

Preventing & Reducing UNDERAGE DRINKING

2018 COMPREHENSIVE PLAN



Developed by the Interagency
Coordinating Committee on the
Prevention of Underage Drinking

Approved by ICCPUD Principals on November 7, 2018



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Table of Contents

Preventing and Reducing Underage Drinking 2018 Comprehensive Plan

Message from the Assistant Secretary	1
Preventing and Reducing Underage Drinking	2
<i>Vision</i>	<i>2</i>
<i>Mission.....</i>	<i>2</i>
<i>Principles</i>	<i>2</i>
<i>Membership.....</i>	<i>3</i>
<i>Partnerships.....</i>	<i>4</i>
Introduction.....	5
Leadership in Reducing Underage Drinking	7
Components of the 2018 Comprehensive Plan.....	7
<i>Goal 1: Strengthen a National Commitment to Address the Problem of Underage Drinking</i>	<i>8</i>
<i>Goal 2: Reduce Demand for, the Availability of, and Access to Alcohol by Persons Under the Age of 21</i>	<i>9</i>
<i>Goal 3: Utilize Research, Evaluation, and Scientific Surveillance to Improve the Effectiveness of Policies and Programs Designed to Prevent and Reduce Underage Drinking.....</i>	<i>11</i>
Looking Forward	14
Appendix A.....	15
<i>Federal Agencies Involved in Preventing and Reducing Underage Drinking.....</i>	<i>15</i>

Message from the Assistant Secretary

As the first U.S. Department of Health and Human Services Assistant Secretary for Mental Health and Substance Use and Chair of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD), I am pleased to present “Preventing and Reducing Underage Drinking,” the ICCPUD’s 2018 Comprehensive Plan. The ICCPUD was formally created by the 2006 Sober Truth on Preventing Underage Drinking (STOP) Act, and reauthorized as part of the 21st Century Cures Act in 2016.

Among Americans under age 21, alcohol is the most frequently used substance, used more often than tobacco, marijuana, or other illicit drugs. Nineteen percent of 12- to 20-year-olds report having used alcohol in the previous month.¹

Underage alcohol consumption is a persistent and serious public health challenge, resulting in thousands of deaths each year through motor vehicle crashes, violence, suicide, alcohol poisoning, and other causes. Underage drinking is also implicated in sexual assault and other crimes, impaired brain function, decreased academic performance, and in the increased risk of developing an alcohol use disorder later in life. Binge drinking² exacerbates underage drinking’s harmful consequences and increases with age: by age 20, one-third of young people report binge drinking at least once in the past month.

Importantly, there are evidence-based strategies for preventing or reducing underage alcohol use and for providing treatment and recovery services. Research indicates that these strategies are most effective when implemented as part of a multifaceted approach that includes parents and families, law enforcement, healthcare providers, community organizations, schools and universities, local and state governments, and the federal government. With community support, law enforcement can more effectively prevent youth from accessing alcohol. Parents, schools, and universities can provide clear, consistent education about the consequences of underage drinking. Healthcare providers can screen patients under 21 for alcohol use and provide brief intervention and referral to treatment as appropriate.

Evidence suggests that current implementation of these strategies may be having a positive effect. Since 2004, past-month alcohol use by underage drinkers has declined by 33 percent.³ Past-month binge drinking decreased by 30 percent between 2004 and 2014, according to the most recent available data.⁴

The most effective way to sustain and continue these gains will be ongoing coordinated efforts at all levels of government and in our universities, schools, communities, and families to implement strategies that have proven to be effective. The ICCPUD’s 2018 Comprehensive Plan represents an ongoing commitment to provide national leadership in these efforts.

Elinore F. McCance-Katz, M.D., Ph.D.

Assistant Secretary for Mental Health and Substance Use
Department of Health and Human Services

Preventing and Reducing Underage Drinking

2018 Comprehensive Plan

Developed by the Interagency Coordinating Committee on the Prevention of Underage Drinking

Vision

The vision of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) is to provide national leadership in federal policy and programming to support state and community activities that prevent and reduce underage drinking.

Mission

The ICCPUD's mission is twofold:

1. To facilitate collaboration among the 16 federal member agencies, state and local governments, private and public national organizations, and agencies with responsibility for the health, safety, and wellbeing of America's children and youth.
2. To provide resources and information on underage drinking prevention, intervention, treatment, enforcement, and research.

Principles

Members of the ICCPUD and other federal partners commit to:

- Speak with a common voice on the prevalence, risks, and consequences of underage drinking;
- Increase public awareness about underage drinking and its consequences; and
- Reinforce effective, evidence-based practices as part of a federally coordinated approach to prevent and reduce underage drinking.

Membership

ICCPUD was created in 2004 when Congress directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the ICCPUD to coordinate all federal agency activities related to the problem of underage drinking. The ICCPUD's role was formalized in the 2006 Sober Truth on Preventing Underage Drinking (STOP) Act, which was reauthorized in 2016 as part of the 21st Century Cures Act. The Substance Abuse and Mental Health Services Administration (SAMHSA) was directed by the HHS Secretary to convene ICCPUD and serve as the lead agency. As specified in the STOP Act, the ICCPUD is composed of 16 federal officials, some of whom have delegated participation to specific agencies and/or staff:

1. Secretary of Health and Human Services
2. Secretary of Education
3. Attorney General
4. Secretary of Transportation
5. Secretary of the Treasury
6. Secretary of Defense
7. Surgeon General
8. Director of the Centers for Disease Control and Prevention
9. Director of the National Institute on Alcohol Abuse and Alcoholism
10. Administrator of the Substance Abuse and Mental Health Services Administration (now the Assistant Secretary for Mental Health and Substance Use, as designated in the 21st Century Cures Act)
11. Director of the National Institute on Drug Abuse
12. Assistant Secretary for Children and Families
13. Director of the Office of National Drug Control Policy
14. Administrator of the National Highway Traffic Safety Administration
15. Administrator of the Office of Juvenile Justice and Delinquency Prevention
16. Chairman of the Federal Trade Commission



Each ICCPUD agency contributes their leadership and vision to developing a national commitment to prevent and reduce underage alcohol use. Every participating agency also has a specific role to play in keeping with its mission and mandate. (For detailed descriptions of the ICCPUD member agencies' work to prevent and reduce underage drinking, see Appendix A.) To illustrate, the National Highway Traffic Safety Administration (NHTSA) and SAMHSA conduct programs to reduce underage demand for alcohol. The Centers for Disease Control and Prevention (CDC), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), and SAMHSA conduct research on underage alcohol use, and on the effectiveness of programs designed to prevent and reduce use.

