



SAMHSA
Substance Abuse and Mental Health
Services Administration

2023 COMPREHENSIVE PLAN FOR PREVENTING AND REDUCING UNDERAGE DRINKING



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



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US Department of Homeland Security

ICCPUD

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

Preventing and Reducing Underage Drinking

2023 Comprehensive Plan

*Interagency Coordinating Committee on the Prevention and Reduction
of Underage Drinking (ICCPUD)*

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Introduction and Background

This 2023 Comprehensive Plan builds upon the 2022 Comprehensive Plan adopted by the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD).¹

In 2004, Congress directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an interagency committee to coordinate all federal agency activities related to the problem of underage drinking. Known as ICCPUD, this committee's role was formalized in the 2006 Sober Truth on Preventing Underage Drinking (STOP) Act (42 U.S.C. 290bb-25b, Section 519B of the Public Health Service Act), reauthorized in December 2016 as part of the 21st Century Cures Act (Pub. L. 114-255) and the Consolidated Appropriations Act, 2023 (Pub. L. 117-328) and codified into law in 42 U.S.C. 290bb-25b: Programs to reduce underage drinking.

The STOP Act expresses the sense of Congress:

A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.

ICCPUD Duties, Membership, Operations, and Organization

Statutory Duties

The STOP Act tasks ICCPUD to “guide policy and program development across the Federal Government with respect to underage drinking” and to actively consult with all appropriate and interested parties, including the states. The STOP Act also requires ICCPUD to:

- Produce annual reports to Congress on underage drinking-related data and activities at the national and state level, which include the *Report to Congress on the Prevention and Reduction of Underage Drinking*, *State Performance & Best Practices Report*, and the *State Reports* (collectively, the Reports).
- Fund and oversee the production, broadcasting, and evaluation of the national adult-oriented media public service campaign and provide an annual report to Congress on the effectiveness of the campaign in reducing underage drinking, the need for and likely effectiveness of an expanded campaign, and the feasibility and likely effectiveness of a national youth-focused media campaign to combat underage drinking.
- Administer grants to community-based coalitions to prevent underage drinking.

In response to Congress' mandate, the Secretary of HHS directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to convene ICCPUD and serve as the lead agency.

¹ The 2022 Comprehensive Plan was approved on April 6, 2022.

Membership

ICCPUD is comprised of 17 federal officials (known as “Principals”), some of whom have delegated participation to specific agencies and/or staff.

These include:

1. The Secretary of Health and Human Services
2. The Secretary of Education
3. The Attorney General
4. The Secretary of Transportation
5. The Secretary of the Treasury
6. The Secretary of Defense
7. The Assistant Secretary for Mental Health and Substance use
8. The Assistant Secretary for Children and Families
9. The Surgeon General
10. The Director of the Centers for Disease Control and Prevention
11. The Director of the National Institute on Alcohol Abuse and Alcoholism
12. The Director of the National Institute on Drug Abuse
13. The Director of the Office of National Drug Control Policy
14. The Administrator of the National Highway Traffic Safety Administration
15. The Administrator of the Office of Juvenile Justice and Delinquency Prevention, and
16. The Chairman of the Federal Trade Commission.
17. Director of the Agency for Healthcare Research and Quality

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The ICCPUD Principals meet twice per year, in January and August, to discuss the status of underage drinking prevention efforts and to set the direction for future ICCPUD activities. ICCPUD is chaired by the Assistant Secretary for Mental Health and Substance Use.

Staff Representatives

Each ICCPUD agency is also represented by staff members (known as “ICCPUD staff representatives”) who meet monthly on the third Thursday of the month and are engaged in developing and implementing the federally coordinated approach to addressing underage drinking, which includes the STOP Act- mandated annual reports to Congress the national media campaign, and community coalition enhancement grants.

The staff representatives’ group is chaired by the Associate Administrator for Alcohol Prevention and Treatment Policy.

Operations

ICCPUD is supported by two contracts in carrying out its duties, one responsible for supporting the ICCPUD, preparing the Reports and related materials, and the other for creating and supporting the national media campaign. ICCPUD has a web portal managed by SAMHSA and is accessible at www.stopalcoholabuse.gov.

ICCPUD materials and records are stored on SharePoint sites maintained by SAMHSA and found at [ICCPUD Agency Representatives \(SAMHSA\) - Home \(sharepoint.com\)](https://www.sharepoint.com/ICCPUD).

The Associate Administrator for Alcohol Prevention and Treatment Policy oversees the operational aspects of ICCPUD, including oversight of contracts and management of ICCPUD records on SharePoint.

Data Subcommittee

ICCPUD staff representatives from selected agencies participate in a Data Subcommittee.

The ICCPUD Data Subcommittee provides specialized, expert guidance on facts and statistics on underage drinking, particularly those drawn from the National Survey on Drug Use and Health (NSDUH,) Monitoring the Future (MTF), Youth Risk Behavior Survey (YRBS), Fatality Analysis Reporting System (FARS), Alcohol Related Disease Impact (ARDI), and other federal surveys and data sets, to ICCPUD and to SAMHSA staff responsible for preparing the annual Report to Congress on the Prevention and Reduction of Underage Drinking, State Performance & Best Practices Report, and State Reports (collectively, “the Reports”). The Data Subcommittee meets as needed to discuss data trends in underage drinking that should be addressed by ICCPUD and to identify trends and topics for inclusion in the Reports. The Data Subcommittee meets annually to review and provide recommendations on drafts of the current year’s Reports. The Data Subcommittee is also responsible for reviewing and providing input as needed on materials that summarize or relate to the reports or underage drinking in general, including fact sheets, talking points, or academic journal articles.

