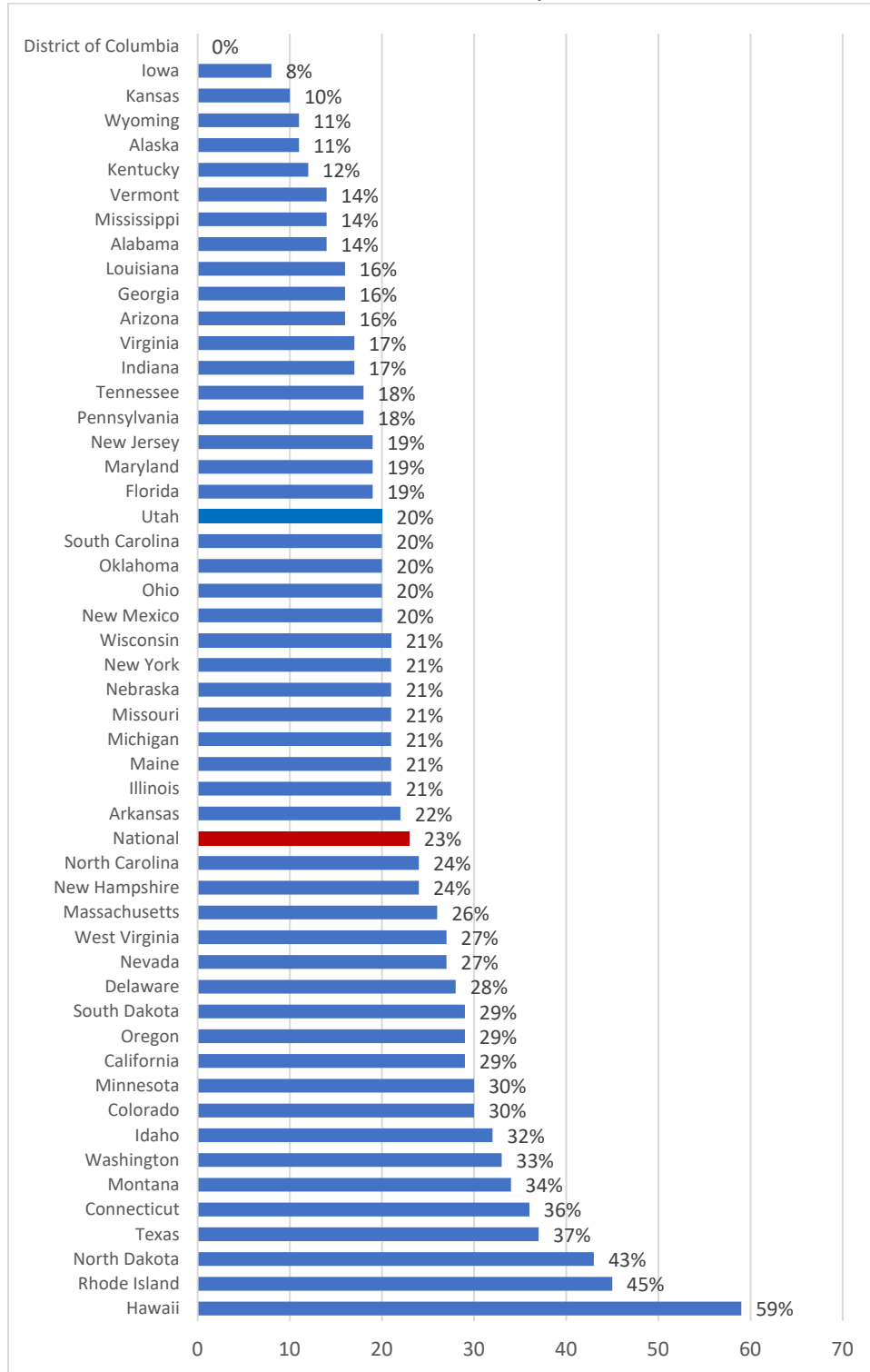
Note: Alcohol use disorder data is based on criteria from DSM-5. Due to the recent change in AUD criteria from DSM-IV-TR to DSM-5 and to the reduced sample size for NSDUH data in 2020, this measure is unavailable for 2020.

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<sup>61</sup> Among people ages 12–20 classified as needing alcohol use treatment.