CDC, NHTSA, NIAAA, NIDA, and SAMHSA also gather data on the adverse consequences of underage alcohol use. Staff from these agencies constitute the ICCPUD Data Committee, which provides specialized, expert guidance on facts and statistics on underage drinking, in particular the data cited in the annual *Report to Congress on the Prevention and Reduction of Underage Drinking* produced by the ICCPUD.

Partnerships

ICCPUD consults and collaborates with all appropriate and interested parties, including state and local governments, public health research and interest groups, foundations, community-based organizations and coalitions, and alcohol beverage industry trade associations and companies. Thirty-nine (76 percent) of the states have a state-level interagency committee to coordinate underage drinking prevention activities. State interagency committees typically include state departments of health and human services and alcohol beverage control, state substance abuse agencies, and state police/highway patrol departments. State committees also have strong representation from college and university administrations, community coalitions, and other concerned citizens.

Introduction

Approximately 88,000 Americans die from alcohol-attributed causes each year, making alcohol the third leading preventable cause of death in the U.S.⁵

The economic burden of excessive alcohol use in the U.S. is estimated at \$249 billion annually, and three-quarters of those costs are from binge drinking (defined as four or more drinks on a single occasion for women and five or more drinks for men).⁶ Over the past two decades, alcohol use, binge and high-intensity binge drinking, and alcohol use disorders have all increased, especially among women, older adults, racial/ethnic minorities, and the socioeconomically disadvantaged.⁷ Alcohol also plays a role in many drug overdoses; between 2002-2003 and 2014-2015, alcohol involvement in prescription opioid deaths increased by 8.5 percent, second only to benzodiazepines and heroin-involved deaths.⁸

Despite this overall picture, significant progress in reducing underage drinking has been achieved. For example, past-month underage alcohol use has dropped by one-third since 2004.⁹ Nevertheless, underage drinking rates remain unacceptably high.

- Alcohol continues to be the most widely used substance among America's youth, and a higher proportion use alcohol than use tobacco, marijuana, or other drugs.¹⁰
- Although underage drinkers generally consume alcohol less frequently, and consume less alcohol overall than adults, they are much more likely to binge drink. Approximately 4.5 million (12.1 percent) of 12- to 20-year-olds reported past-month binge alcohol use in 2016.¹¹
- By age 20, almost one-third of young people report binge drinking at least once in the past month, and 10 percent report binge drinking five or more times in a month.¹²
- Nine percent of youth age 12 to 20 had nine or more drinks during their last drinking occasion.¹³
- The prevalence of alcohol abuse or dependence is about 9.3 percent among 18- to 20-year-olds, almost as high as among 21- to 24-year-olds, who have the highest prevalence of those disorders.¹⁴
- Alcohol is perceived as readily available by most teens. In 2016, 52.7 percent of 8th graders, 71.1 percent of 10th graders, and 85.4 percent of 12th graders said alcohol is "fairly easy" or "very easy" to get.¹⁵

Underage alcohol use has many troubling consequences:

- Almost \$24.3 billion (about 10 percent) of the total \$249 billion economic cost of excessive alcohol consumption is related to underage drinking, much of it due to premature mortality of underage youth.¹⁶
- Motor vehicle crashes are the greatest mortality risk for underage drinkers. In 2016, 24 percent of drivers ages 15–20 who were killed in motor vehicle traffic crashes had a BAC of 0.01 or higher.¹⁷ Impaired youth also die from suicide, homicide, poisoning, drowning, and falls.¹⁸
- Alcohol use is associated with a greater likelihood of using other substances, including marijuana, tobacco, and other drugs.¹⁹
- Young people's use of alcohol with other drugs, as for adults, can be deadly. Hospitalizations of 18- to 24-year-olds for overdoses involving a combination of opioids and

alcohol tripled between 1998 and 2014.²⁰ The effects of alcohol in young adults exacerbate respiratory depression caused by opioids, which can be fatal.²¹

- Alcohol use, especially heavy use, at a young age appears to permanently impair brain function by affecting the actual physical development of the brain structure as well as brain functioning. Negative effects include decreased ability in planning, executive functioning, memory, spatial operations, and attention.²²
- Alcohol use affects academic performance.²³ A study examining data from a federal survey of youth found that binge drinking in the senior year of high school reduced the probability of receiving a high school diploma, affecting earning potential.²⁴ Binge drinking also reduces college academic performance, resulting in lower grade point averages and increased absences.²⁵
- High-intensity binge drinking is associated with higher levels of illegal drug and tobacco use, risky sexual and traffic behaviors, physical fights, suicide, less school-night sleep, and poorer school grades.²⁶
- Early initiation of drinking is associated with developing an alcohol use disorder later in life.²⁷ More than 40 percent of people who started drinking before age 13 met DSM-IV criteria for alcohol dependence at some time in their lives.²⁸

The benefits of reducing underage drinking are substantial, including saving lives and dollars and promoting the health of young people. Delaying the age at which young people begin drinking will reduce their chances of developing an alcohol use disorder and of experiencing other negative consequences.

Importantly, increased attention to underage drinking may help prevent underage drinking rates from following the patterns of increased excessive alcohol use currently seen among adults, especially women and older adults. There has been a significant increase in the percentage of adults who report drinking twelve to fifteen drinks on a single occasion at least once in the past year.²⁹ Not only are such high levels of alcohol consumption dangerous to the drinker and those around him or her, but underage drinking rates could be affected by this trend. Research shows a correlation between youth drinking behaviors and those of adult relatives and other adults in the community.³⁰

Similarly, it is important to monitor the effects of marijuana legalization on underage alcohol use. Currently, eight states and the District of Columbia have legalized adult recreational use since 2012.³¹ If this trend continues, it may lead to greater youth access to marijuana. As with underage alcohol use, marijuana use by youths is associated with the use of other substances, including alcohol, tobacco, and other drugs.³²

The substantial cost of underage drinking can be reduced by increased implementation of effective prevention policies and programs around the country. The goals, objectives, and action steps below draw upon evidence-based prevention strategies and seek to support communities in adopting comprehensive prevention, treatment, and recovery models with proven results and show cost benefits.