Agencies participating on the Data Subcommittee are:

- Agency for Healthcare Research and Quality
 - Office of the Director
- Centers for Disease Control and Prevention
 - National Center for Chronic Disease Prevention and Health Promotion
- Department of Defense
- Department of Health and Human Services
 - Office of the Assistant Secretary of Planning and Evaluation
 - Office of the Assistant Secretary for Health
- National Highway Traffic Safety Administration
- National Institute on Alcohol Abuse and Alcoholism
 - Office of Science Policy and Communications
 - Division of Epidemiology and Prevention Research
- National Institute for Drug Abuse
 - Office of Science Policy and Communications
 - Prevention Research Branch
 - Epidemiology Research Branch
- Office of National Drug Control Policy
- Indian Health Service
- Substance Abuse and Mental Health Services Administration

- Center for Substance Abuse Prevention
 - Office of the Director
 - Division of Prevention Communications and Public Engagement
 - Division of Primary Prevention
- Center for Substance Abuse Treatment
 - Office of the Director
- Center for Behavioral Health Quality and Statistics
 - Office of the Director
 - Office of Evaluation
 - Division of Surveillance and Data Collection
- National Mental Health Substance Use and Policy Laboratory

Technical Review Subcommittees

The STOP Act requires ICCPUD to consult with stakeholders. Specifically, the Act states:

The Committee shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies.

Further, in developing the *State Performance & Best Practices Report*, ICCPUD is required to seek “***input and collaboration from other appropriate Federal agencies, States, Indian tribes, territories, and public health, consumer, and alcohol beverage industry groups.***”

In compliance with this requirement, ICCPUD convenes stakeholder meetings annually to seek input on the Reports and underage drinking-related topics.

ICCPUD also convenes Technical Consultation Subcommittees and Scientific Review Panels as needed to provide scientific expertise to ICCPUD. These Subcommittees and panels will include federal and non-federal subject matter experts in underage drinking prevention, intervention, treatment, recovery, enforcement and research or any other area related to underage drinking that could inform and substantively contribute to the work of ICCPUD.

Non-federal experts may include:

- *Directors of state liquor control agencies*
- *State alcohol law enforcement officials*
- *Representatives of public health research or interest groups or technical assistance centers*
- *Representatives of state or local coalitions who work to prevent or reduce underage drinking;*

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- *State alcohol and other drug misuse prevention representatives*
- *Substance use disorder treatment professionals who provide treatment services to underage individuals with alcohol use disorders;*
- *Representatives of leading research, legal, community organizations, service, or industry organizations or foundations related to reducing underage drinking or alcohol use more generally*
- *Professionals who have research or clinical experience in working with racial and ethnic minority populations*
- *Academic researchers*
- *Professionals who have research or clinical experience in working with medically underserved populations.*
- *Health care providers with experience in performing Screening and Brief Interventions*

The Subcommittees will, upon request by ICCPUD, perform some or all of the following functions:

- Identifying and providing contextual information and commentary to ICCPUD on policies, programs, and practices related to underage drinking. These may include ideas, concepts, strategies, and information for improving federal programs for the prevention and treatment of, and recovery from, alcohol use disorders stemming from underage drinking.
- Identifying areas for improved coordination of activities, if any, related to underage drinking, including research, services, supports, prevention, intervention, treatment, recovery, and enforcement activities across all relevant federal agencies.
- Monitoring data, research, consumption patterns and consequences of and from underage drinking including state performance measures, surveillance data, data from national datasets and surveys, and evidence-based practices to prevent and reduce underage drinking and provide treatment services to those youth who need them and identifying areas where future inquiries are indicated.

At the request and direction of ICCPUD, the Subcommittees will provide consultation on the following topics. A detailed description of a suggested approach for the Subcommittees to take in addressing each of these topics is included in Appendix A.

- The appropriate definitions and methods to evaluate and assess the strength and quality of evidence for selected policies, programs, and practices directed at underage drinking;
- A review of the legal policies for inclusion in the State Performance and Best Practices Report (SPBP) to determine their efficacy and rank them in order of effectiveness;

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- A review of the data presented in the state performance measures, with suggestions for future measures;
- A review of the questions asked, and the data gathered, in the **Survey of State Underage Drinking Prevention Policies, Programs, and Practices** (i.e., the “*State Survey*” or the “*Governors Survey*”);
- A review of the content, production, and evaluation of the national adult-oriented media campaign to combat underage drinking – “Talk. They Hear You.”™, and the feasibility of a youth-oriented media campaign.
- An overview of the Technical Review Subcommittee and Scientific Review Panel on Alcohol Intake and Health

The 2018 Comprehensive Plan

The 2018 plan represented consensus by ICCPUD members on three overarching goals with supporting objectives, as well as on three specific targets for 2021.