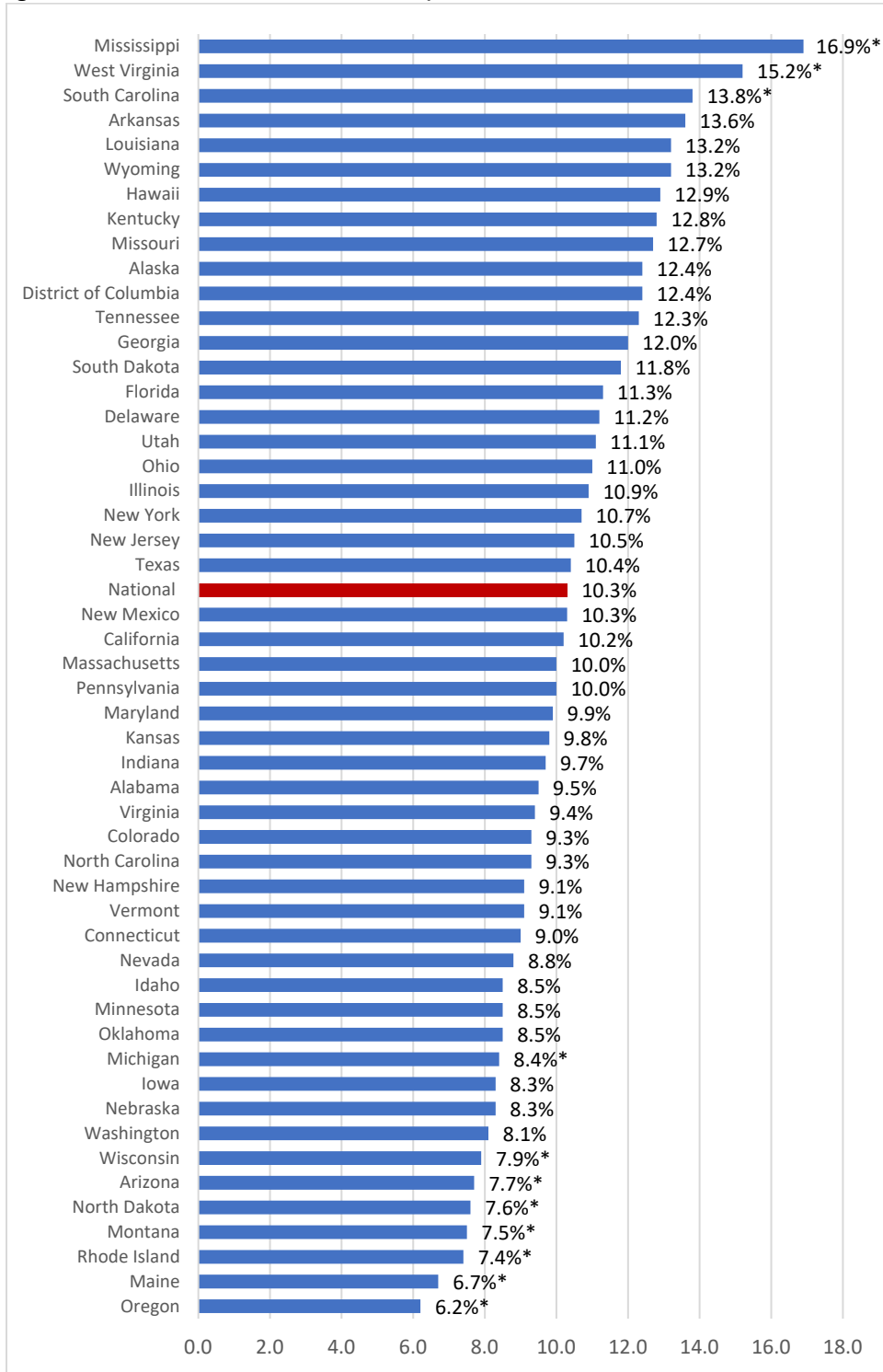
<sup>62</sup> Respondents were classified as needing alcohol use treatment if they met criteria for an alcohol use disorder or received treatment for alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center) as defined in DSM-5.