Leadership in Reducing Underage Drinking

Passage of the National Minimum Drinking Age Act in 1984 represented a major step forward in federal efforts to respond to the public health crisis of underage drinking. The minimum legal drinking age (MLDA) of 21—now the law in all states and the District of Columbia—has saved an estimated 31,417 lives since 1975, when states first began adopting such laws.³³

Underage drinking rates peaked in the late 1970s and decreased throughout the 1980s, but then held relatively steady throughout the 1990s.³⁴ Beginning in the 1990s and expanding in the early 2000s, the federal government initiated a multipronged national effort to prevent underage drinking. The U.S. has achieved significant reductions in underage drinking since 2004.

Over the past 14 years, ICCPUD member agencies have provided leadership and increased public knowledge about underage drinking; funded programs and research that increases understanding of the causes and consequences of underage alcohol use; and monitored trends in underage drinking and the effectiveness of efforts designed to reduce demand, availability, and consumption.

Federal and state agency cooperation created an effective response to a product with the potential to harm underage youth: caffeinated alcoholic beverages. These premixed beverages were popular in the 2000s and contained caffeine, a substance that can mask the effects of intoxication. These beverages usually had a higher alcohol content than beer, and were heavily marketed in youth-friendly media with youth-oriented graphics and messaging.³⁵ Several state attorneys general and the Food and Drug Administration (FDA), FTC, and TTB took a coordinated approach to remove these products, which posed health and safety risks. With federal leadership, and resulting state actions, these beverages were removed from the market in 2011.

Another example of effective leadership, this time primarily at the state level, is the national response to powdered alcohol. In 2015, a powdered alcoholic product called “Palcohol” was approved for sale. Public health professionals and state government officials raised concerns that, since powdered alcohol could be easily concealed and easily transported, it would have particular appeal to underage drinkers. By February 2018, 34 states and the District of Columbia had passed legislation to regulate or ban powdered alcohol.³⁶ ICCPUD reported on the approval and possible risks of Palcohol, as well as state responses, in the annual *Report to Congress on the Prevention and Reduction of Underage Drinking*, beginning with the 2015 version. Palcohol is currently not available for sale in the U.S.

Components of the 2018 Comprehensive Plan

This Comprehensive Plan is an update of the original plan produced by the ICCPUD in January 2006. While the current Comprehensive Plan maintains the three general goals established in the 2006 plan, it contains objectives and action steps calibrated to the current landscape of underage drinking. This plan sets ambitious new targets to ensure that the downward trend of underage alcohol use continues.

Effective prevention initiatives require a coordinated effort among a wide array of federal, state, and local organizations and agencies in multiple sectors, including policymakers, law

enforcement, educational institutions, the healthcare community, the mass media, and concerned citizens. A multilevel approach must include strategies such as education, enforcement, media messages, and early intervention in combination to maximize impact on underage drinking. Thus, the ICCPUD's 2018 objectives and action steps focus on community engagement at the state and local level.

The plan draws upon the wealth of information and expertise on underage drinking prevention described in the annual Report to Congress, which is produced by the ICCPUD as directed by Congress and expressed in the STOP Act.

The plan's three goals are:

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

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

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

Goal 1: Strengthen a National Commitment to Address the Problem of Underage Drinking

Progress to Date

Through public awareness and media activities ranging from the Governors' Spouses Leadership to Keep Children Alcohol-Free Initiative to the current national media campaign "Talk. They Hear You.", public attention has been drawn to the importance of preventing and reducing underage drinking.

In communities in every state, the District of Columbia, and most U.S. territories, ICCPUD has supported almost 10,000 Town Hall Meetings to prevent underage drinking since 2006. These events helped to raise awareness of underage drinking as a public health problem, and to support communities in the implementation of evidence-based prevention.

Goal 1–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.

How ICCPUD Will Accomplish This Objective:

- Ensure that members of ICCPUD are speaking with a common voice on the issue of underage drinking.
- Increase efforts by ICCPUD agency leadership to highlight in speeches and meetings across the country the need to prevent underage drinking and its negative consequences.

- Convene annual STOP Act Stakeholders meeting to engage key national leaders and develop collaborative strategies. Prioritize community engagement by ICCPUD agency leadership.

Goal 1–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.

How ICCPUD Will Accomplish This Objective:

- Continue and expand partnerships to support the “Talk. They Hear You.” national media campaign.
- Continue to provide comprehensive and accurate information to Congress and key national stakeholders in the annual Report to Congress.
- Support community stakeholders by providing information from the Report to Congress in formats that are easy to read and disseminate.
- Support additional Town Hall meetings in communities around the country.

Goal 2: Reduce Demand for, the Availability of, and Access to Alcohol by Persons Under the Age of 21

Progress to Date

Underage drinking has declined substantially since ICCPUD was created in 2004. Much of this decline is due to efforts at the state and community levels, where enforcement of underage drinking laws and promotion of positive community norms has occurred. There has been significant support for a number of federal initiatives provided to communities and states to assist and reinforce these efforts.

Federal support has been provided for activities that include identification of evidence-based strategies, grant programs to enhance implementation of such strategies, public awareness campaigns, community meetings to identify needs and build consensus, webinars and other means to share best practices, and monitoring of alcohol advertising.

Substantial research over the past several years has identified a promising approach: screening, brief intervention, and referral to treatment (often abbreviated as SBIRT), offered by a provider such as a physician, nurse, psychologist, or counselor, can be effective in reducing adolescent and young adult drinking and related problems.³⁷ However, too often, health care providers neither ask young people about their drinking nor advise them to reduce or stop drinking, as shown in a 2013 study of 10th graders. In that study, only about half of students who saw a physician in the past year were asked about their alcohol use, and only 25 percent of those who said they were frequent or binge drinkers, or who reported having been drunk, were advised to reduce or stop.³⁸

Goal 2–Objective 1: Reduce use of alcohol by those under the age of 21 by increasing awareness of the negative consequences of underage drinking, 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.