The 2022 Comprehensive Plan

The year 2020, with the COVID-19 pandemic, presented an unprecedented series of challenges for young people in the U.S. Schools, colleges and universities were closed or held only virtual instruction for part of the year; in-person contact, and socializing was abruptly curtailed, and many families faced severe economic hardship. Research has shown emotional distress among young people as a result of COVID-19 and its effects (Shanahan, 2020). While data collection during 2020 was disrupted by the pandemic and therefore cannot be compared to other years, available data show that underage alcohol use was a persistent problem in 2020. Sixteen percent of 12- to 20-year-olds reported alcohol use in the 30 days before the survey, while only 11.8 percent reported tobacco product use or nicotine vaping and 10.6 percent reported use of marijuana (Center for Behavioral Health Statistics and Quality, 2021).

Against this backdrop of extraordinary circumstances, ICCPUD developed the 2022 Comprehensive Plan. While the three goals and their objectives remained nearly the same, a few minor changes were made to better reflect current policies, programs, and practices. The 2022 plan described progress toward the goals and targets (described below), recommended expanded ICCPUD actions, and identified proposals for further ICCPUD consideration.

The 2023 Comprehensive Plan

This 2023 Comprehensive Plan also retains the three goals and their objectives, and for the first time, provides a draft ICCPUD Work Plan for accomplishing the objectives. The draft Work Plan is attached as Appendix C.

This Plan also reports conclusively on the three-year Comprehensive Plan Targets established in the 2018 Plan. Data showing whether the 2021 targets have been met are now available and are shown in more detail below.

Comprehensive Plan Targets

The 2018 Comprehensive Plan included three 2021 targets for underage drinking reduction, involving decreases in the rates of alcohol use and binge drinking and an increase in the average age of first alcohol use.

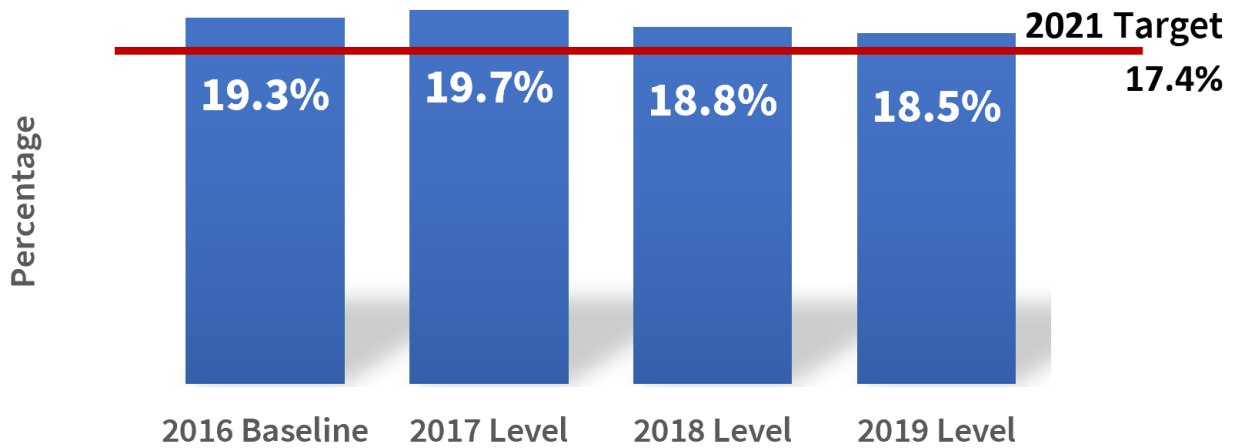
While ICCPUD does not directly affect these measures, the measures serve as key indicators of the overall state of underage drinking and the direction of trends. These measures, together with more detailed data included in the annual reports to Congress, can provide useful insight on the effectiveness of the current national and state approach to preventing and reducing underage drinking.



Due to changes in the methodology for survey administration, data for 2020 and 2021 cannot be compared to previous years' data. The targets are described below and the charts show historical progress toward meeting the targets through 2019. The targets will be reconsidered by ICCPUD when new NSDUH baseline data are available.

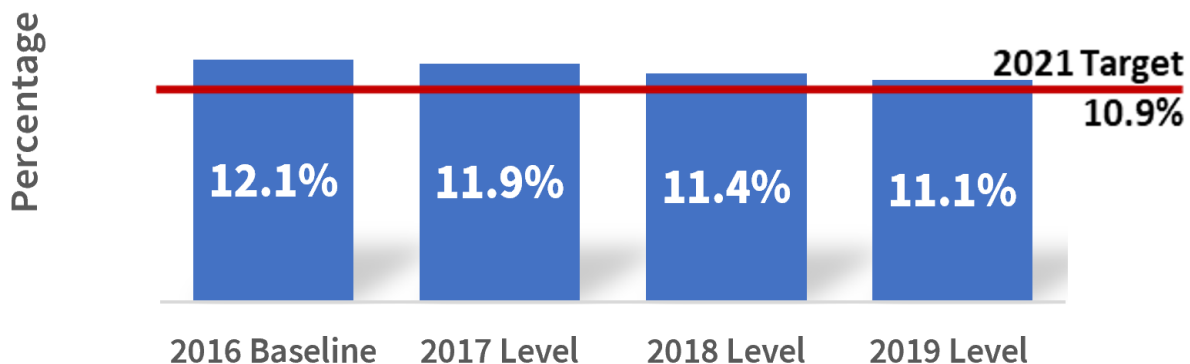
2021 Target 1: By 2021, **reduce** the prevalence of past-month alcohol use by 12-to 20-year-olds to 17.4 percent compared with the 2016 baseline of 19.3 percent (a reduction of 10 percent).