**Measure 6**  
**Percentage of Traffic Crash Deaths Involving a 15- to 20-Year-Old Driver With a BAC of 0.01 or Higher (2020 FARS Data; NHTSA, 2022)**



**Measure 7**

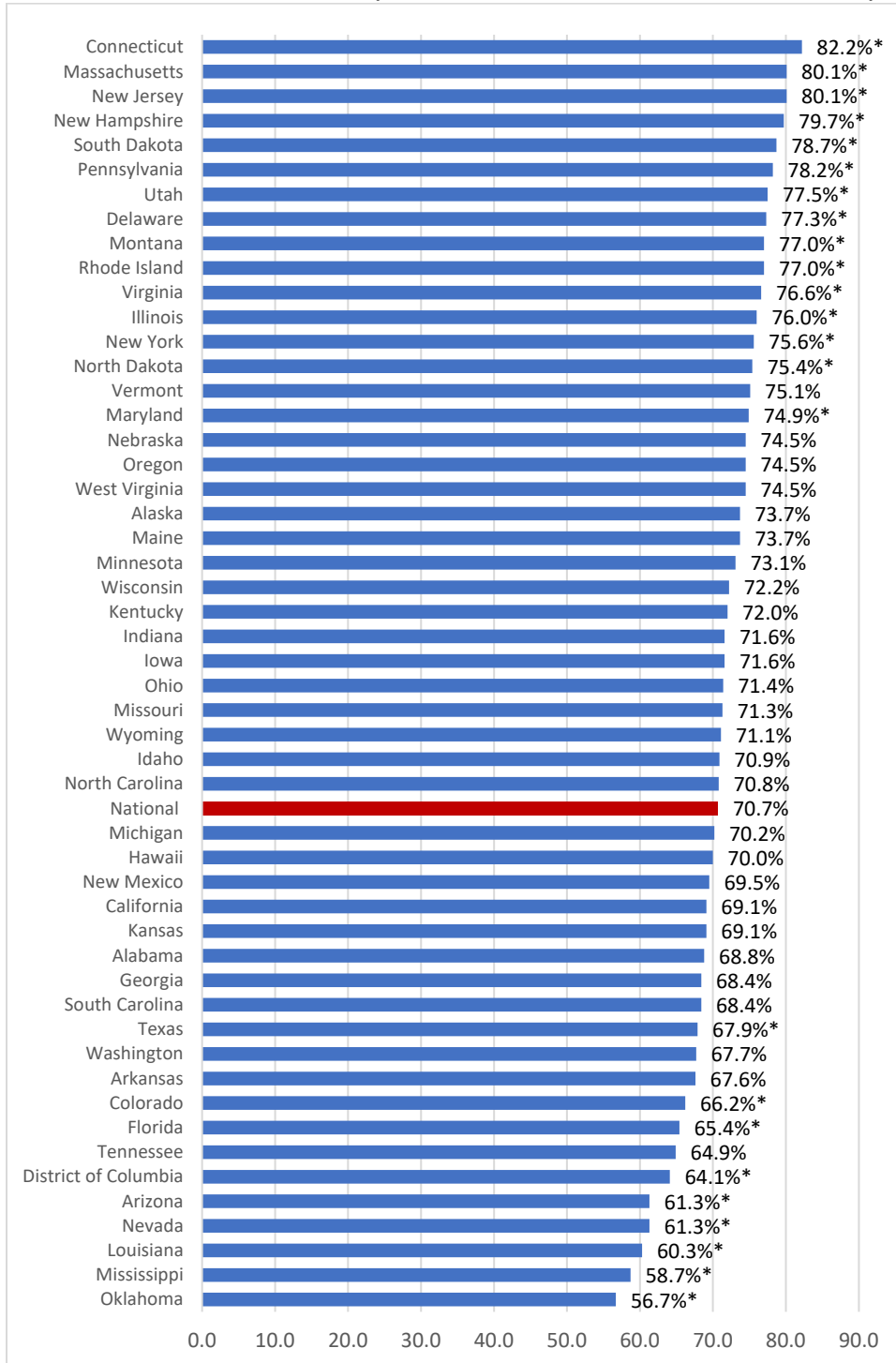
**Annual Average Percentage of 12- to 17-Year-Olds Who Participated in an Alcohol, Tobacco, or Drug Prevention Program in the Past Year Outside of School (2017–20 Combined NSDUH Data; CBHSQ, 2022)**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