How ICCPUD Will Accomplish This Objective:

- Enhance engagement with states and community grantees to increase use of evidence-based prevention strategies at the individual, school, and environmental levels.
- Continue dissemination and further development of the “Talk. They Hear You.” national media campaign.

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

How ICCPUD Will Accomplish This Objective:

- Expand dissemination of enforcement data from the STOP Act State Survey to assist states in enhancing enforcement efforts.
- Expand dissemination of information on best practices and evidence-based legal policies contained in Report to Congress.
- Expand dissemination of CollegeAIM information about effective campus-based prevention strategies.
- Continue to monitor state underage drinking laws and policies, as well as state enforcement efforts and resources.

Goal 2–Objective 3: Provide opportunities for screening and early identification of alcohol use disorders and brief interventions or treatment as appropriate.

How ICCPUD Will Accomplish This Objective:

- Provide support to pediatric health care providers to improve the use of screening, brief intervention, and referral to treatment (SBIRT), including training and dissemination of best practices. The 2016 reauthorization of the STOP Act as part of the 21st Century Cures Act added a new section authorizing grants for this purpose (Pub. Law 114-255, Sec. 9016[g]).
- Disseminate information to health care providers on best practices for screening, referral, and treatment in the underage population.
- Provide information and resources about evidence-based treatment for adolescents with alcohol use disorders, similar to NIAAA’s new Alcohol Treatment Navigator for adults but tailored to the specific needs of adolescents.

Goal 3: Utilize Research, Evaluation, and Scientific Surveillance to Improve the Effectiveness of Policies and Programs Designed to Prevent and Reduce Underage Drinking

Progress to Date:

The research base regarding effective prevention of underage drinking has expanded greatly in the past two decades. NIAAA has supported such research through its Underage Drinking Research Initiative, which seeks to better understand the factors that compel youth to begin, continue, and escalate drinking, and for some, progress to an alcohol use disorder. NIAAA has created screening guidelines for children and adolescents to identify alcohol use. NIAAA, NIDA, and other agencies are cosponsors of the Adolescent Brain Cognitive Development study, which is following 10,000 children ages 9 and 10 into early adulthood, using periodic noninvasive neuroimaging and other assessments. NIAAA has developed the CollegeAIM to identify the level of research evidence for various college drinking prevention interventions. NIAAA's Alcohol Policy Information System (APIS) provides information about a wide range of legal policies related to alcohol, including those regulating underage alcohol use. APIS has recently been expanded to include policies on recreational marijuana use.

A wealth of data on underage drinking has been accumulated through three distinct but complementary federally supported surveys of young people in the U.S. Together, these three surveys provide a comprehensive picture of underage drinking patterns and practices, alcohol availability and sources, use of other substances, and perceived risk:

- National Survey on Drug Use and Health (NSDUH), conducted annually by SAMHSA's Center for Behavioral Health Statistics and Quality
- Monitoring the Future, supported annually by NIDA
- Youth Risk Behavior Surveillance System (YRBSS), conducted biannually by CDC

In addition, NHTSA gathers data annually on traffic crash fatalities in which underage alcohol use is a factor.

Federally supported research has identified legal policies that save lives. For example, a recent study funded by NIAAA examined nine legal policies, all of which are tracked in the Report to Congress and which include zero tolerance blood alcohol concentration limits for underage drivers, responsible beverage service training for retail staff, and prohibition of underage possession. The researchers estimate that the nine laws are currently saving approximately 1,135 lives annually, yet only five states have enacted all nine laws. If all states adopted these nine effective MLDA-21 laws, it is estimated that an additional 210 lives could be saved every year.³⁹

Recent research has looked at the effectiveness of prevention strategies in communities of racial minorities, specifically for youth in the Cherokee Nation in Oklahoma.⁴⁰ More such research should be conducted to identify successful interventions for preventing alcohol use among racial and ethnic minorities.

Goal 3–Objective 1: Increase knowledge of effective approaches to prevent and reduce underage drinking and its consequences, including the use of evidence-based programs.

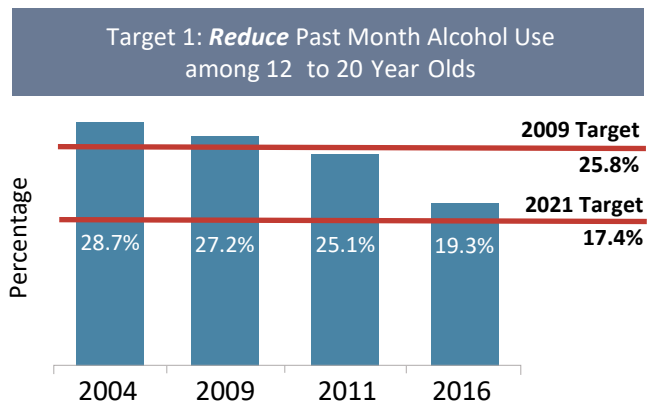
How ICCPUD Will Accomplish This Objective:

- Continue to support and monitor research evaluating the effectiveness of underage drinking prevention strategies, and summarize research in the annual Report to Congress.
- Continue to support and monitor research on underage use of marijuana, tobacco, and other substances and the ways in which use of these substances affect underage alcohol use.
- Continue to support and monitor research on the effectiveness of underage drinking interventions in racial and ethnic minority groups.
- Increase dissemination of information about evidence-based strategies that have been identified by ICCPUD and are included in the Report to Congress.