**2019 Prevalence of Past-Month Alcohol Use Compared
With 2016 Baseline and 2021 Target: NSDUH, 2019 (CBHSQ, 2021a)**



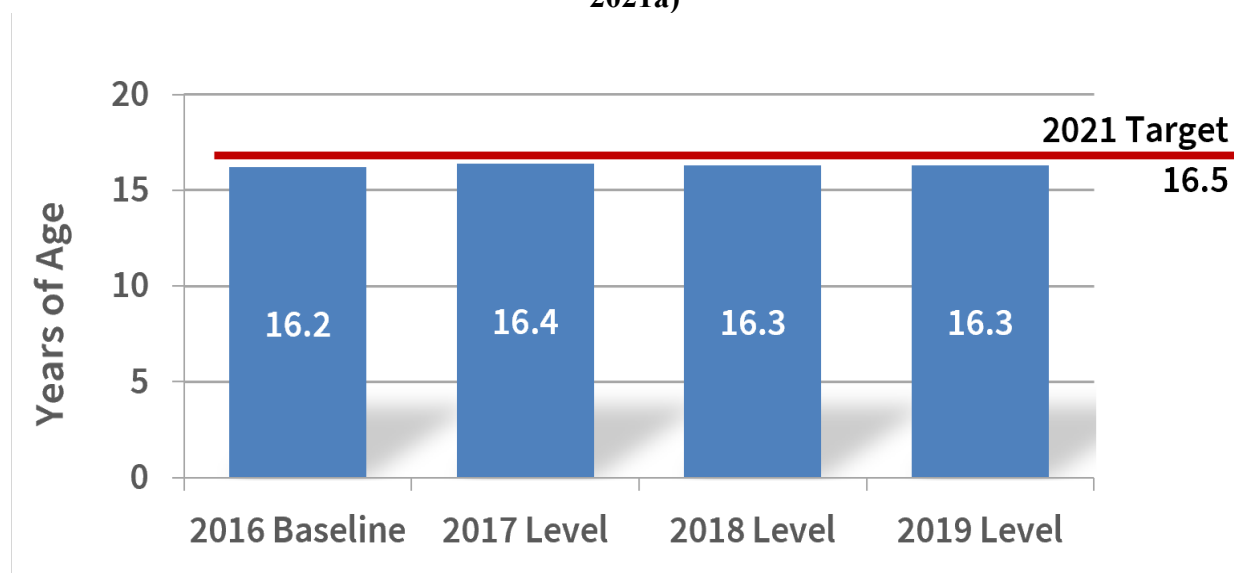
2021 Target 2: By 2021, **reduce** the prevalence of 12-to 20-year-olds reporting binge alcohol use in the past 30 days to 10.9 percent compared with the 2016 baseline of 12.1 percent (a 10 percent reduction).

2019 Prevalence of Past-Month Binge Alcohol Use Compared With 2016 Baseline and 2021 Target: NSDUH, 2019 (CBHSQ, 2021a)



2021 Target 3: By 2021, **increase** the average age of first use of alcohol among those who begin drinking before age 21 to 16.5 years of age compared with the 2016 baseline of 16.2 years of age (a 2 percent increase).

2019 Average Age of First Alcohol Use Among Those Who Begin Drinking Before Age 21 Compared With 2016 Baseline and 2021 Target: NSDUH, 2019 (CBHSQ, 2021a)



Comprehensive Plan Goals

GOAL 1: Strengthen a national commitment to address the problem of underage drinking

Objective 1: Increase awareness of underage drinking and its negative consequences, enhance broad-based support for strategies to prevent and reduce underage drinking, and strengthen leadership in all sectors of society aimed at addressing the problem.

Objective 2: Increase cooperation, coordination, and collaboration among private entities and all levels of government; encourage their participation in, and provide support to, programs and projects that address the reduction of underage drinking.



Recommendations for New Activities:

- Consistently utilize graphic model illustrating multi-faceted approach across agencies (see graphic model above).
- Organize and display data in the Reports in a way that is accessible to both policymakers and the public. Improve the ICCPUD website so that all previous Reports to Congress are easily accessible and searchable. Make the data from each report interactive so that policymakers, researchers, and the public can compare data across a subset of states or a subset of policies.
- Foster collaboration, coordination, and communication across various federal, state, and local organizations and individuals by promoting relationships with various partners at

different levels of government and from the community. Partners may include professional organizations, healthcare systems, health care providers, researchers, local coalitions, and policymakers.