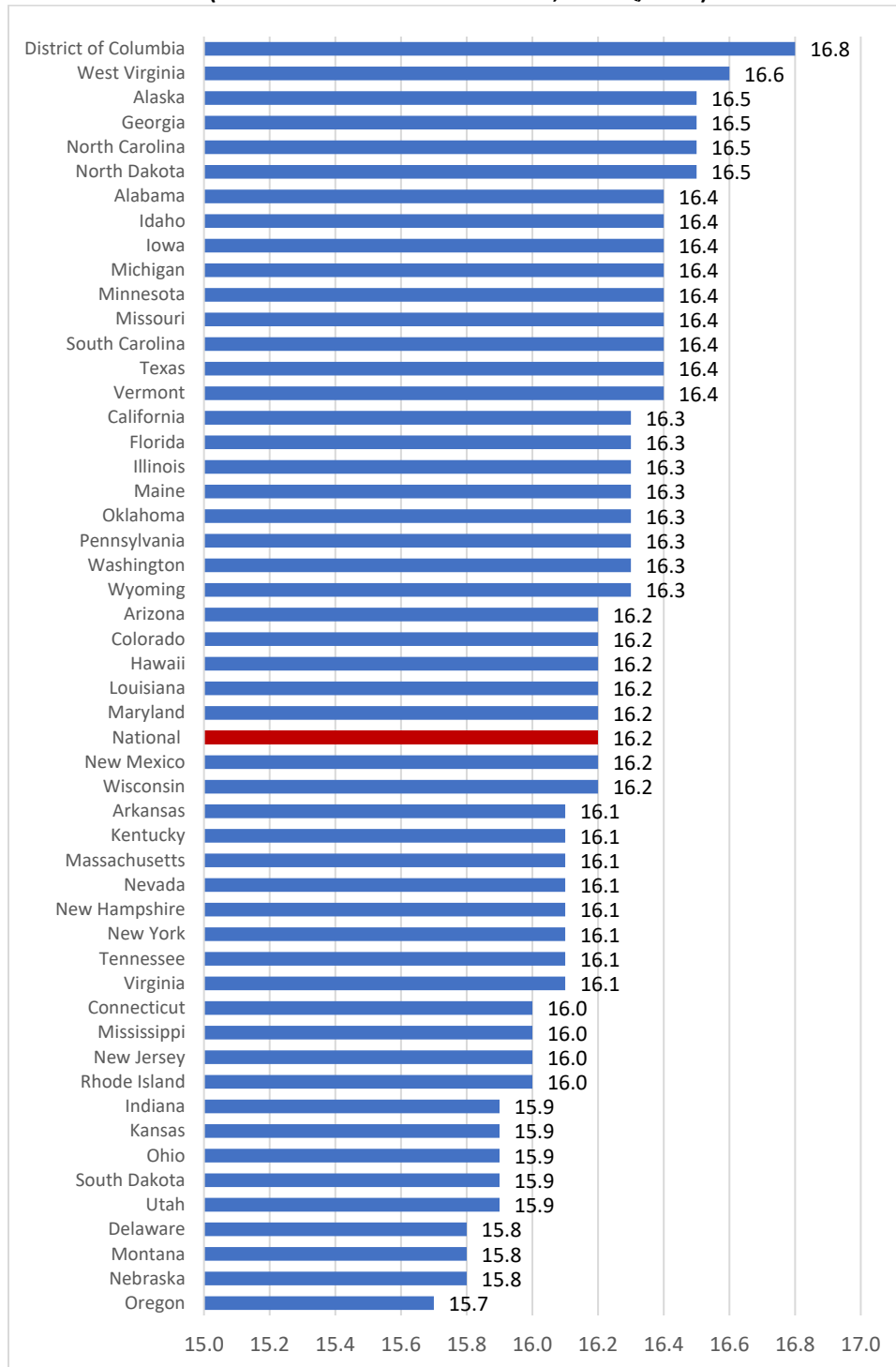
**Measure 8**

**Annual Average Percentage of 12- to 17-Year-Olds Indicating Drug or Alcohol Prevention Messages Were Seen or Heard in School in the Past Year (2017–20 Combined NSDUH Data; NSDUH, 2022)**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

**Measure 9**  
**Mean Age of Initiation of Alcohol Use Among Past Year Initiates: Youth and Young Adults Ages 12–20 Years**  
**(2017–20 Combined NSDUH Data; CBHSQ, 2022)**



\*The difference between the state estimate and the U.S. estimate is statistically significant at the .05 level.

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