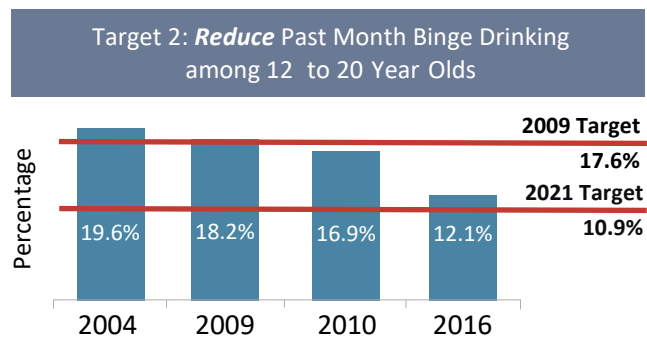
Goal 3–Objective 2: Increase scientific surveillance of underage drinking, contributing factors, and consequences.**How ICCPUD Will Accomplish This Objective:**

- Continue support of key federal surveys that provide essential data about underage drinking.
- Publish and disseminate research findings based on federal survey data to increase knowledge among federal, state, and local officials; community leaders; educators; parents; policy makers; and others.

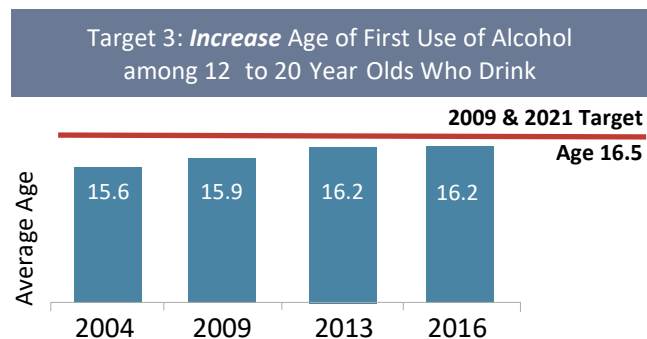
Progress Toward Reaching Targets Identified in 2006 Comprehensive Plan⁴¹



At the time that the 2006 Comprehensive Plan was written, little progress had been made in reducing underage drinking in the previous decade. Although a modest reduction in the past 30-day underage alcohol use rate had been achieved in the previous five years, these rates were not significantly different from 1993, and remained high (28.7 percent of 12- to 20-year-olds).⁴²



Underage binge drinking declined significantly between 1983 and 1992, but began to rise during the 1990s. By 2004, a modest decline had occurred, but the overall rate of past month binge drinking among underage drinkers remained high (19.6 percent of 12- to 20-year-olds). Of those who initiated alcohol use between the ages of 12 and 20, the average age of initiation was 15.6.⁴³



To address these unacceptable rates, the 2006 Comprehensive Plan included three targets:

2009 Target 1: By 2009, reduce the prevalence of past month alcohol use by 12- to 20-year-olds to 25.8 percent as measured against the 2004 baseline of 28.7 percent (a reduction of 10 percent).

prevalence rate was 25.1 percent. The most recent available data, for 2016, showed that the rate is now 19.3 percent.

2009 Target 2: By 2009, reduce the prevalence of 12- to 20-year-olds reporting binge alcohol use in the past 30 days to 17.6 percent as measured against the 2004 baseline of 19.6 percent (a reduction of 10 percent).

Progress toward 2009 Target 2: By 2010, this target goal was surpassed and the prevalence rate of binge drinking was reduced to 16.9 percent. In 2016, this number was down to 12.1 percent.

Progress toward 2009 Target 1: By 2011, this target goal was surpassed and the

2009 Target 3: By 2009, increase the average age of first use among those who initiate before age 21 to 16.5, as compared to the 2004 baseline of 15.6 years (a change of 5.8 percent).

Progress toward 2009 Target 3: By 2013, the average age of first use had increased to 16.2 years of age, but has remained essentially unchanged since then.

New Targets

Significant progress has been made in the reduction of underage drinking since the 2006 Comprehensive Plan was published, although not always at the targeted pace. In particular, the goal of increasing the average age of first use to 16.5 was not achieved. However, the average age of first use has slowly increased above the 2006 level, from age 15.6 to 16.2, and this increase, while small, is statistically significant

Underage drinking rates have been reduced overall since the inception of the ICCPUD. Among the smaller group of youth who still drink alcohol, those who begin drinking before age 21 may be more resistant to interventions in some way. They may also have been influenced by adult drinking patterns: as noted above, alcohol use and binge drinking have increased in the general population over the past two decades, especially among women, racial/ethnic minorities, and the socioeconomically disadvantaged. Further work is needed to understand the risk and protective factors that affect the age of first alcohol use and to identify effective interventions.

The ICCPUD has set new targets to ensure that current trends of reducing alcohol use continue:

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

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, as compared to the 2016 baseline of 12.1 percent (a reduction of 10 percent).⁴⁴

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 as compared to the 2016 baseline of 16.2 years of age (an increase of 2 percent).

Looking Forward

The ICCPUD agencies are committed to using a comprehensive approach to prevent and reduce underage drinking and the associated costs and consequences that burden both individuals and society. Working as an interagency group, ICCPUD can support effective programs and strategies, eliminate duplication, and address programming gaps.

Strengthening our national commitment to addressing underage drinking continues to be a high priority. Efforts to reduce demand for, access to, and availability of alcohol by those under 21 will be improved by ongoing research and surveillance of youth consumption patterns and trends, and by disseminating and encouraging discussion of the lessons learned and best practices of state and local efforts to prevent underage drinking.

Appendix A

Federal Agencies Involved in Preventing and Reducing Underage Drinking

The STOP Act designates 16 federal officials as members of ICCPUD, some of whom have delegated participation to specific agencies and/or staff. The ICCPUD agencies and their primary roles related to underage drinking are as follows:

- 1. U.S. Department of Health and Human Services (HHS):** The mission of HHS is to enhance and protect the health and well-being of all Americans by providing for effective health and human services and fostering advances in medicine, public health, and social services. Several agencies within HHS play specific roles in addressing underage drinking, as described below.
- 2. HHS/Administration for Children and Families (ACF):** ACF is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. Many of these programs strengthen protective factors and reduce risk factors associated with underage drinking. Website: <http://www.acf.hhs.gov>
- 3. HHS/Office of the Assistant Secretary for Planning and Evaluation (ASPE):** ASPE is the principal advisor to the HHS Secretary on policy development and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. The Division of Behavioral Health and Intellectual Disabilities Policy (BHIDP) focuses on financing, access/delivery, organization, and quality of services and supports for individuals with severe and persistent mental illnesses or severe addictions and individuals with intellectual disabilities. Topics of interest include coverage and payment issues in Medicaid, Medicare, and private insurance; quality and consumer protection issues; programs and policies of the Centers for Medicare and Medicaid Services (CMS), SAMHSA, and the Health Resources and Services Administration (HRSA) as they affect individuals with mental and substance use disorders; and prevention of mental health conditions and substance misuse, including prevention of underage drinking. Website: <http://www.aspe.hhs.gov>
- 4. HHS/Centers for Disease Control and Prevention (CDC):** CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. Consistent with that mission, CDC is involved in strengthening the scientific foundation for the prevention of underage and binge drinking. This includes assessing the problem through public health surveillance and epidemiological studies of underage drinking and its consequences. CDC also evaluates the effectiveness of prevention policies and programs and examines underage drinking as a risk factor through programs that address health problems such as injury and violence, sexually transmitted diseases, and fetal alcohol spectrum disorders (FASDs). CDC trains new researchers in alcohol epidemiology and builds state public health system capacity. CDC also conducts

systematic reviews of what works to prevent alcohol-related injuries and harms.
Website: <http://www.cdc.gov>

5. **HHS/Indian Health Service (IHS):** IHS is responsible for providing federal health services to American Indians and Alaska Natives (AI/AN). IHS is the principal federal healthcare provider and health advocate for AI/AN, and its goal is to raise their health status to the highest possible level. IHS provides a comprehensive health service delivery system for approximately 2 million AI/AN who belong to 566 federally recognized tribes in 36 states. Website: <http://www.ihs.gov>
6. **HHS/National Institutes of Health (NIH)/National Institute on Alcohol Abuse and Alcoholism (NIAAA):** The NIAAA mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan. Website: <http://www.niaaa.nih.gov>
7. **HHS/NIH/National Institute on Drug Abuse (NIDA):** NIDA’s mission is to “advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.” NIDA supports most of the world’s research on the health aspects of drug abuse and addiction and carries out programs that ensure rapid dissemination of research to inform policy and improve practice. Website: <http://www.drugabuse.gov>
8. **HHS/Office of the Assistant Secretary for Health (OASH) – Office of Disease Prevention and Health Promotion (ODPHP), Office of the Surgeon General (OSG), and Office of Adolescent Health (OAH):** Several ODPHP-led initiatives address underage drinking. The Substance Abuse Topic Area of the Healthy People 2020 initiative monitors measures for underage alcohol consumption, including binge drinking and riding with drivers who have consumed alcohol. Healthfinder.gov offers reliable guidance for consumers on how parents can talk with their kids about the dangers of alcohol. Additionally, the Dietary Guidelines for Americans provide guidance on alcohol consumption, including policies from other agencies on who should not drink. Websites: <http://www.healthypeople.gov>; <http://www.health.gov>; <http://health.gov/dietaryguidelines>

The Surgeon General (SG), the nation’s chief health educator, provides Americans with the best available scientific information on how to improve their health and reduce their risk of illness and injury. The OSG oversees the approximately 6,000-member Commissioned Corps of the U.S. Public Health Service, and assists the SG with other duties. Website: <http://www.surgeongeneral.gov>

OAH supports and evaluates the evidence-based Teen Pregnancy Prevention program, implements the Pregnancy Assistance Fund, coordinates HHS efforts related to adolescent health, and communicates adolescent health information to health professionals and groups. OAH is also the convener and catalyst for the development of a national adolescent health agenda. Website: <http://www.hhs.gov/ash/oah>
9. **HHS/Substance Abuse and Mental Health Services Administration (SAMHSA):** SAMHSA’s mission is to reduce the impact of substance misuse and mental illness on America’s communities. SAMHSA works toward underage drinking prevention by

supporting state and community efforts, promoting the use of evidence-based practices (EBPs), educating the public, and collaborating with other agencies and interested parties. Website: <http://www.samhsa.gov>

10. **Department of Defense (DoD):** DoD coordinates and oversees government activities relating directly to national security and military affairs. Its alcohol-specific role involves preventing and reducing alcohol consumption by underage military personnel and improving the health of service members' families by strengthening protective factors and reducing risk factors in underage alcohol consumption. Website: <http://www.defense.gov>
11. **Department of Education (ED)/Office of Safe and Healthy Students (OSHS):** OSHS administers, coordinates, and recommends policy to improve the effectiveness of programs providing financial assistance for drug and violence prevention activities and for activities that promote student health and well-being in elementary and secondary schools and institutions of higher education. Activities may be carried out by state and local educational agencies or other public or private nonprofit organizations. OSHS supports programs that prevent violence in and around schools; prevent illegal use of alcohol, tobacco, and drugs; engage parents and communities; and coordinate with related federal, state, school, and community efforts to foster safe learning environments that support student academic achievement. Website: <http://www2.ed.gov/about/offices/list/oese/oshs/aboutus.html>
12. **U.S. Department of Justice (DOJ), Office of Juvenile Justice and Delinquency Prevention (OJJDP):** OJJDP provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective, coordinated prevention and intervention programs and to improve the juvenile justice system's ability to protect public safety, hold offenders accountable, and provide treatment and rehabilitation services tailored to the needs of juveniles and their families. OJJDP's central underage drinking prevention initiative, Enforcing Underage Drinking Laws (EUDL), was a nationwide state- and community-based multidisciplinary effort that sought to prevent access to and consumption of alcohol by those under age 21, with a special emphasis on enforcement of underage drinking laws and on the implementation of programs that used best and most promising practices.