Topics for ICCPUD Consideration

- Encourage the pairing of science and practice on underage drinking topics and enable researchers to work directly with practitioners on projects. One potential method is awarding grants for policy-to-practice activities. ICCPUD agencies could consider developing such programs or modifying existing grant programs.
- Create opportunities and implement mechanisms that allow for cross-agency promotion of promising programs and interventions. These collaborations can incorporate Dietary Guidelines for Americans recommendations and Healthy People 2030 goals on alcohol consumption as well as NIAAA, NIDA, CDC, and other agency research agendas. Potential areas for collaboration may include:
 - Promoting the practice of obtaining drinking history in acute care settings for adults and youth to improve research on the role of alcohol and morbidity.
 - Promoting more widespread implementation of Screening and Brief Intervention (SBI) and e-SBI.

- Crafting mechanisms that will enable federal agencies to fund researchers during crises (such as future pandemics, natural disasters, or other such physical and psychological stressful events) to assess the impact of such events on underage drinking trends.
- Collecting baseline alcohol pricing data.

GOAL 2: Reduce demand for, the availability of, and access to alcohol by persons under the age of 21

Objective 1: Reduce use of alcohol by those under the age of 21 by increasing awareness of the negative consequences of underage drinking and the importance of positive guardian modeling, by providing resistance skills training, by reducing the social acceptance of underage drinking, and by increasing community support to reduce risk factors and promote protective factors.

Objective 2: Reduce access to alcohol by those under age 21 and strengthen accountability by enforcing underage drinking laws.

Objective 3: Provide opportunities for screening and early identification of alcohol use disorders and brief interventions or treatment as appropriate across multiple settings².

Recommendations for New Activities:

- Address the potential impacts on underage access to alcohol that may result from recent changes in alcohol retail regulations. These changes include the U.S. Supreme Court’s 2019 ruling in *Tennessee Wine and Spirits Retailers Association v. Thomas* and the loosening of alcohol home delivery and carry-out restrictions during the COVID-19 pandemic. Expand the tracking of policies regulating direct-to-consumer retail sale of alcohol in the Reports.
- Develop a messaging strategy that frames prevention and reduction of alcohol use as an effective way to promote overall health and wellness for adults and young people. The strategy should identify and describe health benefits of avoiding alcohol use.
- Support integrated substance and mental health services for adolescents through student assistance.

Topics for ICCPUD Consideration

Intervention and treatment are vitally important ways of reducing youth access to alcohol but have not been discussed in depth in the reports to Congress. Data and general information on intervention and treatment in the reports need to be expanded. Potential ways of doing so may include:

- **Intervention:** Intervention methods and policies are singularly lacking not only from the Reports to Congress but from the national conversation on underage alcohol use overall. ICCPUD could play a key role in highlighting effective intervention strategies.

² The language “across multiple settings” was added in the 2022 Comprehensive Plan.

For example, ICCPUD could consider working with the National Mental Health and Substance Use Policy Laboratory to provide input on creating a database of interventions hosted on the [STOPAlcoholabuse.gov](https://stopalcoholabuse.gov) webpage, similar to the NCI Planet RTIPS effort (<https://rtips.cancer.gov/rtips/index.do>) that provides an assessment of each program.

- **Treatment:** Data on treatment could be discussed more robustly in the reports. Information is potentially available from reports and databases found within the Behavioral Health Services Information Systems (previously the Drug and Alcohol Services Information System (DASIS)).

Data from the Inventory of Behavioral Health Services (I-BHS) and the National Survey of Substance Abuse Treatment Services (NSSATS) identifies number of treatment facilities with alcohol-related treatment programs appropriate for individuals under 21. Data such as number of adolescent clients served, and selected outcomes are also potentially available from these Center for Behavioral Health Quality and Statistics (CBHSQ) data sets.

GOAL 3: Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking.

Objective 1: Increase knowledge of effective approaches to prevent and reduce underage drinking and its consequences, including the use of evidence-based policies, programs, and practices.

Objective 2: Increase scientific surveillance of underage drinking, contributing factors, and consequences.

Recommendations for New Activities:

- Assess existing national surveys and datasets across the agencies to identify variables of interest related to underage alcohol prevention, intervention, treatment, enforcement, and research, and incorporate selected data into the annual reports to Congress.
- Update the Survey of State Underage Drinking Prevention Policies, Programs, and Practices (i.e., the “State Survey” or the “Governor’s Survey”) to better reflect key gaps in state data on alcohol sales, pricing, programs, and policies. Potential questions to be added may include:
 - Are states tracking and monitoring unlicensed alcohol shipments? And, if so, does it include data on the age of the recipient of the alcohol or the type of alcohol and quantity so that lost revenue from evasion of taxes may be estimated?
 - Are states documenting alcohol prices based on alcohol by volume, container size, beverage type, or brand, and what additional data is available on alcohol sales, pricing, programs, and policies?
 - Have states relaxed shipment and delivery policies and enforcement efforts during the COVID 19 pandemic?