The breadth of focus changed significantly in Fiscal Year (FY) 2014 because of a reduction in funding for the EUDL initiative. FY14 EUDL funding supported underage drinking prevention activity led by Healing to Wellness Courts in five selected tribes. By FY15, all funding to support EUDL efforts was discontinued.
13. **Department of the Treasury/Alcohol and Tobacco Tax and Trade Bureau (TTB):** TTB's mission is to collect the taxes on alcohol, tobacco, firearms, and ammunition; protect the consumer by ensuring the integrity of alcohol products; and prevent unfair and unlawful market activity for alcohol and tobacco products. Website: <http://www.ttb.gov>
14. **Department of Transportation (DOT)/ National Highway Traffic Safety Administration (NHTSA):** NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related healthcare and other economic costs. NHTSA develops, promotes,

and implements effective educational, engineering, and enforcement programs to reduce traffic crashes and resulting injuries and fatalities and reduce economic costs associated with traffic crashes, including underage drinking and driving crashes. Website:
<http://www.nhtsa.gov>

15. **Federal Trade Commission (FTC):** FTC is the only federal agency with both consumer protection and competition jurisdiction in broad sectors of the economy; in total, it has enforcement or administrative responsibilities under 70 laws. As the enforcer of federal truth-in-advertising laws, the agency monitors alcohol advertising for deceptive or unfair practices, brings law enforcement actions in appropriate cases, and conducts studies of alcohol industry compliance with self-regulatory commitments. Website:
<http://www.ftc.gov>
16. **Office of National Drug Control Policy (ONDCP):** The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. Part of ONDCP's efforts relate to underage alcohol use. Website:
<http://www.whitehouse.gov/ondcp>

-
- ¹ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017). *2016 National Survey on Drug Use and Health: Special analyses*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ² Binge drinking is defined as five or more drinks for males or four or more drinks for females on a single occasion.
- ³ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017). *2016 National Survey on Drug Use and Health: Special analyses*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴ Center for Behavioral Health Statistics and Quality (CBHSQ). (2015). *Results from the 2014 National Survey on Drug Use and Health: Special Data Analysis*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁵ Stahre M., Roeber J., Kanny D., Brewer R.D., Zhang X. (2014). Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Preventing Chronic Disease, 11*:E109.
- ⁶ Sacks, J.J., Gonzales, K.R., Bouchery, E.E., Tomedi, L.E., & Brewer, R.D. (2015). 2010 National and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine, 49*(5), e73–79.
- ⁷ Grant, B.F., Chou, S.P., Saha, T.D., et al. (2017) Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001-2002 to 2012-2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry, 74*(9), 911–923.
- ⁸ Kandel, Denise B. et al. Increases from 2002 to 2015 in prescription opioid overdose deaths in combination with other substances. *Drug & Alcohol Dependence, 178*, 501–511.
- ⁹ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017) *2016 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁰ Miech, R.A., Johnston, L.D., O’Malley, P.M., Bachman, J.G., Schulenberg, J.E., & Patrick, M. (2017). *Monitoring the Future national survey results on drug use, 1975–2016: Volume I, Secondary school students*. Ann Arbor, Michigan: Institute for Social Research, University of Michigan.
- ¹¹ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017) *2016 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹² Center for Behavioral Health Statistics and Quality (CBHSQ). (2017). *2016 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹³ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017). *2016 National Survey on Drug Use and Health: Special analyses*. Rockville, MD: Substance Abuse and Mental Health Administration.
- ¹⁴ Center for Behavioral Health Statistics and Quality (CBHSQ). (2017). *2016 National Survey on Drug Use and Health: Special analyses*. Rockville, MD: Substance Abuse and Mental Health Administration.
- ¹⁵ Miech, R.A., Johnston, L.D., O’Malley, P.M., Bachman, J.G., Schulenberg, J.E., & Patrick, M. (2017). *Monitoring the Future national survey results on drug use, 1975–2016: Volume I, Secondary school students*. Ann Arbor, Michigan: Institute for Social Research, University of Michigan.
- ¹⁶ Sacks, J.J., Gonzales, K.R., Bouchery, E.E., Tomedi, L.E., & Brewer, R.D. (2015). 2010 National and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine, 49*(5), e73–79.
- ¹⁷ National Center for Statistics and Analysis (NCSA). (2017). *Fatality Analysis Reporting System: 15-20 year old drivers killed in motor vehicle crashes* (Special analyses). National Highway Traffic Safety Administration.
- ¹⁸ Crosby, A., Espitia-Hardeman, V., Hill, H., Ortega, L., & Clavel-Arcas, C. (2009). Alcohol and suicide among racial/ethnic populations—17 states, 2005–2006. *Morbidity and Mortality Weekly Report, 58*, 637–641; Miller, T.R., Levy, D.T., Spicer, R.S., & Taylor, D.M. (2006). Societal costs of underage drinking. *Journal of Studies on Alcohol, 67*(4), 519–528; Smith, G.S., Branas, C.C., & Miller, T.R. (1999). Fatal nontraffic injuries involving alcohol: A meta-analysis. *Annals of Emergency Medicine, 33*(6), 659–668.
- ¹⁹ Dupont, R.L., Han, B., Shea, C.L., & Madras, B.K. (2018). Drug use among youth: National survey data support a common liability of all drug use. *Preventive Medicine, 113*, 68–73.
- ²⁰ Hingson, R., Zha, W. & Smyth, D. (2017). Magnitude and trends in heavy episodic drinking, alcohol-impaired driving, and alcohol-related mortality and overdose hospitalizations among emerging adults of college ages 18–24 in the United States, 1998–2014. *Journal of Studies on Alcohol and Drugs, 78*(4), 540–548
- ²¹ Schrier, R. van der, Roozkrans, M., Olofsen, E., Aarts, L., Velzen, M. van, Jong, M. de, ... Niesters, M. (2017). Influence of ethanol on oxycodone-induced respiratory depression: A dose-escalating study in young and elderly individuals. *Anesthesiology, 126*(3), 534–542.

- ²² Brown, S.A., & Tapert, S.F. (2004). Adolescence and the trajectory of alcohol use: Basic to clinical studies. *Annals of the New York Academy of Sciences*, 1021, 234–244; Brown, S.A., Tapert, S., Granholm, E., & Delis, D.C. (2000). Neurocognitive functioning of adolescents: Effects of protracted alcohol use. *Alcoholism: Clinical and Experimental Research*, 24(2), 164–171; Giancola, P.R., & Mezzich, A.C. (2000). Neuropsychological deficits in female adolescents with a substance use disorder: Better accounted for by conduct disorder? *Journal of Studies on Alcohol*, 61(6), 809–817; Tapert, S.F., Brown, G.G., Kindermann, S.S., Cheung, E.H., Frank, L.R., & Brown, S.A. (2001). fMRI measurement of brain dysfunction in alcohol-dependent young women. *Alcoholism: Clinical and Experimental Research*, 25, 236–245; Winward, J.L., Hanson, K.L., Bekman, N.M., Tapert, S.F., & Brown, S.A. (2014). Adolescent heavy episodic drinking: Neurocognitive functioning during early abstinence. *Journal of the International Neuropsychological Society*, 20(2), 218–229.
- ²³ Miller, J., Naimi, T., Brewer, R., & Jones, S. (2007). Binge drinking and associated health risk behaviors among high school students. *Pediatrics*, 119, 76–85; White, A., & Hingson, R. (2013). The burden of alcohol use: Excessive alcohol consumption and related consequences among college students. *Alcohol Research: Current Reviews*, 35, 201–218.
- ²⁴ Renna, F. (2008). Teens' alcohol consumption and schooling. *Economics of Education Review*, 27(1), 69–78.
- ²⁵ White, A., & Hingson, R. (2013). The burden of alcohol use: Excessive alcohol consumption and related consequences among college students. *Alcohol Research: Current Reviews*, 35, 201–218.
- ²⁶ Hingson, R.W. and Zha, W. (2018), Binge drinking above and below: Twice the adolescent thresholds and health-risk behaviors. *Alcoholism: Clinical and Experimental Research*, 42, 904–913.
- ²⁷ Grant, B., & Dawson, D. (1997). Age at onset of alcohol use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103–110; Hingson, R.W., & Zha, W. (2009). Age of drinking onset, alcohol use disorders, frequent heavy drinking, and unintentionally injuring oneself and others after drinking. *Pediatrics*, 123(6), 1477–1484.
- ²⁸ Grant, B., & Dawson, D. (1997). Age at onset of alcohol use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103–110.
- ²⁹ Hingson, R.W., Zha, W., & White, A.M. (2017). Drinking beyond the binge threshold: Predictors, consequences, and changes in the U.S. *American Journal of Preventive Medicine*, 52(6), 717–727.
- ³⁰ Nelson, D. E., Naimi, T. S., Brewer, R. D., & Nelson, H. A. (2009). State alcohol-use estimates among youth and adults, 1993–2005. *American Journal of Preventive Medicine*, 36(3), 218–224; Xuan, Z., Nelson, T. F., Heeren, T., Blanchette, J., Nelson, D. E., Gruenewald, P., & Naimi, T. S. (2013). Tax policy, adult binge drinking, and youth alcohol consumption in the United States. *Alcoholism, Clinical and Experimental Research*, 37(10), 1713–1719.
- ³¹ Alcohol Policy Information System (n.d.). *Cannabis Policy Topics: Recreational Use of Cannabis*. Retrieved from <https://alcoholpolicy.niaaa.nih.gov/cannabis-policy-topics/recreational-use-of-cannabis/104/about-this-policy#page-content>
- ³² Dupont, R.L., Han, B., Shea, C.L., & Madras, B.K. (2018). Drug use among youth: National survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68–73.
- ³³ *Traffic Safety Facts Annual Report (1/24/2018)*. Retrieved from <https://cdan.nhtsa.gov/tsftables/Lives%20Saved.pdf>
- ³⁴ Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2007). Monitoring the Future, national survey results on drug use, 1975–2006: Volume I, Secondary school students. NIH Pub. No. 07–6205. Bethesda, MD: National Institute on Drug Abuse; Masten, A.S., Faden, V.B., Zucker, R.A. & Spear, L.P. (2009). A developmental perspective on underage alcohol use. *Alcohol Research & Health* 32(1), 3–15.
- ³⁵ Centers for Disease Control and Prevention (2017). *Fact Sheets: Alcohol and Caffeine*. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/caffeine-and-alcohol.htm>
- ³⁶ 2018 Draft Report to Congress on the Prevention and Reduction of Underage Drinking.
- ³⁷ Scott-Sheldon, L.A., Carey, K.B., Elliott, J.C., Garey, L., & Carey, M.P. (2014). Efficacy of alcohol interventions for first year college students: A meta-analytic review of randomized controlled trials. *Journal of Consulting and Clinical Psychology* 82(2), 177–188; Tanner-Smith, E.E., & Lipsey, M.W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 51, 1–18; Tanner-Smith, E.E., & Risser, M.D. (2016). A meta-analysis of brief alcohol interventions for adolescents and young adults: Variability in effects across alcohol measures. *American Journal of Drug and Alcohol Abuse*, 42(2):140–51.

³⁸ Hingson, R., Zha, W., Iannotti, R.J., & Simons-Morton, B. (2013). Physician advice to adolescents about drinking and other health behaviors. *Pediatrics*, *131*(2), 249–257.

³⁹ Fell, J.C., Scherer, M., Thomas, S., & Voas, R.B. (2016). Assessing the impact of 20 underage drinking laws. *Journal of Studies on Alcohol and Drugs*, *77*(2), 249–260.

⁴⁰ Komro, K.A., Livingston, M.D., Wagenaar, A.C., Kominsky, T.K., Pettigrew, D.W., Garrett, B.A., & the Cherokee Nation Prevention Trial (2017). Multi-level prevention trial of alcohol use among American Indian and White high school students in the Cherokee Nation. *American Journal of Public Health*, *107*, 453–459.

⁴¹ Data from the National Survey on Drug Use and Health conducted annually by SAMHSA’s Center for Behavioral Health Statistics and Quality are used to describe historical changes in underage drinking rates and to measure progress toward the targets in both the 2006 plan and the current plan.

⁴² When the 2006 Comprehensive Plan was drafted, the available underage drinking data were from 2004.

⁴³ It should be noted that this average excluded those who initiated alcohol use at age 11 or younger, estimated to be 6.6 percent of alcohol initiates during 1990–1999.

⁴⁴ In 2015, the National Survey on Drug Use and Health (NSDUH) definition of binge drinking was changed from five drinks on a single occasion to five drinks for males or four drinks for females. This change was made to reflect the evidence that there are differences in how alcohol is processed by males and females. Therefore, the 2014 and 2016 actual percentages are based on different measures. The target for 2021 was calculated on the basis of the 2016 percentage (and therefore, the new measure of binge drinking).