- Are states collecting data on Place of Last Drink?
- Do state or local jurisdictions or state institutions have processes to buy back alcohol licenses? And if so, are the total number of licenses reduced or can the person still obtain a different type of license or move the outlet to another areas? (The latter may occur if a state bought back a license for an outlet near a college campus to reduce alcohol outlet density surrounding that campus).
- What adult-oriented alcohol programs and policies are in place in each state?
- Does each state have a strategic plan that includes the prevention of excessive alcohol use? If so, does it include evidence-based strategies for preventing excessive drinking by adults in addition to youth?
- What data is available on state underage treatment, intervention, and recovery programs?
- What additional data is available on the specific youth populations served by prevention and other state programs?
- What data is available to address the influence of adult drinking on underage consumption of alcohol, including data on state adult-oriented prevention, intervention, treatment, enforcement, and recovery efforts?
- Continue development of the SPBP Report, to include guidance on which policies and strategies for prevention, intervention, treatment, enforcement, and research are evidence-based.
- Collect, maintain, and display better state data on alcohol sales, pricing, programs, and policies across the U.S. Encourage states to further track, monitor, and record data on alcohol sales, pricing (including alcohol by volume, brand, and price), programs, and policies within their states.
- Create an ICCPUD research agenda agreed upon by each of the federal agencies with specific funding set aside for investigators to study the identified content areas. Agencies could agree to fund cross-agency collaborative research on specific topics from the ICCPUD research agenda. Potential research items from the ICCPUD research agenda may include assessments of:
 - Screening and Brief Interventions (SBI) effectiveness for adolescent alcohol use; effectiveness for drugs other than alcohol.
 - Changes in access and availability of alcohol and associations with excessive alcohol use – e.g., online alcohol sales to adults and youth; home delivery of alcohol; and take-out or curbside delivery of alcohol.

- Youth exposure to digital forms of alcohol marketing, such as on the Internet and social media – e.g., effects on drinking initiation, and frequency and intensity of drinking; other research gaps identified in sources such as Noel, et al. (2020).
- Associations between child and adult drinking, using **National Survey on Drug Use and Health (NSDUH)** data.
- Monthly per capita alcohol sales surveillance data.
- Community groups or coalitions – e.g., how these groups can play a role in effectively reducing underage drinking; how these groups can effectively help raise awareness and educate about the public health problem of excessive drinking, including underage drinking.



Topics for ICCPUD Consideration

- Provide guidance and support to federal government agencies, states, and communities on the identification of “evidence-based” policies, programs, and practices. ICCPUD could look to existing frameworks for conducting systematic reviews and meta-analysis and assessing the strength of provided evidence. ICCPUD could also rely upon existing evaluations of the implementation of environmental strategies. Potential sources and references could include:
 - *Implementing Community-Level Policies to Prevent Alcohol Misuse* (National Mental Health and Substance Use Policy Laboratory, SAMHSA 2022).
 - The Community Guide on Excessive Alcohol Consumption (Community Preventive Services Task Force).
<https://www.thecommunityguide.org/topics/excessive-alcohol-consumption.html>
 - Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher et al., 2009).
 - Agency for Healthcare Research and Quality (AHRQ) (Methods Guide for Effectiveness and Comparative Effectiveness Reviews, 2008).
 - AHRQ Evidence-Based Practice Centers.
 - Enforcing Underage Drinking Laws Field-Initiated Research and Evaluation (FIRE) Program, Identifying Effective Environmental Strategies: Final Technical Report. <https://www.ncjrs.gov/pdffiles1/ojjdp/grants/250492.pdf>.
 - Alcohol Policy Scoring methods developed by Tim Naimi, Jason Blanchette, and other scholars (Naimi et al., 2014).
- Consider adding additional legal policies to the Reports to Congress. These could include:

- Adult dram shop liability – (e.g., holding retailers accountable for harms of serving intoxicated patrons). This would include specific provisions of Dram Shop laws such as evidentiary requirements, penalty caps, the exclusion of adults, or other major limitations.
- State licensing requirements for third party vendors delivering alcohol to homes.
- Alcohol outlet density more broadly than currently tracked in the reports to Congress (which only include distance limitations applied to new outlets near universities, colleges, and primary and secondary schools.) This could include local authority to regulate alcohol outlet density (i.e., state preemption laws related to alcohol licensure).
- Consider adding additional state performance measures, including:
 - Underage high intensity binge drinking.
 - Underage simultaneous use of alcohol and other drugs.
 - Underage perception of alcohol availability.
 - Prevalence and intensity of alcohol use among young adult cohorts.
 - Adult binge drinking.
- Adult compliance with **The Dietary Guidelines for Americans** regarding alcohol.
- Alcohol-related deaths among all age groups.
- Number of treatment facilities with alcohol-related treatment programs appropriate for individuals under 21.
- Number of adolescent clients served in alcohol treatment programs, and selected outcomes.
- Enforcement measures developed for underage drinking prevention within each state, possibly by utilizing the **Alcohol Policy Scoring** methods developed by Naimi et al. (2014).



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APPENDIX A

Below is described a proposed approach for Technical Consultation Subcommittees for addressing selected topic areas.

1. Convene a Technical Review Subcommittee on Alcohol Intake and Health.

This Subcommittee will serve as an ongoing subcommittee of the ICCPUD to provide leadership, oversight, guidance, and consultation related to the review of current scientific evidence on the relationship between alcohol intake and related health outcomes. This Subcommittee is comprised of ICCPUD member agency representatives who are responsible for guiding and setting policies or have scientific expertise in alcohol intake and health research.

This Subcommittee will consider all systematic reviews and findings on alcohol intake and health from all credible sources all as part of their broader review process on alcohol intake and health and make recommendations on adult alcohol consumption.

2. Provide input and guidance on the appropriate definitions and methods to use to evaluate and assess the strength and quality of evidence for selected policies, programs, and practices directed at underage drinking.

A Subcommittee will discuss different types of criteria to use when evaluating and assessing the strength and quality of evidence to arrive at a recommendation for each policy, program, and practice directed at underage drinking. The recommendations may include, but not be limited to:

- **Level of Evidence** – This Subcommittee will determine whether the underage drinking policy, program, or practice is evidence-based and, if so, what that means. For example, this Subcommittee may find that a policy, program, or practice is evidence-based, is promising but with currently little or mixed evidence, or is supported by evidence but ineffective if used in isolation. Multiple frameworks can be used, including but not limited to: Means et al.'s (2015) Evidentiary Criteria for Comparing Rating Paradigms for Evidence-Based Program Registers in Behavioral Health; Khan et al.'s (2003) Five Steps to Conducting a Systematic Review; and PRISMA.
- **Type of Evidence** – This Subcommittee will discuss what type of research supports the policy, program, or practice and where the research was published. For example, are the findings based on a systematic review, a meta-analysis, or an individual journal article and was it published in a credible peer-reviewed journal, as a recommendation from the Community Preventive Services Task Force, or somewhere else.
- **Reach** – This Subcommittee will evaluate who are the intended and actual target(s) and whether the policy, program, or practice is aimed at the population-level or the individual- level.
- **Cost** – This Subcommittee will assess the cost to implement the policy, program, or practice and perform a cost-benefit analysis to determine the return on investing in such a policy, program, or practice.
- **Resource Needs** – This Subcommittee will discuss the time, facilities, infrastructure, or other resources necessary to implement the policy, program, or practice.

- **Implementation Fidelity** –This Subcommittee will examine the extent of fidelity of the research – meaning the extent to which it is feasible for a policy, program, or practice to be implemented – and the likelihood of sustainability and replication due to costs and other considerations. This also includes adherence to an intervention; exposure or dose; quality of delivery; participant responsiveness; and program differentiation details. Spencer, et al., (2013) provides a potential conceptual framework for planning and improving evidence- based practices.

Each of the criteria would be defined and refined with the result being an approach for assessing any underage drinking policy, program, or practice to provide a multi-dimensional rating. For example, a policy, program, or practice may be evidence-based, yet not be recommended if it is complex and costly to implement. On the other hand, it may be recommended even if direct evidence is currently unavailable because it can be widely disseminated in a cost-effective manner. Suggestions for ongoing assessment would be appropriate in that case.

3. Review the legal policies currently included in the State Performance & Best Practices Report (SPBP) to determine their efficacy and rank them in order of effectiveness.

After having a rating system and assessment approach in place, a Subcommittee will establish smaller working groups to assess the legal policies in the SPBP against the agreed-upon evaluation criteria to determine a rating for each policy with the result being a completed version of the matrix shown in Table 1. Matrix to Review the Efficacy and Effectiveness of Legal Policies in the SPBP on the following page.

Next, the Subcommittee will discuss whether there are additional policies, including legal policies, which should be assessed and, if so, rate them using the agreed-upon evaluation criteria. One place that the Subcommittee may look for additional policies is peer-reviewed articles published in identified areas of interest.

4. Review the data presented in the state performance measures currently included in the SPBP, with suggestions for future measures.

This Subcommittee will review the state performance measures currently included in the SPBP to determine whether these measures are informative and what, if any, other measures should be captured in that report. The Committee may add, remove, expand upon, or change any of the measures.

The current existing measures include:

- Percentage of 12- to 20-year-olds who used alcohol in the last month.
- Percentage of 12- to 20-year-olds who binge drank alcohol in the last month.
- Percentage of 12- to 17-year-olds who perceive drinking five or more alcoholic beverages once or twice a week as not a great risk.

- Percentage of 12- to 17-year-olds meeting the criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)⁴² alcohol use disorder in the past year.
- Percentage of 12- to 17-year-olds needing but not receiving treatment for an alcohol use disorder at a specialty facility in the past year.
- 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.

Possible additional state performance measures may include, but not be limited to, the measures proposed under Comprehensive Plan, Goal 3, “Topics for ICCPUD Consideration.”

5. *Review the questions asked, and the data gathered, in the Survey of State Underage Drinking Prevention Policies, Programs, and Practices (i.e., the “State Survey” or the “Governor’s Survey”).*

A Subcommittee will evaluate the contents of the Governor’s Survey to ensure that the Survey collects data which serve the mission mandated by the STOP Act. To this end, the Subcommittee will conduct, but not be limited to, the following tasks:

- Reviewing all current questions for clarity and relevance to the STOP Act mandate.
- Reviewing the available 10 years of survey datasets, and annual analyses of survey data to determine whether the data collected are sufficiently clear and consistent to be useful.
- Consulting with a sample of state survey contacts to gather feedback on the utility of the data collected to the states’ efforts to prevent and reduce underage drinking and from that, determining which, if any, questions should be eliminated or modified.
- Identifying gaps in data collected and recommending new questions, including questions about emerging topics of interest. Such topics may include, but not be limited to, questions included in the Comprehensive Plan, Goal 3, “Recommendations for New Activities.”

Before making any changes to the Governor’s survey, the Subcommittee will take into consideration the impact that these changes may have on the consistency of data collected over the entire lifespan of the survey and the time and labor burden that these changes may place upon the survey respondents.

6. *Review the content, the production, and the evaluation of the national adult-oriented media campaign to combat underage drinking – “Talk. They Hear You.”TM, and the feasibility of a youth-oriented media campaign.*

A Subcommittee will evaluate the approach, the methodologies, the contents, and the evaluation of the STOP Act mandated national adult-oriented media campaign – “Talk. They Hear You.”TM

To this end, the Subcommittee will conduct, but not be limited to, the following tasks:

1. Reviewing the overall themes and data expressed in the adult-oriented media campaign, “Talk. They Hear You.”TM

2. Identify new themes or data that should be expressed in the adult-oriented media campaign, “Talk. They Hear You.”™
3. Review the “Talk. They Hear You.”™ strategic communication plan that identifies strategies for implementation of the media campaign.

Discuss the feasibility of a youth-oriented media campaign and what that would entail, including contents and implementation plans.

7. Develop recommendations on alcohol intake and health for consideration and inclusion in the 2025 Report to Congress on the Prevention and Reduction of Underage Drinking, and across the federal government The ICCPUD Subcommittee (*Subcommittee*) has identified a team of subject matter experts to establish an independent scientific review panel (SRP) to review the scientific evidence on alcohol intake and health.

A methodology will be developed for performing a series of studies assessing the relationship between alcohol intake and related health conditions; these studies will be completed by leading experts with experience conducting meta-analyses, relative risk estimates, and systematic reviews related to alcohol intake and health. The studies will assess the current, best, and most applicable scientific evidence on the relationship between consumption of alcohol and health outcomes in the following areas:

- Chronic alcohol use and the development of health conditions
- Estimates on the relationship between alcohol use and injury risk
- Lifetimes risks of alcohol-attributable mortality and morbidity by alcohol intake
- Burden of disease in the United States related to alcohol intake and health

The SRP will conduct a series of studies on alcohol intake and health, providing the best available science to the *Subcommittee* on the implications of alcohol intake and health, including the relationship between chronic alcohol use and health conditions, the relationship between alcohol use and injury risk, lifetime risks of alcohol-attributable mortality and morbidity, and U.S. burden of disease related to alcohol intake and health. The SRP will provide all study findings related to alcohol use and health that could inform and substantively contribute to *Subcommittee* deliberations and formal recommendations for consideration and inclusion in the 2025 Report to Congress on the Prevention and Reduction of Underage Drinking. The study may also provide findings and implications on alcohol intake and health across the federal government, including the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.

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Table 1: Matrix to Review the Efficacy and Effectiveness of Legal Policies in the SPBP

Rating Criteria	Level of evidence	Type of evidence	Reach	Cost	Resource Needs	Implementation Fidelity	Other Comments
	<i>e.g., Evidence-based; promising but little or mixed evidence; ineffective if used in isolation; Multiple paradigms proposed</i>	<i>e.g., Systematic review, meta- analysis, individual peer-reviewed publications, Community Preventive Services Task Force recommendations, other publications</i>	<i>Intended and Actual Target Population-level or individual-level</i>	<i>Cost to implement; ROI</i>	<i>e.g., Time to implement, facilities or infrastructure, or other resources needed</i>	<i>Extent of feasibility for implementation Likelihood of sustainability and replication</i>	
Strategy							
Policies Addressing Underage Possession or Purchase of Alcohol							
Possession by Minor							
Consumption by Minor							
Internal Possession by Minor							
Purchase or Attempt to Purchase Alcohol by Minor							
False Identification / Incentives for Retailers to Use ID Scanners or Other Technology							
Policies Targeting Underage Drinking and Driving							
Youth BAC Limits (Zero Tolerance)							

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Loss of Driving Privileges for Alcohol Violation by Minors (Use/Lose Law)							
Graduated Driver's Licenses							
Policies Targeting Alcohol Availability							
Furnishing or Sale to a Minor							
Compliance checks							
Penalty Guidelines for Violations of Furnishing Laws by Retailers							
Mandatory / Voluntary Server-Seller Training (Responsible Beverage Service Programs)							
Minimum Age for Off-Sale Seller							
Minimum Age for On-Sale Server							
Outlet Siting Near Schools							
Dram-Shop Liability							
Social-Host Liability							
Hosting Underage Drinking Parties							

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Retailer Interstate Shipment							
Direct Sales/Shipment from Producer							
Keg Registration							
Home Delivery							
High-Proof Grain Alcoholic Beverages							
Policies Affecting Alcohol Pricing							
Increasing Alcohol Tax Rates							
Restrictions on Drink Specials							
Wholesaler Pricing Provisions							
Minimum Pricing							

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APPENDIX B

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